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PHENOMENOLOGICAL STUDY OF RESILIENCE IN THE LIVES OF WHITE, MIDLIFE LESBIAN PSYCHOLOGISTS IN CLINICAL PRACTICE

by

Melissa A. Lidderdale

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Department of Counselor Education and Counseling Psychology
Advisor: James M. Croteau, Ph.D.

Western Michigan University
Kalamazoo, Michigan
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The unique experiences and adversities encountered by midlife lesbian therapists have not been directly investigated. How the midlife lesbian women in this study were influenced by their individual experiences and cultural changes, both in general society and within the mental health profession, are paramount to more fully understanding the adversities, support, and resilience that they experienced while becoming psychologists. Due to the scarcity of empirical literature pertaining to the therapist’s experience of resilience and the paucity of empirical literature related to resilience in lesbians, phenomenological research methods were chosen for this study. The goal of this study was to provide a rich description (or essence) of resilience in the lived experiences of midlife, lesbian psychologists in order to enhance the broader psychological understanding of resilience.

Seven women, who had been clinicians for at least 15 years, participated in this study to discover the “essence” of resilience in their experiences. Data was collected during initial and follow-up interviews with participants. Phenomenological methods of data analysis were used to formulate a description that reflects the essential, invariant structure of the experience, or the “essence” of resilience. In this study, two analysis products were created to express the essence of resilience, the general structural
description and the collective, analytic narrative. Common themes were identified as
descriptive elements to their experiences of resilience. Findings support existing
psychological literature on resilience, therapist well-functioning, and the experiences of
midlife lesbian women. The findings from this study increase our understanding of
resilience beyond what has been discussed in the psychological literature. Implications of
findings for psychological research and practice are discussed.
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The most meaningful and productive aspects of my life have developed through relational connections. Resilience throughout my own life journey has been fostered, sustained, and invigorated from those people around me who were willing to invest in and nurture my development. Many people have helped me along the way and I would like to express my gratitude to all.

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Secondly, I would like to thank my family of origin for believing in my abilities, encouraging me, and providing the opportunities for me to pursue education. Specifically, I would like to express my gratitude for my grandparents, parents, and younger brother. Ruth Elizabeth and RuthAnn, you have been the sources of nurturing support throughout my life. Art and Tim, you have provided me with examples of hard work, determination,
dedication, and critical thinking. Derek, you have provided me with a sounding board throughout our lives and remind me to enjoy life whenever I can. I am deeply grateful for all of the family sacrifices that helped my dreams become reality.

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Melissa A. Lidderdale
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CHAPTER I
LITERATURE REVIEW

The purpose of this phenomenological study was to discover the meaning, or essence, of resilience experienced in the lives of midlife lesbian psychologists. A deeper understanding of resilience as a phenomenon can be obtained through descriptions of resilience in the professional and personal lived experiences of midlife lesbian psychologists. This understanding is bound to the unique historical and cultural experiences of these women but has not been researched in this specific population. It was posited that deeper understanding of resilience in this particular group of women would emerge from collecting information about these women’s lived experiences of resilience, such as: the difficulties these women experienced throughout their life spans; experiences of sexism and heterosexism; the ways these women responded to challenges; the essential elements that these women used to adapt positively from challenges; and, these women’s viewpoints on how their resilience impacted their clinical work. The primary research question for this study was “what is the essence of resilience in the lives of midlife, lesbian psychologists?” Data collection was focused on discovering the essence of resilience. Three additional questions, derived from the primary research question, also shaped the design of the participant interview guide. Those questions were: How do lesbian psychologists experience resilience in their lives; how do these women make meaning of their experiences of resilience; how do these psychologists experience their own resilience impacting their counseling work with clients.

The purpose of this chapter is to provide a review of the research and theoretical
literature relevant to the focus of this study. Empirical investigation of resilience in the
lives of midlife lesbian psychologists was not found in a review of the professional
literature. Resilience in the lived experiences of therapists has received cursory attention
from researchers and theorists. Likewise, resilience in the lives of lesbian women has
only recently emerged as an area of focus within professional literature. With the paucity
of information specific to the topic of this study, this chapter attempts to provide an
overview and integration of the general literature that has informed this study. I have
chosen to review the literature that most closely relates to this study. This involved
“piecing together” the most representative literature that is salient to this study’s focus. I
have chosen to review four broad areas of psychological literature: (a) traditional
resilience literature; (b) relevant resilience theories and related developmental theories;
(c) resilience in psychologists and therapists; and, (d) relevant literature from lesbian, gay,
and bisexual (LGB) psychology. The research literature and theoretical literature in these four
broad areas of psychological literature are expansive and unwieldy to review in their
completeness. I selected theories and research studies for the review based on the degree
to which the literature established the importance and unique contributions of this study.
The literature reviewed also influenced the design and focus of this study.

I have organized this chapter into five major sections. The first major section is an
abbreviated review of the traditional conceptualization of resilience found in the literature
from psychology and human development. The second major section contains reviews of
the major theoretical influences for this study, including Richardson’s resilience theory,
Kegan’s developmental theory, and feminism’s Relational-Cultural theory that offers both
a developmental perspective and a perspective on resilience. The third major section of
this chapter is a review of the relevant literature on resilience in psychologists and
therapists. The fourth major section of this chapter provides a review of the relevant literature on resilience from the lesbian, gay, bisexual psychological literature. The fifth and final major section of this chapter provides an overview of the literature reviewed in the previous four sections and its relevance to this current study.

Traditional Conceptualization of Resilience

In the following section I will review and discuss relevant psychological literature regarding resilience and its traditional conceptualization. While there is over 30 years of research and psychological literature focused on resilience, the literature chosen for review in this section is specifically related to methodological choices, data analysis, and interpretation for this study. I have organized this section into two subsections: (a) historical development of resilience as a construct; and (b) summary and application of the relevant literature on resilience to this study.

**Historical Development of Resilience as a Construct**

The first subsection describes the historical development and research of resilience as a construct. I present a brief overview intended to highlight the literature that first identified and defined the construct of resilience. This brief overview of the historical development of resilience as a construct has three subsections: (a) early definition of resilience and focus on "resilient" individual characteristics; (b) a shifting examination of resilience elements and process definitions; and, (c) critical evaluation of resilience as a construct and resilience research.

*Early Definition of Resilience and Focus on "Resilient" Individual Characteristics*

Historically the fields of social work, human development, and psychology have worked from a medical model that focused on the risk factors, the diseases, and the problematic disorders in peoples’ lives. In the 1980's, researchers and theorists began to
focus on why some people are able to thrive despite adverse conditions (see Henderson & Milstein, 1996; Norman, 2000). There was a shift in perspective toward looking at strengths instead of deficits. It was out of this shift that the resilience research emerged in the pioneering works of Werner (1982; Werner & Smith, 1992, 2001), Rutter (1985; 1989), and Garmezy (1991; Garmezy, Masten, & Tellegen, 1984). These early researchers used longitudinal designs to study children. The findings from this research identified protective factors that were present in the lives of children who experienced significant adversity (e.g., loss, poverty, abuse) but who did not experience a disruption in academic or social functioning. These early longitudinal studies provided supportive evidence for resilience as a phenomenon. The results of these studies illustrated behavioral outcomes that suggested the presence of resilience (Luthar & Zelazo, 2003). Thus, the construct of resilience initially emerged indirectly. It had not been directly researched or measured but was defined and studied through behavioral manifestations of success in the face of adversity.

Initially, the term “resilient” was used to both describe the children from the longitudinal studies who seemed invulnerable to stress and to describe their ability to bounce back from, or successfully adapt to, challenging conditions (Luthar & Ziegler, 1991; Norman, 2000; Henderson & Milstein, 1996). In addition to studies of children, some researchers have also investigated adult experiences of overcoming adversity (see Higgins, 1994; Werner and Smith, 1992; 2001). Researchers identified people, children and adults, who demonstrated resilient responses to adversity and began to examine the common psychological characteristics that those individuals shared. In the over 30 years of research on resilience, several individual characteristics have been identified as correlates of resilience. An easy temperament, intelligence, sense of mastery, internal
locus of control, self-esteem, and use of social support have been consistently identified and discussed in the resilience research (Benson, 1997; Garmezy, 1991; Henderson & Milstein, 1996; Higgins, 1994; Masten, 1994; Rutter, 1979; 1985; Werner, 1982). The investigation into these specific characteristics has evolved over the past several years.

According to Richardson's (2002) literature review of resilience research by leading investigators (e.g., Benson; Garmezy; Rutter; Werner), additional characteristics have been identified to create a rather lengthy list of qualities associated with resilience. Social responsibility, good communication skills, self-efficacy, planning skills, self-discipline, humor, social competencies, optimism, faith, wisdom, and positive identity including a sense of purpose are the individual characteristics that have emerged. While there has been an increased amount of individual characteristics identified as correlates to resilience, there remains a lack of understanding how these characteristics are associated with resilience or the meaning that these characteristics or the experience of resilience has for those participating in the research. The complexity of resilience has not been fully examined, perhaps due to methodological limitations typically used in studying resilience, especially in the early, formative years of defining resilience as a construct.

Some of the longitudinal research on resilience has contributed a breadth of information regarding the “resilient” experience across the life span. Werner has studied resilience longitudinally across life stages from childhood through older adulthood (Werner, 1982; 1985; 1989; Werner & Smith, 1992; 2001). She has noted that in adulthood resilient individuals reported significantly positive changes that had resulted from having a strong sense of personal competence and determination. Her research has also revealed that resilient individuals value caring for other people and reported that caring for other people was a meaningful part of their adulthoods. Thus, there appears to
be an important emphasis on relational behaviors across the lifespan for people
demonstrating resilience. While not surprising, this finding warrants further investigation
such as how caring for others is meaningful for those who are identified as resilient, how
the value of caring for others developed, or exactly what is the meaning that caring has
for those who have been resilient.

The term “resilient” has also become the adjective associated with the seemingly
interchangeable nouns, “resilience” and “resiliency”, that refer to interactions between
protective factors and life stressors that result in an adaptation or a self-righting process
allowing for continued functioning (Brown, D’Emidio-Caston, & Benard, 2001; Higgins,
1994; Richardson, 2002). This self-righting process is believed to be universally inherent
for all people and context-specific. According to this belief, all people have the ability to
adapt to challenges or demonstrate resilience. The context or environment can either
facilitate or hinder the expression of this innate ability to adapt. The following are more
specific definitions of resilience found within the literature. These definitions informed
the working definition and conceptualization of resilience as a phenomenon in this study.

A Shifting Examination of Resilience Elements and Process Definitions

Following the initial line of research and identification of resilience as a construct, a
“second wave” (Richardson, 2002) of resilience research has been identified because of
its shift in focus to examine resilience elements and processes. This shift in focus and
examination of resilience has resulted in more complexity in conceptualizing resilience as
a phenomenon. Garmezy (1994) defined resilience as skills, abilities, knowledge, and
insight that result from cumulative experiences of overcoming challenges. Richardson,
Neiger, Jensen, and Kumpfer (1990) defined resilience as a process of adapting to
disruption that results in the individual developing additional coping methods. Masten,
Best, and Garmezy (1990) defined resilience as both the factors and processes that enable the continuation of competent functioning in the face of adversity. Resilience could also be defined as problem-solving ability (Anthony, 1987) that relies on psychological strengths, biological strengths (Flach, 1989 as cited in Richardson et al., 1990), and a "good enough" environment (Higgins, 1994). The definition of resilience has evolved in complexity as research has accumulated more information regarding the lives of "resilient" people across the life span.

More contemporary research and theory on resilience (e.g., Balsam, 2003; Richardson, 2002; Greene, 2000) have examined the importance of environmental characteristics and individual-environment interactions. The bi-directional influence and processes between an individual and his/her environment has been identified as critical. Resilience fostering environments have been defined as those environments that provide caring, high expectations, limits to behavior, support, one or more person that can be trusted, felt sense of love from one or more person, access to basic services (e.g., health, education, social), and opportunities for meaningful active engagement (Henderson & Milstein, 1996; Masten, 1994; Norman, 2000; Paton, Voilanti, & Smith, 2003). Integrative models have been developed only recently that allow for understanding resilience through consideration of these factors, previous research findings, and applied implications.

Critical Evaluation of Resilience as a Construct and Resilience Research

As evidenced by the conceptual definitions of resilience, it is often unclear as to what is exactly meant by the term and whether the literature is describing skills, processes, or both. In many ways this lack of consistent definition for resilience has confounded resilience research in that there remain many questions regarding the
phenomenon. Resilience as a construct has proven extremely complex as evidenced by the diverse ways in which it has been defined and operationalized for measurement in research studies. As a construct, it seems to be plagued with a fundamental inability to be operationalized directly due to its complexity and lack of theoretical grounding.

Currently, there is a paucity of standardized measurement instruments for resilience. The studies conducted on resilience have relied on using measures of competence from different areas of functioning (e.g., academic, interpersonal, career) as dependent variables (Garmezy, Masten & Tellegen, 1984; Luthar, 1991; Masten et al., 1995). There are several problems with this indirect way of measuring resilience as a construct such as external validity in the studies that use competence measures alone to establish the presence of resilience (Bartelt, 1994; Miller, 2002). The potential error is the imposition of an objective definition of resilience (that of the researcher) instead of the participant's definition of what it means that competence in an area was demonstrated in spite of adversity. Additionally, the use of achievement or performance indicators does not account for resilience as a process and has overemphasized behavioral indicators without consideration of emotional and spiritual indicators consistent with current resilience theory (see Richardson et al., 1990; Richardson, 2002).

Critics have explained the lack of clarity in the definition and understanding of resilience as stemming from misuse of deductive logic in attempts to interpret the results without an a priori theoretical framework (Bartelt, 1994; Gordon & Song, 1994). Even though research on resilience has been conducted for several decades our understanding of resilience as a phenomenon investigated using inductive logic is lacking. The lack of understanding has impacted the interplay between research and theory, as a coherent resilience model has not been empirically supported. For example, The Journal of
Clinical Psychology published a special issue with a focus on current resilience research (Wilkes, 2002a). Each article within this special issue defines resilience from a slightly different perspective and without clarity regarding the constructs studied and underlying theory (see Miller, 2002; Morrison, Robertson, Laurie, & Kelly, 2002; Patterson, 2002; Rak, 2002; Wilkes, 2002b). One result of this lack of organizing theory is a felt sense that each study is an island and that there remains a much deeper understanding of resilience that has not been explicated. The lack of understanding of the complex notion of resilience has also directly influenced the literature on promoting resilience. We can strive to create the resilient characteristics within individuals and environments but we do not know the “how” of the interactive process or the meaning making that fosters adaptation and growth.

Phenomenological investigation and process-oriented research are necessary to further our understanding of resilience and provide clarity on how to best promote resilience in people’s lives. Qualitative methods have been used more frequently within the last few years to examine resilience but many of these studies are dissertations that have not been published in peer-reviewed journals. Two phenomenological studies of resilience, which have been published in professional formats, offer information that informed this study (Higgins, 1994; Miller 2002).

Miller (2002) interviewed 10 college students with learning disabilities in order to determine the sources of resilience for people with learning disabilities. The study was a phenomenological study that used interviews as the source of data collection. Participants were recruited from a university academic services center. Overall, ten students were identified and selected to participate. From that group of ten participants, six “resilient” students were identified based on having grades that were at least in the “B+” range for
their college major, even though their predicted grade performance was lower. The remaining four students from that group of ten participants were identified as “non-resilient” because their grades did not exceed predictions from their abilities. Miller conducted interviews with all ten students and asked them to share concrete memories of dealing with learning disability from their elementary school, middle school, and high school experiences. Students were also asked to share memories of teachers, classmates, and significant events from those times. During data analysis, Miller compared the two subsets of participants (resilient students and non-resilient students).

Seven themes emerged from the data analysis that Miller (2002) interpreted as differentiating between the resilient and non-resilient students. The first theme identified was resilient students had identifiable success experiences. The resilient students readily identified stories of past success and used them to refer back to for motivation. The resilient students stories of success included an emphasis on persistence and perseverance. The second theme identified was resilient students had particular areas of strength. The resilient students readily identified and articulated their strengths and took pride in their accomplishments despite their deficits. The third theme identified was resilient students had self-determination. The resilient students had “drive” and motivation to put time and effort into succeeding. The fourth theme identified was resilient students had “distinctive turning points”. These turning points were memories of challenges that the resilient students overcame and subsequent meaning making occurred. These turning points were defining of the students’ experiencing themselves capable of overcoming adversity. The fifth theme identified was resilient students had friendships that provided them with a place of belonging. The resilient students shared memories and stories of relationships with others who encouraged them, supported them, and
understood them. The sixth theme identified was resilient students had teachers who were experienced as encouraging by the resilient students. The teachers were encouraging because they paid attention to the students and individualized the teaching approach to meet the students' needs. The resilient students were also more likely to determine how to rely on the encouragement and support from their teachers. The seventh theme identified was resilient students had "acknowledgment of the learning disability". This theme illustrated the compensatory actions and actions to confront limitations that the resilient students engaged in while trying to succeed.

The results of Miller's (2002) study suggest the presence of resilience-enhancing strategies that individuals can use to increase resilience. These strategies include creating the possibility for relationships that can become encouraging friendships; reframing challenge or disability as an impetus for development and growth; helping individuals identify, describe, and build upon previous successes; helping an individual identify strengths and turning points; and providing attention and individualized support from teachers, professional helpers, and mentors.

Higgins (1994) published a book that presented the results of research that included phenomenology as part of a mixed methods investigation of resilience in the lives of 40 "resilient" adults. The adults in this study had been abused as children. They were recruited for participating in the study by being selected by their personal therapists as people who demonstrated "loving well" and functioning well despite significant childhood trauma. Higgins' book is a very compelling presentation of the results from a mixed methods approach to investigating resilience that included a phenomenological analysis. She presents the themes identified from her study along with examples of myth and poetry that illustrate resilience in the lived human experience. However, I have
chosen to not fully review the work from this book because it was written as a book for clinicians and a potential self-help book. The structures of the methods and results are not clear as written with regard to the final analysis results or how the themes were derived.

Higgins described and discussed the major themes from her study. The themes organize the book’s chapters and include: (a) a locus of hope: a developmental approach to early love; (b) the later loci of hope: adolescent “adoptive” relationships as developmental opportunities; (c) faith and vision; (d) social and political activism: healing pathways; and, (e) “struggling well”: the sea beyond the sirens. The ideas from the research findings presented in her book and the concepts that emerged as significant to the adults who participated in her study are used in the discussion chapter.

Summary and Application of the Relevant Literature on Resilience to this Study

I chose phenomenological methods to use in this study because phenomenology attempts to discover the essence of a lived experience. Phenomenological inquiry also allows for discovery of meaning and of processes or interactions between individual and environment. The research findings from Miller’s (2000) study and Higgins’ (1994) research provide information about how resilience is experienced from the perspective of the participants in their studies. They deliberately investigated resilience from the perspective of their participants. Similar to Miller and Higgins, my hope and goal in designing this study was to increase understanding of the lived experience of resilience form the perspective of the midlife, lesbian psychologists who were participants in this study. Phenomenological inquiry seemed well-suited for discovery of information about resilience that cannot be discovered through quantitative methods and information that has not been investigated. This information includes the factors involved in resilience, the meanings made from experiencing resilience, and the holistic experience of resilience as
lived in the participants’ lives.

For clarity and consistency throughout this study, I refer to “resilience” as the phenomenon under investigation. The choice of using the term resilience over other options presented in the literature was intentional. Some of the leading researchers in the area of resilience have distinguished the importance of using “resilience”, which could be a process or capacity, versus a term like “resilient”, which serves only as a descriptive adjective that implies a characteristic (Luthar & Zelazo, 2003; Masten & Powell, 2003). The working definition for resilience in this study was the “manifestation of positive adaptation despite significant life adversity” (p.xxiv, Luthar, 2003). Positive adaptation includes competent functioning and increased development (e.g., skills, abilities, knowledge, wisdom) as a result of encountering significant adversity or challenge.

**Theoretical Influences: Resilience Theory, Developmental Theory, Relational-Cultural Theory**

In this study, I intended to facilitate a complex theoretical backdrop for understanding the experience of resilience in midlife, lesbian psychologists. The theoretical backdrop included an integration and combination of resilience theory, psychological development theory, and relational-cultural theory. In the following section, I have reviewed and discussed two theories of resilience and one theory of development that have been incorporated into this research study. An integration of the theories of Richardson (2002), Kegan (1982), and the feminist women of the Stone Center (e.g., Jordan, 1994; Jordan & Hartling, 2002; Miller 1986) moves the examination of resilience toward a more complex investigation of the process and factors associated with resilience. Such factors include psychological processes, growth, adaptation, interconnectedness, person-environment interactions, and relationships as sources for
learning and also as sources for energy required for resilience. Further, these theories have also influenced my conceptualization of resilience and therefore are significant in the data interpretation and discussion sections of this study.

The first area of theoretical review includes a summary and overview of resilience theory as conceptualized by Richardson (2002). I discuss an integrative theory that takes a postmodern approach in integrating the research on resilience from across academic disciplines. The next area of theoretical review contains an abbreviated description of Kegan's psychological development model. This developmental model focuses on the construction of meaning and accounts for human development as a result of resilient outcomes at various life stages when specific challenges are experienced. The final area of theoretical review focuses on Relational-Cultural Theory's feminist perspective of development and reframing of resilience that has been developed and researched over the past several decades.

Richardson's Theory of Resilience

Richardson (2002; Richardson et al., 1990) has developed a metatheory of resilience that contains a model of resiliency that describes the process involved when an individual encounters a challenge that requires adaptation. The resiliency model explains the process that occurs, while the resilience theory explains the motivation that encourages growth in the face of adversity and disruption. The theory and corresponding models proposed by Richardson and colleagues attempt to incorporate findings from resilience research within a framework that describes a dynamic, interactive process that occurs between biological, intrapsychic, interpersonal, spiritual, and environmental factors. I chose to focus on reviewing the theoretical work of Richardson because it provides (a) an organization for previous findings on resilience; (b) a description of the complexity of resilience that
considers individual and environmental factors, as well as interactions between the two; (c) describes multiple possible outcomes that result from an individual’s encounter with adversity; and, (d) uses a multidisciplinary lens from the fields of cognitive development, biology, medicine, Eastern medicine, and physics to explain the process that results in resilience. In this subsection, I present an overview of resilience theory as created by Richardson and colleagues. The three categories within this subsection are: (a) a brief overview of the resiliency model; (b) a brief overview of the resilience theory; and (d) summary and application of the relevant literature on resilience theory to this study.

Resiliency Model by Richardson, Neiger, Jensen, and Kumpfer

Richardson and colleagues (1990) based the process within the resiliency model on the fundamental tenet that individuals seek to maintain balance and homeostasis. According to this resiliency model, when a person experiences disruption to his/her biopsychospiritual homeostasis the individual must adapt to the disruption and attempt to re-establish homeostasis. “Biopsychospiritual” homeostasis can be described as the balance between body, mind, and spirit that an individual recognizes as a comfort zone. When this homeostasis is disrupted by external or internal stressors referred to as “life events”, then an individual is prompted to cope or adapt. Disruptions are considered emotional responses such as hurt, loss, guilt, fear, and confusion that bring into awareness the need for an individual to take action. The actions and coping processes that an individual chooses can be classified into four possible reintegration processes.

Reintegration can best be described as a meaning making process of assimilation and accommodation.

The first possible reintegration process is “reintegration back to homeostasis” during which an individual finds a return to homeostasis without significant changes in
behavior and worldview (Richardson et al., 1990). This process is not possible when disruptions are permanent such as physical loss or loss through death. From a psychological development perspective, reintegration back to homeostasis results in arrested development when the demands from the disruption are experienced during a developmental transition. At these crucial developmental times, reintegration back to homeostasis does not allow for increased life skills. The second possible reintegration process is “reintegration with loss” during which an individual returns to homeostasis but with the loss of motivation, hope, or drive. This type of reintegration occurs when coping with stressful life events seems too demanding. The third possible reintegration process is “dysfunctional reintegration” during which an individual attempts to cope and return to homeostasis through the use of substances, destructive behaviors, or other unhealthy actions. According to the model, the individual experiences prolonged and continued disturbance in psychological functioning (e.g., depression, anxiety) when coping results in either reintegration with loss or dysfunctional reintegration. The fourth and final possible reintegration process is “resilient reintegration” during which an individual copes with disruptions and returns to homeostasis. Resilient reintegration is adaptation that results in growth and development. The growth occurs as the individual’s resilient qualities are identified and strengthened through coping with life events. An individual is hypothesized to experience a strengthening of resilient qualities such as increased self-efficacy, increased mastery, increased ability to problem solve, increased motivation, increased creativity, and increased ability for introspection and choice. Overall, the repetitive process from disruption to reintegration results in a cumulative and developmental progression of a person’s ability to adapt and function optimally.

Resilience Theory by Richardson
In order to further explain the process and factors involved in facilitating resilient reintegration, Richardson (2002) developed a resilience theory. According to this resilience theory, resilient reintegration results from the interplay among several factors located within the individual and environment, such as individual characteristics, environmental characteristics, and spiritual characteristics. The individual characteristics associated with resilient reintegration are those characteristics and individual skills identified in the research (e.g., self-esteem, achievement orientation, good communication skills, self-discipline, intelligence, social competencies). Environmental factors are also considered important with regard to impacting the resilience process by acting directly or indirectly, proximally or distally on the person’s reintegration experience. These environmental factors are the external characteristics or opportunities available to the individual (e.g., positive school climate, nurturing relationship with adult, family support, constructive outlets for time, knowing boundaries and expectations of environment).

The most interesting addition to the traditional understanding of resilience within Richardson’s theory is the consideration of what he names “spiritual” factors. The spiritual factors include: purpose in life, locus of control, belief in higher power, creativity, humor, and affect. Purpose in life refers to an individual’s understood goals or meaning that guides his or her life. Locus of control can be considered an internal locus of control through which an individual possesses a sense of self-efficacy and self-determination. Belief in a higher power can be a belief found in religion or a general belief in the existence of a unifying force larger than oneself. Creativity is viewed as the ability to engage in the energy of living in order to play and/or generate new ideas, concepts, works. Humor involves creativity, awareness of self, and serves to provide
perspective in adversity that can increase optimism. *Affect* as a spiritual factor encompasses awareness of one’s emotional experiences, ability to respond to those emotional experiences, and empathy as an understanding of the universality of emotional experiences for people. According to Richardson (2002), research using structural equation modeling has identified spiritual factors as more salient in determining resilient reintegration than either individual or environmental factors.

The addition of these spiritual factors advances the conceptualization of resilience by postulating that these factors are related to the source of the motivating energy required for resilient reintegration. Richardson makes this postulate based on the summary and integration of research from physics, Eastern medicine, religious/spiritual traditions, biology, psychoneuroimmunology, and transpersonal psychology. According to Richardson’s (2002) resilience theory, these spiritual factors are associated with an innate force for all people that motivate them toward self-actualization. This view should be familiar with those exposed to the fundamental counseling theories of humanism (Rogers) and existentialism (May). This innate force is a form of energy that is enhanced through relationships found in an individual’s environment. Significant relationships with others, nature, and a higher power are posited as particularly important to enhancing energy.

Application of Richardson’s theory of resilience involves finding the motivational center within each person, which includes developing specific individual characteristics and fostering relationships that provide energy. Each person’s motivational center also includes the potential for accessing energy received from a belief in God or a creative force. Resilience occurs when an individual, facing an adversity, brings forth the resilient characteristics within themselves and within relationships to direct energy toward
resilient reintegration.

Summary and Application of the Relevant Literature on Resilience Theory to this Study

Richardson’s resiliency model and the resilience theory provide frameworks for organizing and understanding the phenomenon of human resilience. Richardson’s perspective on resilience was chosen for use in this study because it facilitates the understanding of the biological, social, psychological, and spiritual complexity inherent in human resilience. Richardson’s resilience theory also adds to original conceptualization of resilience by identifying additional positive outcomes of resilient reintegration. These positive outcomes include growth, adaptation, increased resilient characteristics, increased self-efficacy, and an increased connection to creative energy.

The questions in this study were influenced by Richardson’s perspective. These questions addressed the participants’ experience of individual characteristics, environmental characteristics, and spiritual factors that contribute to resilience. Richardson’s perspective on resilience also served as a reference for comparing the findings of this study in the discussion chapter.

Kegan’s Psychological Development Theory

In addition to the resilience theory reviewed in the previous section, psychological development theory also played a central role in my approach to investigating resilience. Psychological development theory has provided a psychological context through which to better understand the experience of resilience during different developmental stages and, specifically, during midlife. In this section, I briefly review the psychological development theory created by Robert Kegan (1982).

This particular theory was chosen for review in this study for several reasons. Kegan’s constructivist model of psychological development places central importance on
the challenges within the environment as the impetus for the need to adapt and develop further psychologically. The theory focuses on how an individual constructs meaning and psychologically develops across the lifespan. Kegan’s theory also focuses on growth as a result of challenge, which corresponds well with Richardson’s resilience theory. Both theories conceptualize resilience as a process of adaptation to a challenging situation, environment, or trauma. The psychological development theory reviewed in this section informed the development of research questions and the discussion of findings from this study.

"The Evolving Self": Kegan’s Constructive Developmental Theory

Kegan’s (1982) constructive developmental theory of psychological development is a metatheory that considers the role of cognitive development, social cognitive processes, life role demands, and existential concerns. This developmental perspective considers the organic, biological development process of a person moving toward a more complex organism. This developmental perspective is considered a metatheory because it is based on the synthesis of the works of Piaget and Kohlberg. Assimilation and accommodation are the two primary processes that an individual uses to respond to developmental challenges. The individual uses these processes to establish equilibrium or homeostasis in response to specific developmental challenges determined by age and environmental context.

Potential outcomes of facing developmental challenges in Kegan’s model include (a) an individual regressing to the behaviors or characteristics of a previous developmental phase due to increased stress required to further develop; (b) an individual remaining at the current developmental phase due to inability or insufficient motivation to develop new skills; and, (c) an individual developing the skills and ability to begin
assimilating and accommodating the challenges of the new developmental phase. Kegan’s outcomes and the psychological processes involved are similar to the processes and outcomes (dysfunctional reintegration, reintegration back to homeostasis, and resilient reintegration) identified in Richardson’s (2002) resiliency model. Kegan’s model and Richardson’s model are also both based on a central assumption that people naturally progress toward self-actualization.

The self-actualization process and the self-righting nature of people are central to Kegan’s (1982) theory. Kegan’s theory is a constructive theory that is also based on the assumption that the defining power of reality exists in the interactions between people and the larger systems around them. As a constructivist theory, there is a focus on the process a person uses to create meaning in his/her life across the life span. Accordingly, an individual can experience herself as someone who has struggled unfairly in life and can believe that she has been broken and worn down from those experiences. That same individual also has the capacity to view herself as someone who has faced many difficult challenges in life and believe that she has grown from those experiences.

Kegan’s (1982) theory describes the development of a self-actualizing psychological “self” that is not a fixed characteristic but is considered a person’s style of interpretation of experience or a person’s meaning making process. This formation of the self allows for a dynamic, dialectical self that is in movement from stability to change over the course of a person’s life. Life transitions and developmental markers are viewed as times when the homeostasis of the self is threatened. Specifically, as the psychological self develops across time it assimilates information until a developmental task challenges the current meaning structure at which time the self must move to accommodate. Thus, the person engages in meaning making that results in a more complex psychological
(cognitive and moral) self that now has more perspective and skill to better act on the
environment and create meaning.

Brief Overview of Kegan’s Six Stages

The six stages of Kegan’s (1982) model are: incorporative, impulsive, imperial,
interpersonal, institutional, and interindividual. A person moves toward the interindividual
self that is characterized by features similar to those of the resilient adult including a
psychological focus on the interactions of self systems, reciprocal and intimate
interactions with others, and dialectical processes. The interaction between a person and
her/his environment is critical to the development of self through the evolutionary truces
and shifts. The functions of the environment ideally occur concurrently and include
holding, letting go, and staying in place. The descriptions of environmental functions are
similar to the descriptions of resilience fostering environments (e.g., caring, high
expectations, limits to behaviors). Kegan also speaks of the “good enough” environment
and the critical skill of a child/person to draw others in to meet their need, which seems
very similar to the research regarding resilient people and their creation of surrogate
caregiving systems.

Additionally, Kegan (1982) posits that when transitioning from one developmental
stage to the next a person falls into a crisis of meaning until equilibrium is restored. It is
this movement from stability to crisis and the developmental process of re-incorporation
of the self through constructing new meaning that seems similar to the process of
resilience. This movement is the same process that leads to resilient reintegration as
described by Richardson (2002). The similarities between these two theories are
somewhat striking. Kegan’s theory identifies life events that act as disruptions at certain
developmental stages, such as the early adulthood and midlife stages. However, Kegan’s
theory alone does not adequately account for healthy psychological development for people outside of the dominant group. Absent from his theory are explicit explanations of how oppression impacts psychological development and the resultant complexities within the individual-environment interactions. While the processes and mechanisms described in Kegan's model can provide one level of understanding about psychological development, a more complex level of understanding can be achieved through consideration of psychological theory that more closely examines relational and cultural influences.

*Relational-Cultural Perspective on Resilience: A Feminist Conceptualization*

In this section I review a feminist perspective on development and resilience based on the Relational-Cultural Theory (Jordan, 1992; 1999; Miller, 1986). The relational-cultural perspective has influenced the development of research and interview questions. The relational-cultural perspective could also influence the interpretation and implications from this study. This section contains three subsections: (a) overview of relational-cultural theory; (b) relational-cultural theory criticisms of resilience research; (c) relational-cultural theory reframing of resilience; and, (d) summary and application of relational-cultural theory of resilience to this study.

*Overview of Relational-Cultural Theory (RCT)*

The relational-cultural perspective was developed through studying women's lives and development. This relational-cultural perspective was informed by the pioneering work of Carol Gilligan (1982), whose work examined the trajectories of women's development and growth in comparison with traditional psychological development theories that were based primarily on the experiences of men. Early relational theorists (e.g., Miller, Jordan, Stiver) focused on Gilligan's research and writing that emphasize
the importance of relationships in the development of women. Relational theorists also began to increasingly consider the importance of diversity and multiculturalism, which lead to examining relationships between individuals and cultural contexts. The resulting relational perspective, Relational-Cultural Theory (RCT), provides a framework for understanding women’s development and growth despite adversity. This framework accounts for more complexity than Kegan’s developmental theory and specifically attends to the role of relationships in resilience.

Feminist researchers, scholars, and practitioners have developed RCT over the past 30 years of work conducted at the Stone Center and Jean Baker Miller Institute (Hartling, 2003; Jordan, 1986; 1992; 1999; Jordan & Hartling, 2002; Miller, 1986; Miller & Stiver, 1997; Spencer, 2000). RCT offers a version of healthy psychological development quite different from traditional, individual-focused models for psychological development. RCT posits that development involves the formation and expansion of growth-fostering relationships throughout a person’s lifespan. Relationships are viewed as central to either facilitating or blocking healthy psychological development. Resilience is focused on adaptation and growth in the face of adversity. Within RCT, resilience is created through relationships. Relationships are viewed as the primary source of one’s ability to be resilient and the primary source of experiences that strengthen the individual characteristics associated with resilience (Hartling, 2003). Similar to Kegan’s postulate that development occurs through interactions with the environment that challenge current status, RCT postulates that the interaction within relationships from connection to disconnection to reconnection result in growth. The cultural context, within which these relationships occur, also plays a central role in determining psychological development. The effects of marginalization and various forms of oppression are considered and
accounted for within an RCT framework for development.

*Relational-Cultural Theory Criticisms of Resilience Research*

The early identification and classification of resilience as an individual characteristic or as a set of individual characteristics has received strong feminist criticism and mixed support from the past 30 years of research data. Several authors have described resilience as an outcome of the interactions of several individual characteristics in combination with several environmental characteristics (Jordan & Hartling, 2002; Luthar & Zelazo, 2003). However, the theories that formed the foundation of psychology often emphasized the superordinate position of the individual as in control of her or his life. Thus, people who could control the outcomes of their lives despite adversity were considered to be innately resilient and in control. Individuals who did not overcome adversity could then be judged as lacking in a personality characteristic that would otherwise allow them to overcome any obstacle encountered. Little attention was given to the environment, including on-going relationships. The early psychological theories were also based primarily on a White, European, educated male experience. The dominant group, comprised mostly of White male psychologists, determined and defined healthy psychological development.

The importance of individualism valued by the dominant group can be clearly identified in the shaping of the early resilience research that focused on identifying individual characteristics. The findings and interpretation of this early research often supported the message that resilience was a characteristic for the "endowed lucky few" (p.2, Hartling, 2003). Contemporary interpretation of the resilience research has shifted to an understanding of resilience as a process (Garmezy, 1994; Masten, 1994; Masten, Best, Garmezy, 1990). Feminism, multiculturalism, and resilience research findings have
influenced contemporary notions about resilience that include a more complex, dynamic construct that can consider the experiences of people in minority and oppressed groups. This more complex perspective of resilience emphasizes the bi-directional relationship between individual and environment.

Jordan and Hartling (2002) provide a historical review of the conceptualization of resilience that includes a feminist reframing of resilience from a relational-cultural perspective. As noted in the review of resilience literature, the empirical findings on resilience strongly emphasize the importance of relationships as protective factors in the face of adversity. In fact, the research findings and contemporary theories for understanding resilience seem to place growth-fostering relationships as central and essential for the development of resilience. Jordan (1992) and others point out that the study of resilience has supported the longstanding feminist perspective that individual theories of development are lacking in comparison to relational theories of human development. “Resilience grows through connection” is the statement that Jordan and Hartling conclude in the introduction to her reframing of resilience through a relational-cultural perspective (p. 57).

Relational-Cultural Theory Reframing of Resilience

A Relational-Cultural Theory (RCT) perspective for understanding resilience involves examining the social, cultural, and interpersonal factors that facilitate or hinder a persons’ ability to endure or overcome adversity (Jordan & Hartling, 2002). In 1992, Judith Jordan described relational resilience as a “life-giving empathic bridge”, which provides a source for overcoming adversity, for protection, and for promoting creative growth. In her relational reframing, resilience became something that could be developed and strengthened in all people through relationships. I have organized the reframed
aspects of resilience into separate categories: (a) relational resilience; (b) growth-fostering relationships and resilience; (c) individual characteristics correlated with resilience; (d) role of environment and social support in resilience

Relational resilience. Relational resilience was defined as a person's ability to build healthy connections not just with other people but with communities as well. Hartling (2003) highlights the importance of this conceptualization of resilience in contemporary times when the risks of living are more apparent. For example, within the United States several man-made and natural disasters have created large-scale adversity from school shootings, 9/11 terrorist attacks, the war with Iraq, and several destructive hurricanes, mudslides, and wildfires. These types of adversity impact individuals, communities and cultures in such ways that resilience becomes more apparently dependent upon the relationships between individuals and environments. As fear increases, people need a better understanding of their own resilience beyond the definition of it as an individual characteristic. The relational reframing of resilience provides hope, despite the increased environmental stress, with a focus toward the possibility that all people can strengthen resilience by increasing their ability to develop healthy connections to others in community. A community-based cultural context containing healthy connections can facilitate resilience despite the larger, world adversities. In essence, RCT advocates for a shift from examining purely individual conditions to more closely examining the relational factors that facilitate growth or resilience.

Growth-fostering relationships and resilience. Growth-fostering relationships are the center of RCT theory. Growth-fostering relationships are conceptualized as being based on mutuality in that each person in the relationship experiences the relational
benefits. Growth-fostering relationships are defined as relationships that have the following characteristics, which can also be considered relational outcomes as well: (a) increased zest or vitality; (b) empowerment; (c) increased clarity about one’s self, the other, and the relationship; (d) increased sense of worth; and, (e) a desire to develop more relationships (Miller & Stiver, 1997). The characteristics of growth-fostering relationships match the conditions that Richardson (2002) describes in his theory of resilience.

Zest has been described as vitality for life or an increased sense of energy, “aliveness” (Jordan & Hartling, 2002; Miller & Stiver, 1997). Zest can be understood as the spiritual energy that Richardson postulates is necessary for an individual to continue to grow, to adapt, and to resiliently reintegrate after adversity. Empowerment has been defined as increased ability to take action (Jordan & Hartling, 2002). Empowerment can be viewed as similar to Richardson’s discussion of increased self-efficacy and enhanced sense of internal locus of control that result from an individual growing through adversity. Increased clarity about oneself, others, and one’s environment refers to an increased sense of awareness and understanding (Miller & Stiver, 1997). Increased clarity and sense of worth appear to be similar to Richardson’s outcome of an increased sense of life purpose. Sense of worth has been defined as a person feeling known and valued by others (Jordan & Hartling, 2002). Sense of worth is developed through engagement in relationship with another who attends and recognizes the experience. The final characteristic of growth-fostering relationships is the desire to develop more relationships. This is a way in which an individual can continue to enhance growth-fostering energy and further strengthen the protective nature of her environment.

As demonstrated through the brief discussion here about the integration of
Richardson’s model of resilience and RCT, a closer examination of resilience is possible by analyzing the dynamics involved in growth-fostering relationships and the importance of those relationships in the face of adversity. Several RCT theorists have described these important dynamics that illustrate resilience, and specifically relational resilience, as an individual’s ability to connect, reconnect, and resist disconnection from the growth-fostering relationship (Hartling, 2003; Jordan, 1992; Jordan & Hartling, 2002; Spencer, 2000).

*Individual characteristics correlated with resilience.* In addition to describing the interactions and relational dynamics involved in resilience, RCT also offers a holistic perspective from which to understand the role that specific characteristics identified in the resilience research play in these dynamics. Six specific characteristics associated with resilience have been analyzed and reframed from a relational perspective. Temperament, intelligence, mastery, internal locus of control, self-esteem, and social support are the six factors that have been reframed from an individualistic perspective to a relational-cultural perspective.

Temperament has emerged from studies of children as an important characteristic correlated with resilience. Temperament has typically been construed as an individual characteristic. However, the importance of temperament can only be determined through both consideration of how temperament developed in the primary care relationship and of how temperament impacted the primary care relationship. RCT attends to and analyzes the cultural variability inherent in the definition of a temperament that contributes to resilience. From this perspective, a temperament would be considered adaptive, even if more assertive or hostile than the dominant cultural norm, based on the ability of the individual to express need for relational support from his or her specific cultural
environment (Hartling, 2003; Jordan & Hartling, 2002). Temperament therefore determines the opportunities to connect with others and to access resources that facilitate resilience.

Intelligence is another characteristic correlated with resilience and often considered an individual trait. However, research on intellectual development has revealed that relationships and context can greatly influence intelligence. Economic status, educational opportunities, skilled parenting, and enriched life experiences are some of the factors identified as significant in cognitive development (Jordan & Hartling, 2002; Masten, 1994; 2001). Brain development and cognitive development are primarily based on life experiences, especially those experiences that occur within the context of interpersonal relationships. Research has suggested that interpersonal relationships are the central source for experiences in early development and throughout the life span (Siegel, 1999 as cited in Jordan and Hartling, 2002). Interpersonal relationships that provide mutual interaction provide the opportunity for increased cognitive development. Mutual interaction allows the individual to experience varied situations in which she has an impact, and is also impacted by, a relationship with another. In essence, cognitive development and behaviors are shaped through the interactive and mutual relationship. This relational perspective on cognitive and intellectual development corresponds with Kegan’s emphasis on the functions of the environment in development. The importance of an interpersonal relationship in developing cognitive skills also seems very familiar from the clinical practice of psychology. For example, cognitive flexibility and adaptation to unpredictable life challenges are often the goals for clients to achieve through the interpersonal relationship that therapy provides.

Mastery is an individual characteristic identified as a correlate to resilience that
has also been reframed from an RCT perspective (Jordan & Hartling, 2002). As a psychological construct, mastery is an individual characteristic that has the connotation associated with domination. From a relational perspective mastery is reframed to refer to competence and the development of skills through connection (Hartling, 2003; Jordan, 1999). Whereas mastery connotes that an individual has complete ability to control the environment, competence refers to possessing the abilities and skills needed to respond with goal-directed action in any given situation. Competence is developed through sociocognitive processes that increase efficacy and skills. The concept of competence allows for consideration of factors in the environment such as sexism, racism, and heterosexism. These environmental factors increase the challenges and discrimination that might limit an individual’s ability to attain mastery over the environment.

Internal locus of control is also an individual characteristic identified as a correlate to resilience that has been reframed from an RCT perspective (Jordan & Hartling, 2002). RCT examines the relevance of the construct of internal locus of control within the individual’s social context. Similar to the concept of mastery, internal locus of control was originally conceptualized from a system steeped in oppression and a system that maintains status quo by suggesting that oppressed individuals should feel responsible for lack of success. This original conceptualization of the role that locus of control plays in resilience has been critically evaluated for the blaming that can be placed on an oppressed individual. The research that has promoted internal locus of control as psychologically healthy has not fully examined the impact of sexism, racism, and heterosexism (Hartling, 2003; Jordan & Hartling, 2002). From a relational perspective, the responsiveness of the environment is a critical factor to examine in order to increase understanding about locus of control as a correlate to resilience. Sexism, racism, and
heterosexism are forms of oppression that limit the responsiveness of an environment.

Jordan and Hartling suggest that, instead of promoting internal locus of control, using the concepts of mutual influence and mutual empowerment would provide a more precise examination of how locus of control factors into the resilience process. For example, if a person experiences the environment as responsive and able to be influenced by her action, then internal locus of control would be postulated to have a significantly positive impact on resilience. However, if a person experiences the environment as unresponsive or difficult to influence, then an internal locus of control would most likely produce frustration and feelings of inadequacy.

Self-esteem has been associated with resilient outcomes in the resilience literature. Self-esteem has been conceptualized as an individual characteristic from a value system that imparts more status to self-sufficiency over collaboration. This value system idealizes a separate self that develops independence and individualism as developmental markers of psychological health. Relational perspectives of esteem, especially for people outside of the value system that prizes individualism, provide alternative conceptualizations of the kind of esteem that facilitates resilience (Jordan & Hartling, 2002). Social esteem is one form of esteem that contributes to resilience for people in more collectivistic cultures. Social esteem has an emphasis on belonging, collaboration, and inter-connections as necessary aspects leading to healthy psychological development (Hartling, 2003; Jordan & Hartling, 2002). Social esteem and group identity are believed to increase the ability to adapt to adversity, or increase resilience, especially in the presence of oppression. Another relational view on self-esteem is the concept of "sense of worth" (Miller, 1986). Whereas self-esteem is achievement based (doing), sense of worth is based on relationships and the value one feels within those relationships.
(being). One’s sense of worth is developed through engagement in relationships where one feels known, valued, and therefore significant to the other (Hartling, 2003; Miller, 1986).

Role of environment and social support in resilience. The individual characteristics reframed by RCT facilitate a more contextual examination of resilience research and the role of the individual. Perhaps the most informative RCT reframing of existing resilience literature is the analysis focused directly on the environment and social support. Early research on resilience represented social support as something that a person receives from others instead of an interactive relational process. “Connection” is the term that has been used to describe the bi-directional, growth-promoting way of relating (Jordan, 1986; 1992). Jordan further defines “connection” as a relationship that is cultivated by mutual empathy, relational responsiveness, mutual empowerment, authenticity, and movement toward mutuality. RCT theorists cite research demonstrating that connection to parents, to family members, or to other adults has been discovered to be the most salient factor in resilience (Hartling, 2003; Jordan & Hartling, 2002; Spencer, 2000). These theorists also highlight the fact that the underlying processes within a supportive relationship, which facilitate resilience, have not been examined. It is also noteworthy from a relational-cultural perspective that the salience of a supportive relationship in fostering resilience remains stable across population and cultural variability. A relational-cultural interpretation of the stable salience of supportive relationships asserts that relationships, or connections, both provide the key relational conditions necessary for healthy psychological development and that the underlying relational processes (e.g., zest, mutuality, and movement in and out of connection) create opportunities for individual growth (Spencer, 2000).
Summary and Application of Relational-Cultural Theory of Resilience to this Study

The Relational-Cultural reframing of individual and environmental characteristics identified in resilience research has informed the development of this study. In this study, the incorporation of RCT notions of resilience also attends to socially relevant shortcomings found in traditional conceptualizations of resilience. The study of resilience in the lives of women most often occurs with the backdrop of a belief in the ruggedness of an individual. Jordan and Hartling (2002) suggest that connection involves mutual empathy and that empowerment is even more important for women who tend to respond to stress through relational behaviors and not by fight or flight behaviors. These relational behaviors are quite different from the set of characteristics typically discussed as important with traditional research that has been focused on individual characteristics such as hardiness. The relevance and importance of an individual characteristic or set of individual characteristics in the lives of oppressed individuals has been typically ignored.

The RCT emphasis on relational factors and interactions corresponds well with the theories of Richardson and Kegan, while going further into elaboration about the experience of growth-fostering relationships that are essential in resilience. The application of RCT to the investigation of resilience in the lives of women allows for consideration of women’s development and consideration of the experiences women have had as marginalized within the larger cultural context. In this study, the relational framework has been used to formulate the investigation of resilience in the lives of lesbian women, who have experienced marginalization from both sexism and heterosexism. Jordan and Hartling (2002) write that, as researchers who are examining the lives of women, we are reminded to “embrace the complexities of women’s experience and begin identifying the features of women’s lives that have allowed them to
be resilient despite the social constraints imposed upon them” (p. 59). The combination of resilience theory, psychological development theory, and relational-cultural theory in this study are intended to facilitate a more complex theoretical backdrop for understanding the experience of resilience in midlife, lesbian psychologists.

Relevant Literature on Resilience in Psychologists and Therapists

Several constructs related to resilience (e.g., post-traumatic growth, wellness, thriving, hardiness) have been investigated within psychology. However, research focused on resilience in the lives of psychologists or therapists has been minimal to date. Resilience in therapists has been investigated through identifying risk factors, burnout rates, impairment, coping, and therapist “well-functioning”. Due to the emotional and often intense involvement of therapists in their clinical work, mental health workers have been the focus of investigations into the risks and protective factors that contribute to impairment or resilience in their professional lives. In the following sections, I review the research findings and theoretical perspective that have emerged through investigating the personal and professional challenges encountered by therapists. Due to the scarcity of research studies focused solely on the experiences of counseling or clinical psychologists, many of the studies reviewed are focused on the experiences of mental health workers from various disciplines. As a result, I have used the term “therapist(s)” when summarizing the findings from across the various studies reviewed.

The review of literature in this section is more detailed than previous sections because it is intended to serve several purposes. First, and similar to prior sections, the literature reviewed on therapist resilience provides the background historical information related to the study of therapist resilience. The literature on therapist resilience in this section has also shaped the development of research questions and the discussion of the
findings from this study. It is also important to note that the average participant in the studies reviewed tends to be the midlife therapist with over 15 years experience. Second, the literature on therapist resilience supports the rationale for this current study by highlighting the challenges and risks of working as a therapist, as well as providing information on positive coping behaviors and well-functioning. Given these identified risks, the continued investigation into therapist resilience can contribute to increased understanding and knowledge that could foster resilience in therapists and students preparing to become therapists. This increased understanding could contribute to positive impacts on clinical training, clinical practice, and clinical outcomes. Lastly, the literature on therapist resilience demonstrates the absence of a clear and consistent definition for the construct of resilience within the study of therapist resilience. The lack of consistent construct definition supports a phenomenological approach of inquiry into therapist resilience.

In the literature review that follows, I have grouped the literature on resilience in therapists into three main subsections: (a) risk factors in therapists' experiences; (b) protective factors in therapists' experiences; and, (c) well-functioning and resilience in therapists. The first subsection is risk factors and includes therapist distress, therapist impairment, and occupational hazards. Specific occupational hazards in this section are briefly reviewed as specific negative outcomes associated with clinical work (e.g., vicarious traumatization, secondary traumatic stress, professional burnout). The second subsection is protective factors and includes occupational rewards and coping behaviors that help prevent distress or impairment in mental health therapists. The third subsection is focused on "well-functioning" and resilience in therapists. Well-functioning is the construct that is very similar to resilience in the research literature. This third and final
subsection includes review of the limited research on therapist “well-functioning”.

*Risk Factors in the Therapists’ Experiences*

Several risk factors for therapists have been identified in research literature examining therapist functioning. I have organized this part of the review into four categories: (a) historical development of research on risk factors and therapist distress; (b) personal and professional challenges for therapists; (c) cumulative effects of challenges for therapists; and, (d) summary and application of risk factor research findings to this study.

*Historical Development of Research on Risk Factors and Therapist Distress*

The lives of therapists have been hypothesized as an important area for investigation because the therapist’s “instrument” is him or herself. The individual characteristics, challenges, and risk factors for impairment have been researched over the last 30 years. This interest has been developed out of the importance of the clinical relationship between therapist and client in the outcome of clinical practice.

The therapeutic relationship between client and therapist has proven to be an extremely important factor when determining the effectiveness of the therapy process. While client characteristics play a crucial role in the outcome of therapy, the personal characteristics of the therapist are also significantly relevant to therapeutic outcome. There has been literature written about important personal characteristics of therapists (e.g., Kottler, 1993; Rogers, 1975; Yalom, 2002). Research has suggested that personal characteristics of the therapist account for significant variation in counseling outcome both directly as well as indirectly through the salience of the client-therapist relationship. These factors seem to influence the counseling outcome more than theoretical orientation or technique (see Hubble, Duncan, & Miller, 1999; Wampold, 2000). The therapist, her
or himself, appears to be a significant tool in the therapeutic process. The ability to be present, engaged, empathic, and actively working with the client toward the therapeutic goals can therefore be impacted significantly by the outside lives of therapists as they encounter life’s joys and challenges. Personal and professional distress for a therapist might lead to impairment in their therapeutic work and effectiveness.

Professional impairment in psychologists received increased attention in the early 1970s when the American Psychological Association began to study the prevalence of impairment and create resources for impaired professionals (Coster & Schwebel, 1997). Sherman and Thelen (1998, p. 79) defined impairment as “the interference in ability to practice therapy, which may be sparked by a variety of factors and results in a decline in therapeutic effectiveness”. Research has suggested that therapists experience distress from both personal and work sources, which contributes to decreasing their level of functioning as clinicians (Deutsch, 1985; Pope, Tabachnick, & Keith-Spiegel, 1987; Sherman & Thelen, 1998).

**Personal and Professional Challenges for Therapists**

Research investigating the personal challenges of psychotherapists has revealed several noteworthy findings. Deutsch (1985) surveyed 264 therapists regarding their experience of personal difficulties and their coping methods. The sample consisted of predominantly White, males with their Master’s degrees. The therapists had an average age of 41, an average of 10 years in clinical experience, and conducted an average of 24 hours of therapy per week. Two-thirds of the sample reported working primarily in agencies and 22% of the sample reported working in private practice. A high percentage of the participants reported having experienced difficulties with relationships (82%), depression (57%), and substance use (11%). There were high correlations between the
experience of relationship difficulties and depression. Overall, 54% of the sample participated in individual therapy to address their difficulties. Women were less likely to have a doctoral degree and more likely to have received treatment for their personal distress than men. However, no gender differences were observed regarding the likelihood of reporting a difficulty. Inexperienced, younger, agency therapists seemed to lose more work due to taking sick time while older, more experienced therapists reported more proactive scheduling vacation time off every 3-4 months in order to avoid burnout. Interestingly, 34% of the therapists reported that they would have sought personal therapy for their difficulties but did not due to concerns of competence, access, reputation, and dual roles.

Additional studies have tried to uncover the relationship between personal distress, professional distress, and impairment in therapeutic practice. Guy, Poelstra, and Stark (1989) conducted a nationwide survey of 318 practicing psychologists. Guy and his colleagues examined the prevalence of distress in therapists, as well as the relationships between personal distress and therapeutic effectiveness. They found that 74.3% of psychologists in their sample had experienced personal distress in the previous three years and that 36.7% indicated that they believed it negatively impacted their therapeutic practice. Older clinicians were more likely to indicate that their clinical work was not impacted by their personal distress. Psychologists who reported more client contact hours also reported an increased likelihood that personal distress impacted their patient care. Guy and colleagues indicated that those psychologists who reported a negative impact on their clinical practice also indicated seeking some form of intervention or treatment. The researchers reported that a “distress-prone therapist” profile based on demographics or context was not supported. However, the demographic information of the participants
was not reported and caution should be used in generalizing the results of these findings.

Mahoney (1997) also explored personal problems and self-care behaviors of psychotherapists through a survey of 155 mental health practitioners. The sample consisted of participants with the following demographics: 54.5% females, an average age of 45.1, an average of 12.9 years of clinical experience, and an average caseload of 18 clients per week. Less than half of the sample reported having a doctoral degree (46%) and men were more likely than women to report more years experience, as well as to have more advanced degrees. Race and ethnicity were not reported for this sample population. Mahoney asked participants to report the personal problems and self-care activities from the previous year. Overall, more than half of the participants did not report significant personal problems within the previous year. Of those who did indicate experiencing difficulties, the top ten problematic experiences included: emotional exhaustion, concerns about caseload (size/severity), sleep disturbance, doubts about clinical effectiveness, intimate relationship problems, chronic fatigue, loneliness or isolation, anxiety, depression, and disillusionment about their work. Doctoral-level therapists reported more sleep difficulties. In this study, the only gender difference discovered was that men were more concerned about their alcohol use than women.

Sherman and Thelen (1998) explored the nature, extent of distress, and impairment reported by psychologists in clinical practice. Their survey examined work and life events as they contributed to distress or impairment in participants. They also assessed the cognitive component of well-being and the preventative efforts reported by those psychologists in their sample. The sample in this study consisted of 513 psychologists with 80% of them having their doctoral degree. The majority of the participants were clinical psychologists (70%) or counseling psychologists (20%). Most
of the sample was White (96%) and married (76%). The sample consisted of nearly half women and half men. The average age was 49; average years in practice was 14.8; and, the average number of client contact hours per week was 24.45. The results of this study found that psychologists experienced several different life events and work factors that were associated with different levels of distress.

The most significant sources for distress and impairment across all life events were experiencing problems in close relationships and having a major personal injury/illness (Sherman & Thelen, 1998). Other sources of distress and impairment included malpractice claims, change at work, managed care restrictions, and inadequate time for tasks. Older and more experienced clinicians reported less work related distress and impairment. Sherman and Thelen also reported a significant relationship between gender and reported stress; women reported significantly greater distress and impairment than the men. The researchers interpreted this finding as a possible indication that either women experience more work-related distress and impairment due to role conflicts or women are more likely to report their concerns than men. The researchers speculated that women experience the "superwoman phenomenon", which leads to role conflict and strain due to professional and domestic responsibilities. While the researchers discussed the superwoman phenomenon that women often face, they did not discuss the possible role of sexism as it could influence collegial interactions, managed care interactions, work setting, opportunity, or financial reimbursement.

In addition to the developmental challenges and life difficulties that all people are exposed to, therapists also encounter unique challenges in their professional lives. Specific occupational hazards and sources of distress in psychotherapists have been empirically examined with increasing frequency over the past two decades. Kramen-Kahn
and Hansen (1998) reviewed the research on occupational hazards and grouped the findings into five categories: personal challenges of the psychotherapist, business-related problems, client-related issues, setting-related stressors, and evaluation-related problems. They then conducted a study using these categories to further investigate occupational hazards in a group of therapists. Kramen-Kahn and Hansen surveyed 208 psychotherapists of whom most were White (92%), female (77%), Masters level trained (66%), and working in private practice (65%). A minority (27%) of the sample identified as psychologists. The psychotherapists in this study identified business aspects, economic uncertainty, professional conflicts, time pressure, sense of enormous responsibility, excessive caseload, and caseload uncertainties as the top seven occupational hazards. More experienced and established clinicians perceived significantly less occupational hazards than newer professionals. These professional challenges along with the other sources of distress discussed previously, such as personal challenges, can have a significant and cumulative effect on the career and overall functioning of therapists.

**Cumulative Effects of Challenges for Therapists**

The cumulative effects of personal and professional distress can result in specific types of therapist impairment. Vicarious traumatization, secondary traumatic stress, and professional burnout are three of the most researched and discussed forms of therapist impairment. A thorough and detailed review of these forms of impairment is beyond the scope of this review. However, I provide an overview summary of the research on each of these three forms of therapist impairment because they are important to consider in the understanding of therapist resilience. These three forms of therapist impairment specifically focus on the cumulative effects of intensely emotional therapeutic work and, with regard to therapist resilience, are often discussed in therapist education programs and
Vicarious traumatization (VT) has been defined and researched as a cumulative process that occurs as a therapist is exposed to client accounts of trauma or abuse (Benatar, 2000; Iliffe & Steed, 2000; Kassam-Adams, 1995; Pearlman & Mac Ian, 1995; Schauben & Frazier, 1995; Kassam-Adams, 1995). Vicarious traumatization of the therapist is possible through empathic engagement in the therapeutic relationship. VT can result in changes in identity, worldview, ability to manage affect, spirituality, self-capacities, psychological beliefs, and sense of meaning (Pearlman & Mac Ian, 1995; Pearlman & Saakvitne, 1995; Saakvitne & Pearlman, 1996; Sabin-Farrell & Turpin, 2003). VT has been hypothesized to create changes in the therapist’s cognitive and emotional processes related to self and others. In particular, beliefs and emotions associated with basic psychological needs such as safety, trust, esteem, intimacy and control are believed to be altered as a result of trauma exposure (Pearlman & Mac Ian, 1995; Sabin-Farrell & Turpin, 2003). Vicarious traumatization therefore results in increased distress for the therapist both personally and professionally. Therapists experiencing VT report experiencing symptoms similar to post traumatic stress disorder (PTSD), as well as additional disruptions in functioning (Pearlman & Mac Ian, 1995). The prevalence or significance of VT in therapists’ experiences continues to be investigated and the construct of VT overlaps with the second form of cumulative impairment, secondary traumatic stress.

Secondary traumatic stress (STS) has also been referred to as “compassion fatigue” and both concepts describe the symptoms and emotional responses that can result from trauma work (Figley, 1995; Sabin-Farrell & Turpin, 2003). Figley described secondary traumatic stress as the natural behaviors and emotions that emerge from
knowing about a significant other’s experience of a traumatizing event. VT and STS are different in that STS does not account for changes in cognitive schema after trauma exposure. The symptoms of STS are almost identical to PTSD and include disruptions in emotional functioning (e.g., powerlessness, anxiety, anger, guilt, fear, sadness, depletion) and social functioning (e.g., withdrawn, mistrust, projection of anger, intolerance, loneliness). Similar to the research on VT, the empirical findings regarding significance and prevalence of STS are not clear and continue to be investigated (Sabin-Farrell & Turpin, 2003).

Whereas, vicarious traumatization and secondary traumatic stress are specific to trauma work, the cumulative effects of distress and impairment have been studied in general as occupational burnout for therapists (see Ackerley et al., 1988; Maslach & Jackson, 1981). Burnout has been defined as exhaustion, both physical and emotional, that then contributes to a therapist developing a negative self-concept, negative job attitudes, and decreased concern for the well-being of clients (Figley, 1995; Grosch & Olsen, 1994; Sabin-Farrell & Turpin, 2003; Vredenburgh, Carozzi, & Stein, 1999). The following symptoms have been identified in the literature as potential symptoms of burnout: rigid thinking, emotional detachment, increased criticalness, increased anxiety, increased sadness, irritability, distance from supportive family and friends, and substance use.

Vredenburgh and colleagues (1999) reviewed the burnout literature and identified the most investigated correlates of burnout such as therapist personal attributes, work setting, client attributes, supervision, workload, age, gender, and marital status. These correlates have weak to mild relationships to burnout and different studies conclude different directions for the correlates. In the study conducted by Vredenburgh and
colleagues, 521 doctoral level counseling psychologists were surveyed regarding burnout. The researchers used Maslach’s model (see Maslach, 1982; Maslach & Jackson, 1981) for the three dimensions of burnout: emotional exhaustion, depersonalization, and reduced sense of personal accomplishment. The psychologists in this study reported low to moderate levels of burnout with two factors, the type of practice setting and age, accounting for small but significant variance in predicting burnout. Those psychologists in private practice reported the lowest levels of burnout and older psychologists also tended to report lower levels of burnout. These findings match those from other studies on the correlates of burnout but still do not provide a deeper understanding about why some therapists experience burnout while some do not; what factors and processes are involved in burnout; and what are the protective factors or processes that benefit some therapists (Sabin-Farrell & Turpin, 2003; Vredenburgh et al.).

Summary and Application of Risk Factor Research Findings to this Study

The research reviewed in this section has contributed to the information on the personal and professional occurrence of distress and impairment in mental health therapists. These studies provide a cursory identification of the risk factors involved in working as a therapist and the historical background into the developing interest in therapist resilience that have shaped the design of this current study. The studies have documented that therapists do experience distress and acknowledge that it can negatively impact their clinical functioning. Across the studies reviewed several common factors emerged as significant contributors to distress in therapists. Problems in personal relationships, emotional exhaustion, personal illness/injury, sleep difficulties, and work-specific concerns were some of the more frequently endorsed sources of distress. The studies reviewed also described specific work-related stressors for therapists including
responsibility for client care, managing business demands, interacting with managed care, and economic uncertainty. The research also suggests that the cumulative effects of clinical work pose significant risk for impaired functioning in the forms of vicarious traumatization, secondary traumatic stress, or burnout. These occupational hazards for therapists are important to understanding resilience in therapists. These hazards represent the possible occupational challenges from which resilience emerges.

While these studies have provided useful information, these studies do not provide information about individual differences in therapists that might account for relative salience of type of challenge, relative protective factors, relative risk factors, and relative coping skills. Void from these studies is an examination of other sources of personal distress due to contextual factors (e.g., presences of racism, presence of sexism, presence of homophobia) that could create unique challenges and sources of distress for therapists. For example, the differences between men and women with regard to the challenges and levels of distress have not been thoroughly investigated. Researchers' have speculated upon why gender differences have emerged from the data but have not examined in depth the meaning and experiences of female psychologists specifically. The research on risk factors in therapists has also been void of consideration of the unique and specific challenges and risks that lesbian psychologists encounter related to their professional functioning. Thus, this study was designed to add to the literature on therapists and resilience by directly exploring the risk factors and resilience experiences of lesbian psychologists.

Similar to the general resilience literature, the exploration of resilience in therapists started with examining the associated risk factors and then focused on examining protective factors. These types of studies have been important in identifying
possible risk factors that lead to therapist resilience but they have not examined how these factors contribute to challenge or the experience of resilience. The experience of therapist resilience has not been directly examined through research. By directly studying the experiences of therapists, it is possible to build understanding about how these risk factors are related to resilience or well-functioning in therapists. By using phenomenological inquiry, it is also possible to build understanding about the meaning that these risk factors have for therapists.

_Protective Factors in Therapists' Experiences_

Occupational rewards and coping behaviors of therapists can be framed as the protective factors that contribute to resilience. This body of research developed concurrently with some of the research conducted on risk factors in therapists' experiences. I have organized this section about research on protective factors into three categories: (a) occupational rewards from therapists' clinical work; (b) therapists' coping behaviors; and, (c) summary and application of protective factor research findings to this study.

_Occupational Rewards from Therapists' Clinical Work_

Several studies have investigated the occupational rewards associated with therapists' clinical work (e.g., Guy & Liaboe, 1986; Kramen-Kahn & Hansen, 1998; Rupert & Baird, 2004; Stevanovic & Rupert, 2004). Guy and Liaboe (1986) reviewed the literature focused on the impact of conducting psychotherapy on the psychotherapist. They identified several positive outcomes from clinical work that therapists noted in past research. Specifically, psychotherapists have reported increased self-development, assertiveness, self-assurance, self-reliance, introspection, and sensitivity. The research on psychotherapists has also suggested that they feel an increased ability for making meaning
in their lives. Some psychotherapists have also identified feeling respected and contributing to the growth of clients as important occupational rewards (Kramen-Kahn & Hansen, 1998; Rupert & Baird, 2004; Stevanovic & Rupert, 2004).

Kramen-Kahn and Hansen (1998) identified six categories of occupational rewards associated with conducting therapy. Those categories of occupational rewards are feelings of effectiveness, on-going self-development, professional autonomy, opportunities for emotional intimacy, professional-financial recognition and success, and flexible, diverse work. These occupational rewards have been consistently identified in the research literature. Research on these occupational rewards provides a cursory understanding of protective factors that could facilitate therapist resilience. In addition to consideration of occupational hazards and rewards, examination of coping behaviors in therapists is central to conceptualizing therapist resilience.

**Therapists’ Coping Behaviors**

Behaviors elicited in response to stress or challenges are central to understanding coping and resilience. The coping behaviors of therapists have been investigated over the past several decades (e.g., Deutsch, 1985; Lucero, 2002; Kramen-Kahn & Hansen, 1998; Mahoney, 1997; Sherman & Thelen, 1998). This research has generated significant lists of coping behaviors used by therapists including relational coping behaviors frequently used by women.

In the early study conducted by Deutsch (1985), therapists indicated several methods for coping with personal distress. Participating in individual therapy and turning to others (e.g., family, friends, peers, and supervisors) for support were the major methods of coping reported. Through use of survey research, Mahoney (1997) identified several self-care activities that psychotherapists endorsed utilizing within the previous
year. A large number of the participants (87.7%) reported that they had participated in personal psychotherapy at some time during their lives. More than one-third of the participants reported having been in therapy during the previous year. More than 80% of this sample reported reading for pleasure or engaging in a hobby, vacationing, or attending an artistic event. Exercising, peer supervision, recreational games, and engaging in prayer or mediation were also endorsed by more than half of the participants. Of note, several significant differences were found between women and men regarding the use and frequency of personal therapy. Women reported engaging in personal therapy more frequently, having more total hours of personal therapy, and engaging in personal therapy within the previous year.

Sherman and Thelen (1998) identified several prevention behaviors that the psychologists in their survey sample used. The most frequently endorsed prevention activities were participating in non-work-related activities, periodic vacations, consultation, exercise, scheduling breaks during the day, stress management techniques, and using social support networks. There were no significant correlations in this study between the number of preventative activities engaged in and the reported work distress. Thus, according to this study, these behaviors cannot be concluded to be directly “preventative” of distress. However, the methods used by Sherman and Thelen were quantitative and examined the number of activities engaged in without accounting for the salience of these activities for a given individual. The protective function and power of these preventative activities could be assessed through exploring the perceived benefit and meaning of the activity for the individual psychologist. Such a qualitative examination of these preventative behaviors would provide insight into the psychologist’s perspective of how a preventative behavior prevents further work distress.
Kramen-Kahn and Hansen (1998) also investigated the coping strategies, or "career-sustaining behaviors" employed by the psychotherapists in their study. Maintaining a sense of humor was the most frequently endorsed (82%) coping behavior. Perceiving client problems as interesting, renewal through leisure activities, case consultation, maintaining objectivity about clients, and successful use of interpersonal support were also identified as important coping behaviors. Interestingly, in this study the female clinicians reported greater occupational rewards and use of coping behaviors than the male clinicians. Kramen-Kahn and Hansen discussed the fact that women endorsed more relational rewards and more subjective career-sustaining behaviors; thus fitting the relational view of the Stone Center work that women live more "in relation" than do men.

Stevanovic and Rupert (2004) also investigated the career-sustaining behaviors of professional psychologists. In their survey-based study of 286 licensed psychologists, the participants reported career satisfaction as well as having engaged in several coping behaviors. The coping behaviors identified in this study were similar to those in previous studies. The most often endorsed coping behaviors were spending time with partner/family, maintaining balance, maintaining sense of humor, maintaining self-awareness, maintaining professional identity, engaging in leisure activities, and maintaining sense of control over work. Similar to the findings in the study by Kramen-Kahn and Hansen (1998), women in this study endorsed the importance of relational activities more than men. Engaging in personal therapy, spending time with friends, discussing work frustrations with colleagues, case consultation, and maintaining regular contact with referral networks were the relational activities endorsed. Analysis of the results also revealed that age and experience were significantly related to work satisfaction. Psychologists higher in work satisfaction also had slightly different coping
behaviors, including engaging in positive self-talk and turning to spiritual beliefs.

Summary and Application of Protective Factor Research Findings to this Study

The research reviewed in this section has contributed to the information on the protective factors for mental health therapists. These studies provide a cursory identification of the protective factors involved in working as a therapist and the use of specific coping responses when encountering challenge. Overall, the studies on coping behavior in therapists suggest that they utilize several different strategies to buffer their professional demands. Hobbies, vacations, cultural events, relationships, exercise, using humor, and engaging in prayer or meditation were all activities endorsed by therapists as ways to cope with daily stressors. The theme of balancing career demands with personally enriching activities has also been prominent across studies. The most often mentioned coping behaviors across the studies involved the use of interpersonal support in the form of family, friends, peers, and personal therapy. For women in these studies, the research seems to suggest that interpersonal relationships and even personal therapy are crucial to their sense of effective coping. These findings suggest further support for a relational perspective on coping and associated resilience in female therapists.

While these studies have provided useful information about protective factors for some therapists, these studies do not provide information about individual differences in therapists that might account for relative salience of type of protective factors and coping behaviors based on individual differences. Void from these studies is an examination of other sources of protection from challenge that comes from contextual factors (e.g., collective group membership that buffers personal distress, opportunities for group membership). For example, the research has not examined why female therapists use their own personal therapy more often than men. Nor has the research explored the meaning
that personal therapy and relational coping behaviors have as protective factors for female therapists. Relationships might provide a layer of protection against socially based risk factors and challenges (e.g., sexism, heterosexism). By using a phenomenological method, the current study investigated the meaning of coping behaviors and factors that facilitated resilience for this group of lesbian psychologists. The current study was designed to contribute additional information for understanding protective factors and resilience in a specific population, lesbian psychologists, that has not been directly researched from a resilience framework.

**Well-Functioning and Resilience in Therapists**

While the research on coping behavior provides insight into how therapists approach dealing with stress as it arises, research has also directly examined how therapists exhibit resilience throughout their careers. As conceptualized in the literature, "well-functioning" most closely represents the construct of therapist resilience. Coster and Schwebel (1997) investigated "well-functioning" in professional psychologists and defined "well-functioning" as the opposite of impairment. Well-functioning is "the enduring quality in one's professional functioning over time and in the face of professional and personal stressors" (p. 5, Coster & Schwebel, 1997).

Coster and Schwebel proposed that therapist functioning varies throughout the life span as the therapist experiences different challenges both personally and professionally. The consistent support, from across research studies (e.g., Coster & Schwebel; Guy, Poelstra & Stark, 1989; Kramen-Kahn & Hansen, 1998; Sherman & Thelen, 1998), for age and experience in buffering occupational distress further suggests that a developmental perspective on therapist functioning could be useful. For example, a much more complex understanding of therapist functioning that identifies salient protective
factors could be created by considering both the personal life span transitions and career stage that a therapist is experiencing. I have organized the review of therapist well-functioning into two categories (a) select research findings from therapist well-functioning and (b) summary and application of research on therapist well-functioning to this study.

Select Research Findings from Therapist Well-Functioning

Coster and Schwebel (1997) hypothesize that therapists who have learned to “anticipate, prevent, and cope with stress” (p. 6) are also the therapists likely to meet developmental challenges. These therapists have learned through experience the process of maintaining their ability to function through adversity; these therapists have resilience. The interaction among developmental factors, correlates of coping, and therapist variables such as occupational rewards, demographics, coping behavior, and context can provide a larger framework for understanding therapist resilience. Coster and Schwebel conducted a qualitative study that explored the experiences of psychologists who had been identified as well-functioning. Ten themes were identified as important contributors to their ability to function well. The contributing factors to well-functioning, in order of significance, were: peer support from colleagues, stable personal relationships, supervision (past and current), a balanced life (non-work activities, hobbies), graduate department or school (social affiliation, establishing relationships with colleagues), personal psychotherapy, continuing education, family of origin (as a source for values), costs of being impaired (loss of license, financial loss), and coping mechanisms (e.g., vacations, relaxation, exercise, socializing, spirituality). In a follow-up quantitative study reported by Coster and Schwebel in the same article, these factors were also endorsed as most important to therapist well-functioning.
Coster and Schwebel (1997) examined attributes associated with well-functioning in a survey sample of 339 psychologists. Participants completed the *Well-Functioning Questionnaire* in order to rate the importance of activities toward their well-functioning. Contributions of the activities were rated on a 5-point scale with a 1 meaning "little/none"; a 3 meaning "somewhat"; and a 5 meaning "greatly". The seven most important factors in order were: self-awareness (M=4.58), personal values (M=4.45), preserving balance between personal and professional (M=4.30), relationship with partner (M=4.22), personal therapy (M=4.16), vacations (M=3.95), and relationships with friends (M=3.95). Relational factors again emerged as very significant to well-functioning. Of the psychologists who indicated experiencing previous impairment, 79.8% of them indicated that recovery was facilitated through personal therapy and other supportive relationships. (Coster & Schwebel, 1997). The leading choice for the most important factor in well-functioning was personal therapy, which was ranked first by 22% of the sample. In addition to the strong support indicated for the effectiveness of personal therapy in therapist well-functioning, the maintenance of supportive collegial peer relationships and the relationship building skills acquired during graduate school also seemed to have significant impact on psychologist coping and well-functioning. Psychologists who established and maintained collegial relationships reported that these relationships helped their well-functioning by assisting them in dealing with occupational-specific stress. In fact, after examining the data, Coster and Schwebel concluded that the difference between well-functioning and impairment was determined more by the adequacy of coping resources and relationships versus the lack of professional skill.

Self-awareness, personal values, maintaining balance, personal therapy, and close relationships are some of the factors that have emerged as crucial to psychologist well-
functioning. From the results of their studies, Coster and Schwebel (1997) have grouped these factors and others into the four major domains of interpersonal support, intrapersonal activity, professional activity, and self-care activity. Interpersonal support includes relationships with peers, partner, family of origin, and relationship within personal psychotherapy. Intrapersonal activity includes self-awareness, self-regulation, and the use of personal therapy. Professional activity includes activities such as participating in professional organizations, community organizations, and volunteer activities. These types of professional activity provided therapists with a sense of connection and involvement with community. The fourth and final domain of factors that contribute to therapist well-functioning has been conceptualized as self-care activities. Self-care includes such activities as balancing job and life, attending to overall health and well-being, and professional development. Spiritual practices such as prayer/meditation and attending religious services have also been identified as important factors in well-functioning for some psychologists (Case & McMinn, 2001).

Additional research on resilience, defined as well-functioning in therapists, continues to support the importance of environmental and individual factors in buffering the effects of adversity. Ganey (2005) studied the associations between relationship dyadic satisfaction, resilience, emotional depletion, and sources of stress. He surveyed 190 doctoral level, licensed psychologists from Pennsylvania. Overall, the participants in this study reported low levels of burnout and emotional depletion. Resilience was examined through the use of the Well-Functioning Questionnaire. Self-awareness/self-monitoring, balancing life, and personal values were highly ranked by the participants. These three activities correspond to those activities also identified as significant in the previous studies on well-functioning (Case & McMinn, 2003; Coster & Schwebel, 1997).
Self-growth, relationship with spouse, sense of purpose/calling to the field, professional identity, informal peer relationships, financial stability, and relationships with friends were the remaining activities ranked within the top ten activities. Once again, the importance of the relational activities was highlighted and further supported as central to therapist resilience.

**Summary and Application of Research on Therapist Well-Functioning to this Study**

From a relational perspective, the current study examined the role of occupational risk factors, protective factors, and coping behaviors in the experiences of resilience for midlife lesbian therapists. This study specifically examined the role of social support and relational coping in midlife lesbians. This study was designed to provide information about the questions left unanswered about midlife, lesbian therapists' experiences of resilience. Specifically, this study is intended to discover the unique occupational risks, salient protective factors, occupational rewards, and coping behaviors used by midlife lesbian therapists. The study is also intended to examine how midlife lesbian therapists describe resilience. The salience of environmental stress and the interactions between work stress, sexism, and heterosexism will also be examined in this study.

**Relevant Literature from Lesbian, Gay, Bisexual (LGB) Psychology**

The lived experiences of lesbian, gay, and bisexual (LGB) people have been increasingly examined within psychology over the past several decades. The historical path of LGB psychology can be thought of as initiated by the groundbreaking early works of Evelyn Hooker and Alfred Kinsey in the 1940s and 1950s. The findings of their research and research conducted by those they inspired provided data to support the declassification of homosexuality within the psychiatric nomenclature in 1973. A non-pathologizing way of studying the lives of LGB people became prevalent in the mid-
1980s and proliferated during the 1990s. From the late 1990s through contemporary times, LGB research and scholarship have shifted to focus on more complex issues of diversity, such as more thorough examination of bisexuality and the intersection of race/ethnicity and sexual orientation (see Bieschke, Hardy, Fassinger, & Croteau, 2008; Croteau, Bieschke, Fassinger, & Manning, 2008; Garnets & Kimmel, 2003b; Ritter & Terndrup, 2002). Contemporary literature and research, such as the research conducted by Balsam (2003) and Savin-Williams (2001; Savin-Williams & Ream, 2003), have also begun to focus on coping, protective factors, and resilience in LGB adolescents and adults.

Currently the literature from LGB psychology contains at least two decades of investigation into developmental concerns of LGB people and the psychological risks associated with an oppressed sexual orientation. Identity development, coming out, identity management, career issues, and relationship issues have been part of the lived experiences of LGB people that researchers have examined from a more developmental perspective. Internalized homophobia or heterosexism, substance use, depression, anxiety, coping with HIV/AIDS, coping with oppression, utilization rates for mental health services, and risk factors for suicidal ideation in the lived experiences of LGB people have also been examined by researchers (see Cochran & Mays, 2006; Garnets & Kimmel, 2003a; Ritter & Terndrup, 2002; Croteau et al., 2008). The more recent literature on coping and resilience in LGB people has built upon the previous research by beginning to identify the protective factors and psychological processes that have lead to healthy adaptation and development in the lives of LGB people.

In the following sections, I review the relevant literature on resilience from LGB psychology and the relevant literature on the lives of current midlife lesbian women.
Whereas the literature reviewed in previous sections (e.g., resilience, theory, therapist resilience) has significantly informed this study, the literature reviewed in the following sections has also significantly shaped this study and is intended to provide a broad understanding of how this study fits within the general LGB literature. The following four sections are detailed and provide information that has informed the design of this study, information that could be used in discussing the findings of this study, and information that supports the rationale and importance of this study. The four sections are: (a) risk and resilience in the lives of LGB people; (b) resilience in sexual minority women; (c) lesbian women at midlife; and, (d) summary and application of reviewed LGB literature to this study.

Risk and Resilience in the Lives of LGB People

Within this section, I provide an overview of research and theory related to resilience in the lives of LGB people. First, I will introduce the psychological and health-related risks identified in the research literature as significant for LGB people. The concept of minority stress is presented, along with Greene's (2000) discourse on multiple oppression, stress, and resilience. Next, I provide a brief summary on LGB youth, suicide risk, and resilience. Finally, I briefly overview the growing research on the psychological effects of anti-gay politics.

Psychological and Health-Related Risks

In the past two decades, the literature pertaining to the mental health of LGB people has undergone significant change from examining the healthy, lived experiences of LGB people toward also examining the negative health outcomes that result from oppression (Cochran, Sullivan, & Mays, 2003; Meyer, 2003). This evolution within the literature began after same-gender sexual orientation was de-pathologized and removed
from the psychiatric classification system. Within psychology and the mental health field, LGB-affirmative strategies for addressing the psychological needs of LGB people were developed. The affirmative perspective (see Croteau et al., 1998; Matthews, 2007; Morrow, 1998; Ritter & Terndrup, 2002) has encouraged psychologists to consider the impact that cultural oppression and discrimination has on the overall psychological functioning of LGB people in areas such as career, family, development.

Oppression and discrimination have been identified as significant contributors to the psychological and health risks identified in LGB people. Research on the prevalence of psychological distress in LGB people has consistently revealed higher risk for mental health symptoms and mental health service utilization (Balsam et al., 2005; Cochran, 2001; Cochran et al., 2003; Cochran & Mays, 2006; Mays & Cochran, 2001). Meyer (2003) conducted a meta-analysis of the studies published on mental health and mental health service utilization of LGB people. The findings of this analysis indicated that there is evidence to support a higher prevalence of psychological distress for LGB people than for their heterosexual counterparts. Specifically, there is a higher risk for substance use, anxiety, depression, and suicidal ideation/Attempts. LGB individuals also use mental health services at a higher rate, with lesbian women having the highest rate for participating in therapy (Balsam et al., 2005; Morgan, 1992). One possible interpretation of this finding has been that LGB people, lesbians in particular, use psychotherapy as a way to cope with the discrimination and oppression in addition to personal concerns.

Over the past decade, psychologists and public health investigators (e.g., Balsam; Cochran; Diamond; Meyer; Savin-Williams) have taken more interest in investigating health, mental health, and wellness within the LGB population. Recent research findings from national survey data (Cochran, 2001) and from studies comparing LGB and
heterosexual siblings (Balsam et al., 2005; Rothblum & Factor, 2001) have further supported the increased risk for psychological concerns and mental health service usage. Balsam and colleagues found that, even after accounting for family effects by using sibling sampling, sexual orientation significantly predicted suicidal ideation, attempts, self-injurious behavior, and use of mental health services. While these findings seem contradictory with the findings from the pioneering work of Kinsey and Hooker, there have been significant cultural changes that have occurred since the pioneering work was conducted in the 1940s and 1950s. For example, prior to the 1970s there was not a clearly defined gay or lesbian culture. Social stigma and prejudice existed but there was not a gay or lesbian identity per se. With the advances of a gay group identity and culture, societal oppression also became more pronounced and LGB people began to be viewed as a minority culture within society; a minority culture vulnerable to societal and institutional oppression. As a result, LGB individuals’ vulnerability to adversity and psychological distress became more noticeable. Researchers and theorists (e.g., Balsam et al., 2005; Meyer, 1995; 2001; 2003; Rothblum & Factor, 2001) have attempted to explain the contradictory results between initial studies that showed no increased psychological distress in LGB people and more current studies that suggest a high prevalence of distress in LGB individuals. The role of minority stress in the lives of LGB people has been hypothesized as a major contributing factor.

Models of minority stress have been developed to explain the major risk factors to psychological health and functioning in LGB people (Brooks, 1981; Meyer, 1995; 2001; 2003). Models of minority stress do not conceptualize the locus of psychological distress within an individual. Instead, these models conceptualize and emphasize that the locus for psychological distress can be found within the interplay between an individual and his or
her environment. Meyer (2003) described “minority stress” as having three distinct characteristics. First, minority stress is a unique stressor experienced in addition to other life stressors. Second, the underlying social and cultural structures provide a chronic source for the experienced stress. Third, minority stress is socially based through interactions with the environment and with others. Given cultural experiences of homophobia and heterosexism, LGB people are likely to encounter stress that matches the characteristics of minority stress. The four major processes involved in minority stress for LGB people have been identified as: external, objective stressful events and conditions; expectations of stressful events and vigilance; internalization of negative societal attitudes; and disclosure/concealment of sexual orientation (Meyer, 2003).

A minority stress conceptualization begins to address the complexities inherent with examining resilience at both individual and cultural group levels. Meyer (2003) posited that stress and resilience interact to predict mental health at both levels. The impact of minority stress on an individual depends on individual factors as well as the presence of resilience-fostering elements at the environmental group level. Possible resilience factors at the group level include an LGB affirmative community that provides a place for LGB people to re-appraise their experiences of discrimination, to feel a sense of community belonging, and to receive validation through “in-group” membership. Minority stress has been conceptualized as potentially health-promoting in that it could lead to coping and resilience as an individual adapts to the stress. Adaptation contributes to the individual becoming better prepared to face new challenges (Greene, 2000; Meyer, 2003; Weinberg & Williams, 1974). Understanding the complexities of how minority stress is experienced by individuals must involve consideration of the meaning and importance that individuals place on their identities, especially for those individuals who
experience multiple oppression and have multiple social identities.

Beverly Greene (2000) has provided a conceptualization of resilience and multiple social identities for LGB people. She highlighted the parallel literature development between affirmative LGB literature and literature focused on other socially disadvantaged groups. The literature focused on socially disadvantaged groups developed by first focusing on psychological development theories (e.g., identity development models) and then examining risks, vulnerabilities, and coping. Consideration of social factors and multiple identities has only emerged strongly as an area of focus in recent LGB literature. Greene identified that a significant contribution of this literature has been the notion that social adversity can create psychological vulnerability while also facilitating psychological resilience and coping. The literature on resilience in LGB people has only recently begun to investigate and attempt to understand the complexity of psychological vulnerability and resilience for people with multiple social identities.

Similar to Meyer (2001; 2003), Greene (2000) posited that resilience could be understood on an individual and group level. Resilience at the individual level was defined as the ability to maintain “psychological integrity” or the ability to maintain psychological independence from negative life events. She described psychological integrity as being fostered by loving and effective caregivers who are present at critical developmental transitions. These caregivers have a remedial effect on the at-risk individual. Greene incorporated into her understanding of resilience that an individual with psychological integrity has the capacity to evoke affirming reactions from others that, in turn, strengthen the integrity. From her study of the literature on socially disadvantaged groups, Greene identified that psychological integrity also requires the presence of challenge (e.g., societal oppression). An individual may use the challenge to
further develop and strengthen a sense of personal adequacy and strength. Thus, oppression in any area of life could strengthen a person’s overall resilience and ability to face adversity in other areas of life. This conceptualization is very similar to Kegan’s notion of what motivates psychological development and the RCT emphasis on the importance of relationships in adaptation.

Greene (2000) also provided a framework for investigating and understanding resilience at group and cultural levels. The examination of group or cultural resilience for LGB people considers coping strategies and psychological integrity in relationship to societal forces, such as prejudice, racism, segregation, and sexism. In essence, Greene encouraged researchers, theorists, and practitioners to consider cultural integrity that would involve cultural traits (e.g., behaviors, coping, attitudes) that are functional in the face of oppression. Cultural resilience results in the maintenance of cultural integrity or independence from the influence of other cultures. For example in traditionally mainstream conceptualizations, increased vigilance has often been conceptualized as a source of stress that could impact optimal functioning. From a culturally sensitive perspective, increased vigilance could be viewed as a healthy characteristic that leads to adaptation especially for those individuals encountering adversity in the forms of discrimination and oppression. Likewise, reliance on one’s own experience to inform life choices instead of reliance on mainstream labels and information could be considered viable coping that leads to increased resilience for people who are oppressed.

Greene (2000) has also encouraged researchers to examine the complexity and layers of resilience for all people but especially for those who face multiple levels of oppression due to their identities and social group memberships. Research on resilience in LGB people has begun to identify the salience of gender, sexism, and heterosexism.
However, while resilience research on the experiences of LGB people continues to mature and consider more complexity at both individual and group levels, there has not been an integrated approach to examining other socially relevant and salient factors. Age, sexuality, social class, ethnicity/culture, and ability status are some of the additional culturally-relevant factors that have yet to be evaluated. The current study attempted to uncover these resilience factors, as they were present within participants’ stories. The goal was to begin to build a basic understanding of the multiple levels of complexity inherent in studying experiences of resilience in midlife lesbian psychologists.

**LGB Youth and Resilience**

Resilience in LGB people and the interactions between risk and protective factors have most thoroughly been investigated in the area of adolescent suicide. The prevalence of suicide attempts in LGB youth has been investigated and concern has arisen about the level of psychological risk that LGB youth encounter (see reviews Kulkin, Chauvin, & Percle, 2000; McDaniel, Purcell, & D’Augelli, 2001; Savin-Williams, 2001). In their review of these studies, McDaniel and colleagues identified the most salient risk factors for LGB youth as: psychiatric conditions, depression, low self-esteem, substance abuse, lack of support from family/peers, verbal harassment, physical violence, institutionalized discrimination and homophobia. McDaniel and colleagues also report that environmental reactions to same-sex sexuality have been identified as the primary cause for prevalence rates of suicide attempts as high as 30-40% of LGB youth in some studies. While these findings provide information regarding the risk factors for youth, there has been criticism that the prevalence rates in these studies are too high and inaccurate for generalizing. These have been questioned due to controversy over methodological concerns, including concerns about sample representativeness (Savin-Williams & Ream, 2003). Many studies
have used samples from LGB support groups wherein the participants might already be experiencing more distress than LGB youth in general.

Savin-Williams and Ream conducted a study that examined suicide rate, behavior, and environmental stress within two groups of adolescent males, an LGB support group (N=51) and a larger scale community sample from an online survey (N=681). Many of the youth in this study had not considered suicide and those who did differed in significant ways with regard to individual characteristics and context. In the sample from the LGB support group, 71 percent had reported considering suicide at some point in their lives. Whereas in the online sample, 77 percent of the youth reported having “never” or “rarely” considered suicide. The participants in their research who had low self-esteem, substance abuse concerns, and psychological concerns were the most likely to report considering suicide especially if the context was one in which there was low social support and expression of their same-sex sexuality could result in the loss of support. Savin-Williams and Ream conclude that suicidal ideation and prevalence in LGB youth might be overestimated in general but not for those youth who experience an interaction between individual characteristics of risk and environmental vulnerability. The study by Savin-Williams and Ream was one of the first to examine suicide prevalence rates and the factors that contribute to how some LGB youth meet adversity without attempting suicide.

An additional study by Orban (2004) examined the protective factors associated with positive psychological outcomes in LGB youth. This study investigated more complex relationships between contextual influences, risk, and resilience. Specifically, the relationships between mental health well-being and five contextual factors were investigated. The contextual factors included social support from family, LGB friends and
non-LGB friends, perceived school safety, LGB youth center involvement, and LGB community involvement. The 145 participants in this study were youth, ages 13-21, from an urban, east coast LGB youth center. The sample was predominantly male (63%) or female (32%) with a small percentage identifying as transgender (4%). The participants in the study by Orban differed from many of the previous studies on LGB youth due to demographic characteristics such as race, ethnicity, and social economic status. A majority of the participants (93%) were youth of color; predominantly African American, and many of the participants were classified as belonging to a lower SES group based on parental information.

Overall, the major results of Orban’s study (2004) suggested that the participants had poorer psychological well-being in comparison to the population in general based on their mental health scores. With regard to the five contextual factors examined, perceived support from LGB and non-LGB friends was positively associated with psychological well-being. LGB friends were perceived as more supportive. Also, with regard to the impact of friends and social support, the participants’ level of outness was positively associated with their level of perceived social support. Another major reported finding was that the participants’ perceptions of family acceptance predicted their level of outness; perceived paternal acceptance was especially predictive. School safety as perceived by participants was also positively associated with psychological well-being and participants in this sample reported low levels of victimization. The study provided some surprising and contradictory results. For example, LGB youth center involvement and LGB community involvement were not significantly correlated with psychological well-being as measured quantitatively. Similarly, LGB youth center involvement was also not associated with perceived social support from LGB friends as measured
quantitatively. However, the participants in this study perceived an increase in psychological well-being after becoming involved with the LGB youth center. These participants ascribed positive meaning to their involvement and relationships with other LGB people. The results in this study also suggest that social support from LGB friends was more significant to well-being than social support from non-LGB friends and family (Orban, 2004). The importance of relationships with similar others in this study seem parallel to the current understanding of protective factors involved in resilience. These findings support the importance of examining the meaning (intensity) that people ascribe to experiences versus measures of quantitative characteristics, such as time spent (frequency, duration) involved in the youth center. Interestingly, Orban (2004) did not present information regarding gender differences in her study.

In her dissertation, Kulkin (2002) qualitatively investigated the processes that resulted in adaptive and resilient functioning in lesbian adolescents and young adults. She conducted a retrospective study that examined what helped lesbian youth avoid suicidal behavior and how those youth remained resilient. Twenty-two women, who had an average age of 39 years and who did not have histories of suicidal behavior, participated in Kulkin’s study. The majority of the women were educated with a college degree (59%), grew up in a suburban area (73%), identified as Caucasian (82%), and identified as Christian (50%). The women who self-labeled as lesbian before reaching age 24 (N=18) reported experiencing adversity and fear related to their sexual orientation. The adversity described included experiencing discrimination, harassment, and fearing loss of relationships with important relationships (e.g., family and friends). These challenges were not reported as part of the youth experience by women who self-labeled as lesbian later in life.
Kulkin (2002) also reported that the women acknowledged important constitutional factors, life events, and relationships that influenced their adolescent development and experience of resilience. Constitutional factors referred to internal resources such as positive worldview, feelings about self (e.g., self-esteem, confidence, inner strength), and coping behavior. Coping behaviors included both unhealthy (e.g., drug use, alcohol, denial) and healthy behaviors (e.g., sports, social networks, therapy). Unhealthy coping in adolescence was often described by many of the women who self-labeled earlier in life. After adolescence many of those women described a change and increased willingness to use healthier coping. Coming out and disclosing sexual orientation were two significant life events that impacted the adolescent experience for those women who came out earlier in life. They reported that coming out in adolescence had increased their sense of mental wellness. These women indicated that they felt more comfortable with themselves and were able to establish supportive relationships, especially with other lesbians. Supportive relationships with friends, family, and other lesbian women were described as crucial with regard to coping. The women who used healthy coping increased resilience through additional strengthening of self-efficacy and relational support.

From her result analyses, Kulkin (2002) also reported three catalysts for the development of a resilient self. First and foremost, a positive social system was significant in the development and maintenance of resilience. Social support was not only a direct means of healthy coping but was related to increased self-esteem, which in turn increased additional healthy coping. The second catalyst for the development of resilience was the process of self-labeling as lesbian and disclosing sexual orientation to others. The lesbians in her study, especially those who self-labeled early, perceived themselves as
more resilient in response to facing early challenges and fears. This result seems to illustrate the idea of resilience emerging from challenges. The third catalyst for the development of resilience was the meaning that women ascribed to their experiences of adversity. The women perceived benefits from struggling due to their sexual orientation, as they learned to cope in their youth with personal and societal adversities. These catalysts for the development of resilience emphasize the importance of relationships, challenging experiences, and meaning making. With regard to understanding resilience, the findings of Kulkin’s (2002) study also suggest further support for the role of relationships and interactions between person and environment.

The review of the research on risks for LGB adolescents highlights the complexity of the factors influencing risk and resilience in LGB adolescents. Some findings appear to be consistent across studies (Kulkin, 2002; McDaniel et al., 2001; Orban, 2004; Savin-Williams & Ream, 2003). Resilience in LGB youth can be conceptualized as arising from an interactive process between individual characteristics (e.g., level of psychological distress, self-esteem) and environmental characteristics (e.g., attitudes toward same-sex sexuality, social support available). Social support from peer relationships has been a consistently important factor in resilience. Supportive and accepting family relationships were also reported as important factors contributing to resilience in youth. Additionally, affirmative environments that provided youth with a sense of both safety and belonging have also emerged as important to the experience of resilience in LGB youth. Orban’s (2004) study also highlighted the importance of the meaning and quality of support a person perceives versus the quantity. Even though these factors have emerged to build understanding of resilience in LGB youth, additional research directed at the experiences of resilience in the face of adversity is needed. This current study was intended to provide
some understanding of resilience from a developmental perspective. This study focused on midlife lesbian experiences but could include meaningful, retrospective accounts of resilience during adolescence.

Antigay Politics

Another emerging area of research examining risk and resilience in the lives of LGB people has been through investigating the impact and coping of LGB people who have faced overt discrimination, such as during anti-gay political campaigns. A review of the numerous studies examining risk factors associated with discrimination and homophobia is beyond the scope of this review. From this body of literature one study is particularly relevant to this study because it directly examines resilience. Russell and Richards (2003) focused their investigation on the effects of anti-gay politics on risk and resilience for LGB people. They surveyed 316 LGB people in Colorado just after the passage of an anti-gay amendment in 1992.

In examining particular risk factors, five significant stress factors and five significant resilience factors were identified. The five significant stressors emphasized the difficult and sometimes shocking realization of the widespread and pervasive nature of homonegativity. The first significant stressor identified was an awareness of the prevalence of homophobia. The second significant stressor was experiencing division within the LGB community due to differences about expectations and priorities in response to anti-gay politics. The third significant stressor was a change in the LGB people’s schemas about safety and danger in the community and larger society. They felt more at-risk or vulnerable to discrimination and negative attacks. The fourth identified stressor was the lack of support from family members. In fact, the depth of social support (e.g., peers and family) in the face of discrimination and oppression was a significant
factor in determining risk or resilience. The fifth and final stressor identified was internalized homophobia within the LGB people. The behaviors associated with this stressor included increased substance use, increased negativity about being LGB, felt shame, and becoming less out. Together these five stress factors contributed to 40.5% of the variance in data and were associated with the psychological risks reported by the participants.

Russell and Richards (2003) also identified five resilience factors from their study that accounted for 39.9% of the variance. The factors associated with resilience include participants’ experiences of personal support and community well-being in response to adversity presented by anti-gay politics. The first resilience factor was described as a “movement perspective”, in which LGB people viewed the anti-gay political challenge as an opportunity for positive changes to occur within the community. The ability to take a larger perspective on the challenges posed by the anti-gay amendment allowed LGB people to identify their personal efforts and pain as part of a larger political struggle. Thus, each action could then be viewed as making a difference if not now, then maybe in the future or in another context. The second resilience factor was described as confronting internalized homophobia. There were several behaviors that involved LGB people both looking at beliefs about self, community, politics, and coming to feel less shame related to their sexual orientation. Confronting internalized homophobia also meant for some LGB people that they became more disclosing of their sexual orientation. For some LGB people, it also meant becoming engaged in more political activities. Thus, the LGB community in general experienced growth as a result of more people becoming involved as they faced anti-gay legislation. The third resilience factor was described as “expression of affect” and referred to LGB people’s experiences of intense emotions as sources for
energy. This factor referred to participants transforming their emotional responses (e.g., anger, sadness) into goal-directed action and other coping strategies. The fourth resilience factor involved LGB people feeling supported by family members and other heterosexual people. The fifth and final resilience factor was specific to resources provided by the LGB community such as affiliation or group membership, support, networking, and information.

From Russell and Richard's (2003) study on the effects of anti-gay politics on risk and resilience for LGB people, several individual characteristics were identified as key to resilience. Having a movement perspective, confronting internalized homophobia, and transferring the energy of emotions into positive direction were all central to the experience of resilience. These individual characteristics shared centrality with the important environmental characteristics of social support from family, social support from heterosexual people, and social support from LGB community. As discussed in the reviews of the literature on general risks for LGB people and the literature on risks for LGB adolescents, evidence once again emerges to support the centrality of individual characteristics and environmental characteristics in coping and resilience for LGB people. While the centrality of both individual and environmental factors can be conceptualized as similar for both sexual minority women and men, significant and meaningful differences emerge through specific focus on the experiences of risk and resilience in sexual minority women.

Resilience in Sexual Minority Women

In this section, I review the literature specific to resilience in sexual minority women including general information about risk and resilience for this population and contextual research on trauma and resilience. Given the historical and contemporary
contexts of cultural sexism, gender differences in the experience of risk and resilience are expected. Risk factors for women include higher rates of experiences with poverty, victimization due to sexism, and sexist discrimination. Compared to research on the life experiences of heterosexual women, recent research findings on the life experiences of lesbian and bisexual women suggest an elevated risk for interpersonal violence in childhood and adulthood. Research on interpersonal violence in the lives of lesbian and bisexual women has documented the occurrence of childhood physical abuse (Corliss, Cochran, & Mays, 2002; Morris & Balsam, 2003; Robohm, Litenberger, & Pearlman, 2003), childhood sexual abuse (Hughes, Johnson, & Wilsnack, 2001; Morris & Balsam, 2003; Tjaden, Thoeness, & Allison, 1999), adult sexual assault (Hughes et al., 2001; Tjaden et al., 1999), domestic violence (see Burke & Follingstad, 1999, for review), and anti-LGB bias related victimization (D’Augelli, 2003; Herek, Gillis, Cogan, & Glunt, 1997; Morris & Balsam, 2003). Despite the identified risks and challenges that lesbian and bisexual women face, many women thrive. The following review focuses on the limited research that has been conducted on resilience in the lives of lesbian and bisexual women.

Selvidge (2001) examined the relationship between sexist events, heterosexist events, self-concealment, self-monitoring and psychological well-being in lesbian and bisexual women. She conducted survey research of 415 women from across the United States. This study is one of the first to investigate resilience in sexual minority women while also attempting to consider complex interactions between individual and contextual factors. The age range of her participants was 18-64 years old and a majority of them (61.5%) reported having a college or advanced degree. Selvidge reported that her sample was diverse and approximated the 1999 census with the reported racial backgrounds of
the participants being 76.5% White, 8.6% Black, 4.6% Latina, 2.9% Asian, and 0.7% Native American. A majority of the women in this study reported experiencing frequent sexist and heterosexist events. However, these minority stressors did not have a significant direct relationship on overall psychological well-being. Selvidge examined what factors might contribute to the finding that the women in the study demonstrated resilience even after experiencing oppression.

The coping skills for adjusting to heterosexism that Selvidge (2001) examined in relation to psychological well-being were self-concealment and self-monitoring skills. Women who engaged in the active process of self-concealment, in which they monitored and censored their language and behavior in order to hide parts of themselves including sexual orientation, reported less psychological well-being. Self-monitoring skills were found to positively contribute to the psychological well-being for lesbian and bisexual women in Selvidge’s study. Self-monitoring skills include the behaviors for evaluating situations and a range of behaviors for sharing personal information based on the assessed safety of the situation. One of the specific self-monitoring skills examined was self-disclosure of sexual orientation. Selvidge identified self-disclosure as an active, adaptive, situation-dependent process of sharing aspects of oneself with others. Self-disclosure in Selvidge’s study was not specific to sexual orientation but several of the women discussed decisions about disclosing their sexual orientation to others. Self-disclosure and other self-monitoring skills give an individual the ability to modify self-presentation and sensitivity to expressive behavior of others. These self-monitoring skills encompass flexible coping strategies that can be altered and adapted to fit a given context or experience. The positive relationship between self-monitoring skills and psychological well-being was even more significant for the women of color in this study. Selvidge
reported that the women of color were more apt to use concealment and self-monitoring skills other than self-disclosure.

Selvidge (2001) concludes that psychological well-being was related to flexible coping strategies. Women who have flexibility in choosing coping strategies from a range of self-monitoring skills are better able to respond to situation-specific demands. Selvidge also concludes that women who have models for coping with prejudice, either sexism or racism, tend to display more resilience when faced with heterosexism. These models for coping with prejudice are formed from an individual’s experience and contain coping that can be transferable from one experience of oppression to a similar experience. For example, Selvidge posited that life-long exposure to stressors associated with being a woman in a patriarchal society fostered the development of skills for adapting to other societal prejudices, such as heterosexism. Accordingly, since lesbian and bisexual women have experience of adapting to social environmental stress due to sexism, they can employ their developed coping strategies to additional challenges and stress related to their minority sexual orientations.

The results of Selvidge’s study support Greene’s (2000) suppositions that consideration of the context when examining whether a coping skill builds resilience is important and that adversity can be beneficial in fostering skills needed to build resilience. While these results add to an understanding of coping skills in sexual minority women, the process through which adversity leads to coping and then to resilience has not been directly investigated. The meaning and cognitive processes associated with coping and resilience in sexual minority women could also add information to increase understanding of sexual minority women’s resilience in response to heterosexism and sexism. The current study was designed to add information to provide context, uncover
processes, and discover meaning making within participants’ experiences of resilience specific to sexism and heterosexism.

The most extensive work on resilience in the lives of sexual minority women is an edited compilation on trauma, stress, and resilience that focuses on context. Kimberly Balsam (2003) edited a volume of the *Journal of Lesbian Studies* that was titled, “Trauma, stress, and resilience among sexual minority women: Rising like the phoenix.” This collection of research focused on the experiences of lesbian and bisexual women with regard to developmental challenges, victimization, abuse, experiences of multiple oppression, and mental health functioning. The purpose of the volume was three-fold: (a) to highlight the meaning attributed to sexual minority women’s experiences of discrimination, oppression, and invisibility; (b) to facilitate increased understanding of the “intersections between trauma and oppression” (p. 2); and, (c) to examine the unique challenges in lesbian and bisexual women’s lives that are contextual in the development of resilience. The works in this volume considered the meanings of lesbian and bisexual women’s experiences within a context where cultural victimization occurs on a daily basis. The authors attempted to consider the multiple layers of victimization due to homophobia, heterosexism, sexism, and racism. The following is a review of select articles from this special volume. These articles and studies represent the contribution of this research to the growing body of knowledge about resilience in the lives of lesbian and bisexual women.

Within the special volume focused on trauma and resilience, Morris and Balsam (2003) explored lesbian and bisexual women’s experiences of victimization, mental health, and sexual identity development. This study does not directly examine resilience but provides an understanding of context and risks reported by a sample of lesbian and
bisexual women. The study was based on the experiences of a large (N=2431), diverse (1/4 of participants were women of color), national sample of women. Participants responded anonymously to survey questionnaires that were distributed to bookstores, community centers, lesbian and gay social groups, lesbian and gay political groups, lesbian and gay national mailing lists, and friendship networks. The average age of the sample participants was 36 (range=15-83), 65% of the women were partnered, and 90% of the sample reported income under $49,000 per year. This study examined both anti-LGB victimization and more general forms of victimization (e.g., physical and sexual assault) common in women. A majority of the sample participants (62.3%) reported encountering bias and victimization specifically related to being lesbian or bisexual. Anti-LGB bias and victimization reported in this study included verbal assault (56.6%), loss of employment (9.2%), property damage (9.0%), and physical attack (6.5%). This study suggested high rates of victimization in lesbian and bisexual women and revictimization as approximately three out of five women reported victimization (physical and/or sexual) throughout their lifetimes.

Morris and Balsam (2003) report that the rates of victimization experienced in childhood were higher than the rates found in previous studies of victimization in women. The lesbian and bisexual women in this study reported physical abuse (30.8%) and sexual abuse (39.3%) before age 16. Participants reported adulthood rates of physical abuse (21.2%) and sexual abuse (36.2%) that were slightly lower than the childhood rates reported. The women in this study who reported victimization in childhood were four times more likely to report experiencing the same type of victimization in adulthood than the women who did not report any childhood victimization. They were also two times more likely to experience the other type of victimization (physical or sexual) in
adulthood. Morris and Balsam found that each type of victimization was significantly related to the participant's current level of psychological distress. The number of reported victimization experiences was also positively related to reported psychological distress.

Morris and Balsam (2003) also indicated that there were significant differences in rates of reported victimization due to ethnicity. Native American women reported higher rates of victimization than all other ethnic groups. Latina women, African American women, and Asian American women all reported higher rates, in that order, than did the White women in the sample. This study documented support for the associated risks and cumulative effects for lesbian and bisexual women. These women encountered bias and victimization related to both gender and sexual orientation. Victimization and abuse in close relationships were significantly predictive of psychological distress. While this study provided data regarding risk factors, it did not specifically or directly address protective factors and resilience.

Protective factors and resilience in the context of developmental considerations for lesbian and bisexual women were also part of the contributions to the special volume on trauma and resilience in the lives of lesbian and bisexual women. D'Augelli (2003) explored the developmental challenges and experiences of victimization for lesbian and bisexual female youth. In examining the experiences of victimization, 50% of the 206 female youth participants reported experiencing repetitive verbal abuse related to their sexual orientation. Twelve percent of the youths reported several physical threats and seven percent of youths reported multiple assaults. Resilience was measured by the amount of mental health symptoms reported. Protective factors that appear to have contributed to resilience in these youth were social support, less history of victimization due to sexual orientation, and fewer fears about future attacks. The female youth who
received parental support experienced fewer mental health symptoms. Resilience was also positively related to not losing friendships after disclosing sexual orientation. Even if a youth reported a history of assault, she was more likely to report fewer mental health symptoms if she perceived safety within her context (e.g., family, school, friends). Consistent with general theories of resilience, the results of D’Augelli’s study demonstrate that social support, from family as well as friends, and sense of safety are critical factors in resilience for lesbian and bisexual youth.

The high rates of reported trauma and victimization in the study by Balsam and Morris (2003) and the study by D’Augelli (2003) are quite alarming. Experiences of trauma and victimization are associated with significant distress in psychological functioning and development. Additional studies with specific populations of lesbian and bisexual women also reveal high levels of risk due to early and repeated victimization. Cooperman, Simoni, and Lockhart (2003) also reported high rates of victimization or abuse in their sample of women who were HIV-positive. The women who participated in their study were mostly African American and Puerto Rican women from New York City. Cooperman and colleagues compared the experiences of lesbian/bisexual women with the heterosexual women in their study. Overall, 75% percent of the women in the study reported experiencing physical or sexual abuse at some point in their lives. Lesbian and bisexual women reported higher rates of lifetime sexual and physical abuse than did their heterosexual counterparts. Interestingly, there was no difference in the rate of depression reported between the lesbian/bisexual women and the heterosexual women. Similar to D’Augelli’s reported finding, resilience in the women in this study was associated with perceived social support. Those women who perceived more social support also reported less mental health symptoms. The fact that sexual minority women in this study did not
differ from heterosexual women in regards to mental health, in spite of their higher rates of lifetime victimization, was theorized to be related to lesbian and bisexual women reporting significantly greater support from friends and affiliated groups.

Resilience in the experiences of lesbian and bisexual women of color was also a major contribution of the edited volume on resilience (Balsam, 2003). In addition to the studies previously reviewed that considered the importance of race and context, Bowleg, Huang, Brooks, Black, and Burkholder (2003) focused their research solely on the experiences of Black lesbians. They interviewed 19 Black lesbians regarding their experiences with multiple minority stress, resilience, day-to-day challenges from heterosexism, sexism, and racism, and types of social support available. The women were selected from a Black lesbian retreat held in southern California. The participants ranged in age from 26 to 68. Seventeen of the women identified as African American while the other two identified differently. One participant identified as West Indian and the other identified as Biracial (Black-Indian). With regard to education, a majority of the participants reported either graduate (42%) or college (26.3%) degrees. Most of the women in the study identified as lesbian (68.4%), gay (10.5%), or “other” (10.5%). Over half of the participants indicated that they were in same-sex committed relationships.

With regard to minority and multiple minority stress, the participants rated racism as their most stressful challenge on a daily basis and specifically within their workplace communities (Bowleg et al., 2003). Some of the participants discussed stressful experiences with sexism and heterosexism but seemed to emphasize the connection between feeling the impact of racism more than these other forms of oppression. Several participants described feeling adept at using self-monitoring to negotiate different environments in ways that protected them from heterosexism. However, many
participants also described self-monitoring of their sexual orientation as stressful due to
the constant evaluation process. Bowleg and colleagues reported that an emergent theme
for many of the women was a fear of burning out over time from the stress involved in
negotiating their identities and environments. Experiences of identity fragmentation and
situations where it was not easily known which prejudice they were experiencing resulted
in these women feeling high levels of ambiguous stress. The women in this study faced
multiple environmental stressors (e.g., racism, sexism, heterosexism) and reported
attaining positive life outcomes as a result of their ability to cope.

Bowleg and colleagues (2003) identified person-environment factors, internal
self-characteristics, and specific resilience processes that emerged as meaningful to the
women's experience of coping and achieving positive life outcomes. The participants
discussed two main person-environment factors that were significant to their experiences
of racism, sexism, and heterosexism. The women's families and Black communities were
the two factors that at times provided support and buffering for the minority stress
experienced but at other times exacerbated the stress. Most of the women indicated that
family and Black community provided support and facilitated coping with stress from
racism and sexism. However, most of the women also reported that decisions around
monitoring the presentation of their sexual orientation within the context of family or
Black community increased minority stress from heterosexism. Whether or not the
person-environment interaction buffered stress or contributed to stress was reported as
being dependent upon the minority identity being considered. For example, 21% of the
women indicated that they had a strong desire to affiliate with Black communities that
buffered the effects of racism, even though the same women perceived these communities
as containing heterosexism. The women described numerous strategies and processes that
they used to interact with the environment while also coping with daily challenges. The strategies discussed were seeking out literature written by and for Black lesbians, using the Internet to identify resources for Black lesbians, and traveling to Black lesbian events. Through utilizing these strategies, the women had opportunities to experience less identity fragmentation.

The resilience processes identified in the study by Bowleg and colleagues (2003) also focused on internal characteristics. The women in the study noted that certain internal characteristics meaningfully impacted their environments and experiences of resilience. The women identified several internal characteristics as important to their experiences including spiritual characteristics; feelings of uniqueness; self-esteem; behavioral and social competencies; and happiness, optimism, and humor. Some of the women discussed feeling “blessed” with a unique identity as Black lesbians. Others described benefiting from a variety of skills developed from having to navigate different social settings. Many of the women discussed happiness and optimism as the result of feeling a sense of freedom from gender roles and other societal expectations. Along with these internal characteristics, the women described processes that fostered resilience. Coping skills that fostered resilience included active and direct confrontation of oppression, assessment of own power to alter situations, not allowing others to define reality, and choosing to not carry the effects of other peoples’ biases. In addition to the benefits of developing internal characteristics and coping skills, the women in this study discussed the development of socially supportive relationships as one of the most important positive life outcomes from experiences of adversity. They reported receiving emotional closeness and understanding through these relationships. These relationships also provided continued buffering from adversity and strengthening of resilience.
The qualitative nature of Bowleg and colleagues' study resulted in rich, contextual, and descriptive data about the experiences of resilience for Black lesbians. Overall, this study by Bowleg and colleagues (2003) provided support for both the uniqueness of multiple minority stress “jeopardy” experienced by Black lesbians (Greene, 1994; 2000) and the significance of considering the interactions between environment and person. These considerations are important to understanding resilience in Black lesbians. Bowleg, Craig, and Burkholder (2004) built upon their previous research in 2003 and the resilience literature by quantitatively testing a model of active coping among Black lesbians. This conceptual model addressed the interaction between person and environment while also emphasizing the importance of sociocultural factors, multiple minority stress, and healthy psychological functioning in spite of stress.

The model of active coping that Bowleg and colleagues (2004) developed posited that three internal and two external factors contributed directly and through interactions to the development of active coping that leads to resilience. The three internal factors were self-esteem, lesbian identification, and racial group identification. The two external factors were social support and perception of available LGBT resources. Bowleg and colleagues defined active coping as a “coping orientation that emphasizes proactive responses to stressful life events in a way that facilitates positive outcomes” (p. 231). Within a sample of 92 Black lesbians, these researchers tested the relevancy of three internal and two external factors as predictors of active coping. The results of this study supported the interactions model for active coping in Black lesbians. The combined effects of self-esteem, lesbian identification, and group membership were the most predictive of active coping. When examining the contributions from internal versus external factors, the internal factors were all more predictive of active coping. Lesbian
identification was the only individual variable significantly associated with active coping. Lesbian identification was also significantly related to the two external factors in this study by Bowleg and colleagues (2004). Those women with more social support and who perceived more available LGB resources were more likely to identify as lesbian. Similar to other research on resilience, social support was again a very salient factor in predicting active coping and resilience. The findings of this study are similar to the results from a study on active coping and resilience in Latina lesbians (Zea, Resisen, & Poppen, 1999). In the study by Zea and colleagues, significant relationships existed between self-esteem, perceived social support, lesbian group identification, and active coping. The results of these studies on lesbians who experience multiple oppression illustrate the need for further investigation into the resilience process and associated factors such as context and social support.

The literature reviewed on risk and resilience in sexual minority women documents an elevated risk for victimization experienced by all women and victimization due to anti-LGB bias. The literature also identified active coping skills and flexibility as important in contributing to resilience in lesbian and bisexual women. Due to the effects of multiple oppression, women benefited from having a set of coping skills that facilitated responsiveness to the demands of a given context. Research also supports that resilience in lesbian and bisexual women is fostered primarily through social support. Flexible, active coping skills allow women to not only be responsive to the context but also to relational demands that are vital to maintaining socially supportive relationships and group memberships. The current study was focused on further investigating and exploring the actual lived, contextual experiences of lesbian women that were directly related to adversity and resilience. The focus of this current study was on providing depth and detail
similar to the qualitative studies conducted by Bowleg and colleagues (2003; 2004).

*Lesbian Women at Midlife*

The following is a summary of the literature on midlife lesbian experiences relevant to this study. This summary discussion provides the historical context, identified challenges, and characteristics of lesbians within the midlife developmental stage. I begin with an overview of both the larger historical contexts within the United States during the lifetimes of these midlife lesbian women and the research-identified developmental characteristics of midlife lesbian women. Specifically, I will discuss the characteristics of midlife lesbians with regard to sense of self and work. I then discuss the changing views on sexual orientation within the mental health field that occurred during the same period of time that these women would have been entering adulthood. These conceptual views of sexual orientation can be hypothesized as influential to the education of lesbian therapists being trained during that period.

*Historical Contexts and General Characteristics of Current Midlife Lesbians*

The lived experiences of current midlife lesbians have been shaped by the unique historical contexts that influenced their early adult development. The women who are the focus of this study are those women within the age range of 50 years old through 65 years old. This cohort of midlife lesbians has been defined and researched by other investigators examining midlife developmental paths (Kimmel & Sang, 2003; Sang, 1991; Sang, 1996). The significance of this age cohort of lesbian women is that these women more than likely reached the age range of sexual maturity pre-1969. The year 1969 is a significant historical marker in LGB history. It was the year when the New York City police raid of the Stonewall Inn Bar resulted in resistance and protest. "Stonewall" has been identified as the beginning of a sociocultural shift from homosexuality being
viewed as individual pathology to a minority group membership (Kimmel & Garnets, 2003; Kimmel & Sang, 2003). In the larger social unrest of the United States of America at that time, many gay men and lesbians began to become more politically visible and active.

Kimmel and Sang (2003) identified several unique contextual characteristics of current midlife lesbians. First, lesbians born between 1946 and 1956 were significantly isolated from each other in youth. There was a substantive lack of information on homosexuality and especially on lesbianism available through books, magazines, or other forms of media. Second, after World War II, there was a cultural emphasis for women to participate in the baby boom and take on the roles of housewife and mother. Third, women growing up through public school at the time were discouraged from pursuing education or career opportunities. Fourth, the fear of exposure as homosexual had been heightened by the 1950s McCarthy hunts for homosexuals. The climate of secrecy, especially for women, was robustly present in the 1970s. Fifth, these women who were born into a climate of secrecy regarding sexual orientation and a climate that reinforced traditional gender roles also reached young adulthood during the 1970s at the same time that the feminist political movement was strongly emerging. Following the events of Stonewall in 1969 there was an apparent decrease in the stigma associated with homosexuality and an increased identification with minority groups renamed as “gay” or “lesbian” (Kimmel & Sang; Faderman, 1984). Several authors have identified the importance of the radical lesbian movement within feminism that redefined sexual orientation from a psychological characteristic to a political identity with its own political ideology (Faderman, 1984; Kitzinger, 1987; Rust, 1992; 1997). The sixth and final characteristic identified as being shared by the cohort of current midlife lesbians is that
they were in the prime of their middle adulthood when the AIDS epidemic impacted the gay community. Several women involved in the gay and lesbian community experienced the premature deaths of gay male friends and vicariously experienced an increased awareness of mortality. Some women became politically active in response to these experiences. These characteristics are unique to the cultural context in which these lesbian women developed into adulthood and midlife. The historical events directly and indirectly impacted their lives and the surrounding social contexts in which they lived.

In addition to the major historical and cultural events that impacted the developmental experiences of current midlife lesbians, researchers have also sought to understand the lives of these women in comparison to the experiences of midlife heterosexual women during the midlife developmental phase (Kimmel & Sang; 2003; Coss, 1991; Bradford & Ryan, 1991; Sang, 1991; Sang 1996). Lesbian women currently experiencing midlife are described as reporting stronger understanding of themselves and as placing less emphasis on aging than traditional heterosexual women from the same age cohort (Kimmel & Sang). Heterosexual women from the same age cohort have tended to report being more focused on establishing independence. Current midlife lesbian women have often spent a majority of their lives establishing their financial independence and identity in the face of sexism, homophobia, and heterosexism. Sang (1991; 1996) reported that these lesbian women describe themselves as feeling more self-directed and self-confident than when they were younger. Power, increased freedom, increased openness, and greater wisdom have been common characteristics that midlife lesbians self-ascribe to their current developmental phase (Kimmel & Sang).

The area of work and income for midlife lesbian women has unique characteristics (Bradford & Ryan, 1991; Kimmel & Sang, 2003; Sang, 1991). Many of the
characteristics vary based on age of coming out, race, social class, education level, and geographical location. However, the characteristics from studies examining the experiences of mostly White, professional lesbian women can provide some insight into possible experiences shared by the professional, lesbian psychologists participating in this study. First, lesbian women who came out earlier in life report having increased awareness of having to support themselves while at the same time being discouraged from having a career (Sang, 1991). Second, these women typically reported non-traditional career aspirations such as pursuing careers in science, medicine, academe, athletics, and small businesses. Third, many of these women also experienced discrimination in education and hiring. Lesbian women have also historically received lower incomes than men (Bradford & Ryan, 1991). Despite these occupational challenges, midlife lesbian women have been described as experiencing continuity within their work life and satisfaction with work as part of their identities throughout life. They are also described as having more spontaneity, less stress, and more enjoyment from their careers in midlife than in earlier career stages (Kimmel & Sang, 2003). The largest career challenge reported by midlife lesbians has been balancing work, personal interests, and relationships. For example, Sang (1991) identified an essential issue for lesbians in midlife as striving for balance and holism as they integrate personal, relational, career, political, and spiritual activities.

The research findings from the lives of the current cohort of midlife lesbians illustrate adjustment and thriving in the presence of social and personal adversity. Kimmel and Sang (2003) comment on the strength and mental attitude of being in the prime of life that these women report even though the findings suggest that midlife lesbians experience midlife crises in relationships, physical changes, time and priorities.
The resilience emerging from such a unique historical cohort of midlife lesbians has not been directly investigated and was primary to the interest in and purpose of this study. Of particular interest was the historical context's impact on the experiences of midlife lesbian psychologists in this study.

**Historical Contexts and Characteristics of Current Midlife, Lesbian Psychologists**

The lived experiences of midlife lesbian therapists have most likely been impacted by the same historical influences as their larger cohort. In addition to those significant historical events and social challenges, the midlife lesbian women who studied to become psychologists were exposed to changing psychological perspectives of sexual orientation. Lesbian psychologists who were educated during the 1970s through 1980s were indoctrinated into a mental health culture that had historically pathologized homosexuality. The predominant conceptualization of homosexuality was through an illness model supported by both psychiatry and psychology until the early 1970s (Croteau, Bieschke, Fassinger, & Manning, 2008; Garnets & Kimmel, 2003b; Morgan & Nerison, 1993; Ritter & Terndrup, 2002; Rothblum, 2000). Homosexuality was a diagnostic category within the nomenclature of illness classifications in psychiatry and the validity of an illness conceptualization was not questioned until the pioneering work of researchers such as Evelyn Hooker and Alfred Kinsey (Garnets & Kimmel, 2003b; Kimmel & Garnets, 2003). These pioneers conducted and published research on sexuality during the late 1940s to 1960s. Their work was controversial and began a more open examination of sexuality and homosexuality. In 1973 the American Psychiatric Association removed homosexuality from its diagnostic classification system after advocacy from professionals and researchers who had enough research evidence to disprove the mental illness model of homosexuality (Garnets & Kimmel; Ritter &
Within the discipline of psychology, similar changes were made following the declassification. In 1974 the American Psychological Association (APA) established a task force to examine specific concerns related to homosexuality. In 1975 the APA released two resolutions that both aimed at removing the stigma (psychological and social) associated with homosexuality (Garnets & Kimmel, 2003b; Morgan & Nerison, 1993; Ritter & Terndrup, 2002; Rothblum, 2000). Changes continued throughout the APA during the late 1970s through 1980s. The APA Committee on Lesbian, Gay, and Bisexual Concerns was created in 1980; and, Division 44: Society for the Psychological Study of Lesbian, Gay, and Bisexual Issues was established five years later (Garnets & Kimmel; Ritter & Terndrup). The 1980s were also characterized by developments in feminist psychology and by increased focus on issues specific to lesbian women. The works of several female psychologists began to create a deeper understanding of the lives of lesbian women (e.g., Sophie, 1985; Brown, 1989; Faderman, 1984). The significant change in the mental health perspective on homosexuality, the emergence of feminist psychology, and the emergence of lesbian psychology occurred during the time when the lesbian psychologists in this study were most likely educated and trained.

**Summary and Application of Reviewed LGB Literature to this Study**

The LGB literature and research reviewed not only shaped this study but also provided contextual information on the importance and placement of this study as it contributes to the understanding of the lives of lesbian women. The unique experiences, adversities, and resilience encountered by midlife lesbian women or midlife lesbian psychologists have not been directly investigated. How the midlife lesbian women in this study were influenced by their individual experiences and cultural changes, both in
general society and within the mental health profession, are paramount to more fully understanding the adversities, support, and resilience that they experienced while becoming psychologists. It was posited in this study that through reflecting on and sharing their journeys and resilience experiences, midlife lesbian psychologists would increase our understanding of resilience in lesbian development, understanding of psychotherapist development, and understanding of the spirit that sustains resilience in the face of on-going sexism and heterosexism. This study fits with recent shift in focus and call for researcher action toward more closely examining the strengths and resilience for LGB people (Brown, 2008; Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Russell & Richards, 2003).

Chapter Conclusion and Implications of the Study of Resilience in Midlife, Lesbian Psychologists

The literature reviewed in this chapter has framed this phenomenological investigation of resilience in the experiences of midlife lesbian therapists. The chapter began with an overview of the research on resilience and resiliency, which has contributed to the formation of research questions and might be used in discussing the findings from this study. While the over 30 years of traditional literature on resilience has provided data on those people who overcome adversity, the lack of a consistent conceptual definition of resilience and the lack of research focused directly on the experiences of LGB people have left significant room for further investigation. The second section of this chapter provided an overview of the theories of resilience and development that have been incorporated into this research study. An integration of the theories of Richardson (2002), Kegan (1982), and the feminist women of the Stone Center (e.g., Jordan, 1992; Jordan & Hartling, 2002; Miller, 1986) moves the
examination of resilience toward a more complex investigation of the factors associated with resilience. Such factors include psychological processes, growth, adaptation, interconnectedness, person-environment interactions, and relationships as sources for learning and also as sources for energy required for resilience.

The third section of this chapter provided a review of the literature relevant to resilience in therapists. This literature provided a frame from which to understand the occupational challenges and resilience reported by other therapists, who may or may not be similar to the participants of this study. The unique occupational sources of challenge and resilience in midlife lesbian therapists has not been investigated and a phenomenological inquiry into those experiences might have value for increasing understanding of resilience in therapists, generally speaking.

The fourth and final section of this chapter has contained a review of the relevant LGB psychology literature and resilience. I designed this study in hopes to contribute to the LGB psychological literature and to the specific part of the emerging literature that is focused on understanding the specific risks, protective factors, and resilience in LGB people. Specifically, this study will contribute to an understanding of the lived experiences of lesbian women whose experiences of resilience have not yet been documented. This study will also provide understanding about the experiences of midlife lesbian psychologists within both a general historical context and a historical context specific to psychology. The main research question and primary focus of this study is to discover the essence of resilience in the lived experiences of midlife lesbian psychologists. The method for investigating and discovering the essence of resilience in the lived experiences of midlife lesbian psychologists is presented in the next chapter.
CHAPTER II

METHOD

The purpose of this chapter is to describe the method of inquiry and the rationale for its use in this study. Due to the scarcity of empirical literature pertaining to the therapist's experience of resilience and the paucity of empirical literature related to resilience in lesbians, I have chosen phenomenological research methods for this study. Phenomenological inquiry allows the researcher to examine a human phenomenon as the lived experience of participants and the subsequent meanings that the participants make of the experience. Phenomenological inquiry also examines the relational and socially shared aspects of an individual's life world, which makes the method of inquiry sensitive and suitable for exploring the lived experiences of a socially oppressed group. The experience of resilience in lesbian psychologists has not yet been explored and a rich description (or essence) of this phenomenon has not been available to enhance the broader psychological understanding of resilience.

The goal of this study is to provide a description of resilience in the lives of midlife lesbian psychologists who have been clinicians in counseling or clinical psychology for at least 15 years post doctoral degree. Through this study, phenomenological methods were used to formulate a description that reflects the essential, invariant structure of the experience, or the essence of resilience. The essence of an experience has been defined in varied ways: the conscious structures in lived experience that do not vary and are essential for a person to experience the phenomenon (Polkinghorne, 1989); the unchanging meaning of the phenomenon regardless of
particular variation (Valle & King, 1978); the inherent meaning structures of human experience (Wertz, 2005); and, the core meanings of a phenomenon that are discovered from shared human experience (DiStefano, 2003). In this study, the essence and general structural description will be focused on both the perceptions of the resilience experience or the noema and on the meanings made about the resilience experience or the noesis (Moustakas, 1994). The primary research question for this study was “what is the essence of resilience in the lives of midlife, lesbian psychologists?” Data collection and the participant interview guide were focused on discovering the essence. Three additional questions, derived from the primary research question, also shaped the design of the participant interview guide. Those questions were: How do lesbian psychologists experience resilience in their lives; how do these women make meaning of their experiences of resilience; how do these psychologists experience their own resilience impacting their counseling work with clients.

The remainder of this chapter is devoted to describing the overall research method for this study. There are four major sections in this chapter: (a) Research Design: Qualitative Phenomenology; (b) Methods for Data Collection; (c) Methods for Data Analysis; and (d) Trustworthiness and Authenticity. The first section provides information about the qualitative research tradition in general and specific information about phenomenological inquiry. The second major section describes the methods for data collection in this study. The researcher self-reflection data and the plan for collecting participant data are detailed within this section. The third section describes the data analysis procedure for this study. The fourth and final section of this chapter addresses the trustworthiness and authenticity, or rigor, of the methods in this study.
The following descriptions of the research design planned for this study will further explicate the reasoning behind methodological decisions to study resilience in midlife, lesbian psychologists through the use of phenomenological methods. There are two subsections (a) overview of qualitative research tradition and (b) overview of phenomenology. I begin by providing a brief overview of the qualitative research tradition and then follow with specific information regarding phenomenological inquiry and its relation to the current study. The specific data collection and data analysis processes for this study are presented in separate sections following this general overview of the research design.

**Overview of Qualitative Research Tradition**

Traditional scientific inquiry has often relied on positivistic or postpositivistic explanatory models and the quantification of data. Accordingly, the standard for the scientific study of human behavior within psychology has predominantly been aligned with these models and methods. Both positivism and postpositivism are formed on the premise that there is an ultimate *truth* to be discovered through the measurement of observable and quantifiable phenomenon (Heppner, Kivlighan, Jr., & Wampold, 1999). From this scientific paradigm, human behavior has been operationalized into constructs that could be measured and reductionistic logic has been used to test hypotheses through quantitative methods. The goal of this type of scientific inquiry is to discover ways for predicting and controlling human behavior through the manipulation of independent variables (Bogdan & Bilken, 2003; Heppner et al., 1999; Valle & King, 1978).

These traditional, quantitative research methods have been criticized as being limited in their ability to explain complex human behavior (Colaizzi, 1978; Polkinghorne,
By studying observable human behaviors, traditional scientific inquiry has been focused only on the outcomes instead of the underlying, more complex, biopsychosocial processes. For example, the human experience of consciousness, cognition, and meaning making cannot be directly studied because it cannot be quantified. Methods have been developed to use technology for brain scans that indicate the presence of thought or brain activity but the meaning of such biochemical patterns cannot be discovered without language provided to explain an individual's internal experience. Thus, what is quantifiable and measurable about human consciousness lacks the ability to explain the holistic experiences of an individual. From a constructivist or critical theory paradigm, such as those paradigms followed by feminists and researchers devoted to multiculturalism (Bogdan & Bilken, 2003; Heppner et al., 1999; Polkinghorne, 1989; Wertz, 2005), the major criticism is that scientific inquiry, rooted in positivistic or post-positivistic paradigms, strips data from its context. Therefore, these traditional scientific perspectives and methods cannot provide information about the meaning of the investigated behavior within the intricate tapestry of an individual's experience.

In contrast to traditional scientific methods, qualitative research provides methodological procedures of inquiry that focus on acquiring knowledge from a holistic perspective. "Qualitative research involves understanding the complexity of peoples' lives by examining individual perspectives in context." (Heppner et al., 1999, p. 235). Qualitative methods allow for the researcher to examine a human phenomenon as it occurs holistically, naturally, from the perspective of informants, and in relation to the social context (Bogdan & Bilken, 2003; Creswell, 1998; Denzin & Lincoln, 2000). A fundamental tenet of qualitative research methodologies is that human behavior can never be fully understood without the specific context in which it occurs. This tenet represents a
major fundamental difference between quantitative and qualitative methodologies.

Qualitative research also has several other distinguishing characteristics such as: research questions that are emergent, focus on interpretation with attention to sociopolitical and historical factors, reflexivity in the researcher, and the use of complex and inductive reasoning (Bogdan & Bilken, 2003; Creswell, 2003; Denzin & Lincoln, 2000; Morrow & Smith, 2000). Qualitative inquiry also relies on language and attends to the complex interactive relationships between the researcher, the observed, and the contextual environment of the inquiry. Qualitative research methodologies that incorporate these characteristics have created frameworks for investigating more complex human experience to examine not only behavior but also the meaning making process and relationships between sociocultural variables. Within the qualitative research tradition, several diverse methodologies have emerged to match the nature of diverse research questions and the nature of diverse participants.

Given the emphasis on context, researcher reflexivity, and the myriad of methodologies available, qualitative research has been embraced as the more appropriate way of investigating the human experiences of diverse people outside of the mainstream in society (Bogdan & Bilken, 2003; Denzin & Lincoln 2000; Lincoln & Guba, 1985). This has been especially evident for research involving groups that have historically been disenfranchised by more traditional, positivistic research. For example, the results of quantitative scientific inquiry have been used to support pathology in minority populations such as women, African Americans, and gay or lesbian people (Gamson, 2000; Oleson, 2000). Feminist theory and queer theory have both strongly advocated for an overhaul within scientific inquiry and support qualitative methodologies as a beginning step toward more ethical research with minority groups.
An understanding of the characteristics described above and an understanding of how those characteristics fit with the goals of this research endeavor have informed the choice to use qualitative methods in this study. The researcher’s a priori choice to conduct a qualitative study is based on several philosophical considerations including the goal of understanding or describing human experience. The decision is also based on several other considerations such as whether or not the study is exploratory, the nature of the research questions, a desire to present detailed information, characteristics of the audience, willingness to bring oneself as researcher into the process, and the researcher positioned as an active learner (Creswell, 1998). I chose phenomenological inquiry as the qualitative research method for this study based on the goals of this study, the nature of the research questions, the characteristics of the target participants, and a desire to be intimately engaged as a learner in the process of inquiry. I have personal experience with resilience as a lesbian psychologist and feel intimately drawn to investigate this phenomenon more openly and fully. The following section provides a more thorough explanation of considerations involved in intentionally choosing to use phenomenological methods in this study.

Overview of Phenomenology

In this section, I provide an overview of the nature of phenomenological inquiry and methodology. There are five subsections that organize the review of phenomenology. Those subsections are: (a) prominent features and history of phenomenological inquiry; (b) phenomenology and psychological theory and research; (c) phenomenology and data collection; (d) phenomenology and data analysis; and, (e) phenomenology and the nature of this study’s research focus.
Prominent Features and History of Phenomenological Inquiry

The following review is focused on providing a brief summary of the prominent features and history of phenomenological inquiry as part of the qualitative research tradition. Based on the tenet that scientific knowledge begins with a novel and unbiased description of what is under investigation, Husserl advanced phenomenology as a guide for investigating the essence of a phenomenon as it has been created to have meaning in an individual's consciousness (Wertz, 2005). Phenomenological inquiry allows the researcher to examine human phenomenon as the lived experiences of participants and the subsequent meanings that the participants make of the experiences. The presence of meaning in experience has been the central focus of phenomenological research (Polkinghorne, 1989). Phenomenological inquiry also examines the relational and socially shared aspects of an individual's life world, which makes the method of inquiry sensitive and suitable for exploring the lived experiences of a socially oppressed group.

Prominent features of phenomenology. Phenomenological research was identified by Creswell (1998) as one of five significant research traditions in qualitative research. Biography, grounded theory, ethnography, and case study are the other four research traditions in qualitative research. Phenomenology has several defining characteristics. Phenomenological research has originated and evolved from the disciplines of philosophy, sociology, and later psychology. The focus of phenomenology is on understanding the essence of lived experience or phenomenon. The essence of an experience is the structure that describes the "single, unifying meaning" of a phenomenon (Creswell). The essence is described and communicated in such a way that the reader feels that "I understand better what it is like for someone to experience that" (Polkinghorne, 1989, p. 46). Data collection in phenomenology usually involves
interviews with long interview protocols. The data analysis process in phenomenology begins with examining statements and meanings from individual participant’s descriptions of the shared phenomenon. The researcher then uses reflection and analysis to identify meaning themes from which a general description of the phenomenon emerges. It is from the general description that the essential essence is identified and described in narrative form. The essence is considered to reveal an essential, invariant structure to a phenomenon that can be generalized.

While this definition of essence seems similar to positivistic science’s goal of discovering a universal law, the philosophical perspectives and processes are quite different. Whereas truth is viewed as objective from a positivistic or postpositivistic perspective, truth is viewed as subjectively constructed and bound to context from a phenomenological perspective. Phenomenology corresponds with the constructivist or interpretivist paradigm that views truth as emerging from subjective interactions between people and between people and contexts (Creswell & Miller, 2000; Morrow, 2005). Colaizzi (1978) described the essential generality that is the goal of phenomenology as context bound. The essence emerges from and is derived out of the rich, contextual descriptions from the participants. The intention is to capture a holistic description of human experience that is both contextually embedded and generalizable through evoking in the reader an experience (e.g., thoughts, feelings) of the phenomenon.

History of phenomenology. Several authors have provided descriptions of the historical development of phenomenology (e.g., Colaizzi, 1978; Polkinghorne, 1989; Valle & King, 1978; Wertz, 2005). Colaizzi acknowledged the success and information that have been produced through traditional scientific inquiry while advocating that a phenomenological perspective can add to a more holistic understanding of human
experience. He described the development of traditional, positivistic science based on quantification and mathematics. The philosophies of Galileo and Descartes were significant contributors to the split between mind and body. These theories were adopted by science and resulted in the fundamental premise that knowledge and truth can only be pursued through the body’s senses; and, therefore, what is knowable is contained within that which is concrete. The split between mind and body has deepened in psychological research through the focus of traditional scientific methods on studying only what is observable and measurable, ergo able to be entered into a mathematical formula and understood through an abstraction into mathematical theory. Colaizzi provided several examples of human experience that have been operationalized through definition to include the aspects of a phenomenon only in “terms of measurable, observable, and readily duplicable operations” (p. 51). For example, in order for researchers using traditional scientific methods to study a phenomenon and for the research to be duplicated, an operationalized definition of resilience needs to be created that encompasses only that which can be observed and measured. This definition of resilience could then be universally understood due to the limits containing it and therefore become known as objective. As Colaizzi pointedly described, this objective definition loses its connection to the original experience, “objective means to eliminate and deny what is really there” (p. 51).

Thus, the sacrifice in traditional scientific inquiry is to limit the lived human experience to behavioral indicators and outcomes while ignoring the larger, holistic processes involved in the experience. Colaizzi (1978) described a phenomenological perspective as a way of returning to a more holistic method for studying human experience. He began with clarifying the definition of objectivity to include an
understanding of the fundamental tenet that human experience is always about relationships – relationship internally to ourselves, relationship to the world, and relationship to others. The relationship between the researcher and participant is central in a phenomenological inquiry. Instead of striving to understand experience in terms of observable and measurable actions, a holistic understanding of an experience can only be attained through acknowledging the multivariant relationships and more subjective meaning making processes. Colaizzi advocated that experience is a “legitimate and necessary content for understanding human psychology” (p. 52). He defined experience as objectively real in the perspective of the person and others, a form of presence and representation to the world not just an internal state, and a form of world presence that is existentially significant to the human condition. Because experience occurs in context to the co-existence of others and to the world, the meaning of that experience impacts beyond the individual person.

Valle and King (1978) have provided an additional description of how phenomenology serves as an alternative to the behaviorism that dominated traditional scientific methods. Their description includes the overlap between existential philosophy/psychology and the principles of phenomenology. According to Valle and King, the goal of psychological phenomenological research can be understood to be the explication of the “essence, structure, or form of both human experience and human behavior as revealed through essentially descriptive techniques including disciplined reflection” (p. 7). This type of research incorporates the presence of the experimenter into the condition being investigated and emphasizes the existential importance inherent in studying human behavior. Similar to Collaizi’s (1978) historical examination and critique of traditional science, Valle and King have described the limitations inherent in the
separation of human experience into objective (observable) and subjective (private experience). They explained the holistic focus of the phenomenological psychologist as addressing the "total, indissoluble unity of interrelationship of the individual and his or her world" (p.7).

Valle and King (1978) also highlighted the impact that the assumption of linear temporality has had on the development of traditional science. The impact has been the focus on cause-effect relationships and manipulation of variables that often require the minimization or dismissal of personal and contextual variables. However, the focus in existential phenomenology is not on causality but rather on the phenomenon as it manifests in the consciousness of lived experience. The causal understanding in phenomenological psychology is not linear but relies on examining *co-constitutionality* of phenomena, or the interdependent relationships between human and contextual factors (Valle & King). In the end, people are active in the world but are also passive because the world acts upon them. The intersection of these interdependent relationships as lived by the person is what Husserl referred to as the *life world* (Valle & King). The goal of existential-phenomenological inquiry is to understand the phenomenon under study through the explication of the essence inherent in the descriptions of individuals' life-worlds.

*Phenomenology and Psychological Theory and Research*

Polkinghorne (1989) provided an explanation of the importance of phenomenology in psychology's study of human experiences. He identified key elements of human experience that cannot be studied through traditional/quantitative methods. First and foremost, Polkinghorne highlighted that the study of consciousness is fundamental to understanding human experience because consciousness represents the
intersection of mind and body. A phenomenological perspective holds that "experience, as it is directly given, occurs at the meeting of person and world" (p.42, Polkinghorne, 1989). The interaction between the person and the world, also known as life world, involves not only that which influences the body through physical or perceptual interaction (based on concrete details) but also that which influences the mind through consciousness and thought. This consciousness involves awareness, intentional processes, and subsequent meaning making. Phenomenology allows for a reconnection of the mind-body dualism that followed from Descartes' philosophy that separated the two and resulted in traditional scientific approaches focused solely on the body (or behavior). This reconnection of the physical and mental creates the experiential reality to be investigated in a phenomenological inquiry. The process for discovering the experiential reality involves a deeper exploration of the mind or consciousness of the phenomenon, not just the concrete details. The structures of this experiential reality form the essence of an experience. Accordingly, the goal of phenomenological inquiry is to discover those conscious structures in lived experience that do not vary and are essential for a person to experience the phenomenon (Polkinghorne, 1989). This discovery is conducted through a process of testing numerous descriptions of a phenomenon until the essential elements are identified and the universal elements are distinguished from the particular/situational elements.

The methods used for discovery of the essence in phenomenology have evolved out of philosophical principles, mostly the work of Husserl. In a special issue of the *Journal of Counseling Psychology* on quality in qualitative research, Wertz (2005) described the evolution of phenomenological research with particular attention to those elements that differentiate its methods from other research traditions. A cornerstone of
phenomenological methods is the recognition that mental life involves intentionality in consciousness. A person’s conscious experience is an experience that is directed and conscious of something, therefore the relationship between person and context is highly valued. As Wertz states, “the fundamental nature of intentionality makes its analyses of mental life radically contextual and ecological” (p. 169). The subsequent analyses of mental life are, more specifically, analyses of an individual’s life-world formed through the influences and interdependent relationships between spatial surroundings, temporal processes, physical sensory-perception processes, socialization, language, and meaning making processes. The analyses conducted in phenomenological inquiry require the researcher to engage reflectively with the process and to bracket, or suspend, any previously held conceptions about the phenomenon.

Through the bracketing of presuppositions and dedication to description, Wertz (2005) described the goal of phenomenology as discovery of psychological reality including both the ascribed meanings and subjective processes involved. This discovery is highly dependent on the researcher as an active and engaged participant in the research process. The researcher must bracket her own biases and experiences in order to be open to understanding another person’s lived experience. The understanding of the other person’s lived experience is built upon empathic processes that lead to a deeper understanding of the person’s thoughts, feelings, and meanings made. The most apparent distinguishing procedural elements in Husserl’s phenomenology are those methods that assist the researcher in discovering meaning in the experience of others - the époché of the natural sciences, the époché of the natural attitude, and the eidetic reduction through free imaginative variation (Wertz, 2005). These procedural elements are discussed in more detail in the data analysis section.
The relationship between phenomenology and psychology has a relatively long history. Polkinghorne (1989) identified the translation of phenomenological philosophy into psychological research through the study of consciousness that emerged in cognitive psychology. Psychological research based on phenomenological principles has the goal of producing "clear and accurate descriptions of a particular aspect of human experience" (p. 44, Polkinghorne, 1989). Phenomenological research in psychology has typically been descriptive in nature with an additional focus on the meaning-producing structures in consciousness. Compared to other qualitative approaches, the focus of phenomenology is more on the subjective experience of the person making meaning than on overt actions or behavior.

The impact of phenomenology on the field of psychology has been documented (e.g., Halling & Nill, 1995; Wertz, 2005). Wertz has provided a list of European and American psychologists whose work has contributed to phenomenological influence in modern psychology. The list includes Martin Heidegger, Jean-Paul Sartre, Maurice Merleau-Ponty, Viktor Frankl, Robert McLeod, and Gordon Allport. Martin Buber and Rollo May are also credited with having sparked the interest of American psychologists in what had evolved to be existential-phenomenological psychology during the late 1950's. Duquesne University began a clinical psychology doctoral program in existential-phenomenological psychology in the 1960's and courses were developed in phenomenological research methods by Giorgi in 1970 (see Wertz). The use of these phenomenological research methods has resulted in numerous psychologically based dissertations relevant to counseling psychology. Some of the topics that have been investigated include client expectations prior to psychotherapy, insight in psychotherapy, and resolution of adolescent suicide ideation (Wertz).
The focus and research questions in this study are also appropriately matched with a phenomenological inquiry. The goal of this study is to increase understanding of resilience as it is experienced in the life-worlds of midlife lesbian psychologists. The focus is on discovery of the psychological reality that includes both the essential, conscious structures of resilience and the subjective processes these women used in making meaning from their lived experiences.

*Phenomenology and data collection.* Descriptions of the experience of the phenomenon under study are the data considered in a phenomenological inquiry. The goal of data collection is to obtain representational descriptions of a phenomenon as it is experienced and not to determine or define reality (Polkinghorne, 1989; Wertz, 2005). Throughout the literature, two sources of data have been identified as crucial to the phenomenological process (Colaizzi, 1978; Creswell, 1998; Giorgi, 1985; Moustakas, 1994; Polkinghorne, 1989). These two sources are a researcher’s self-reflection regarding the experience of a phenomenon and participants’ experience of a phenomenon. The self-reflective process engaged in by the researcher serves to prepare the researcher for data collection. The data from researcher self-reflection consists of the researcher’s assumptions, biases, and presuppositions (Polkinghorne, 1989; Colaizzi, 1978; Giorgi, 1985; Moustakas, 1994). These factors of the researcher’s experience with the phenomenon are important to identify so that the researcher is more open to the flow of information obtained from the participants. This openness facilitates the process of creating meaning between the researcher and participants, while also placing the researcher in the role of co-participant.

The second source of data collection is usually conducted through linguistic methods, such as written descriptions or focused interviews with participants. These
participant interviews are viewed as discourses that require both sides, participants and researcher, to engage interpersonally (Polkinghorne, 1989). The data obtained from participant interviews needs to be concrete, specific, and focused on the phenomenon being investigated. Concrete examples and stories from participants facilitate the abstraction of meaning versus trying to abstract meaning from participant statements that have already been analyzed by the participant (Wertz, 2005). While participants might describe their own definitions of resilience, it will be their stories and responses to questions that illustrate resilience that are the foundation for abstraction in the data analysis. My role as researcher includes establishing rapport and trust, encouraging the participant to provide concrete and specific responses, and keeping the focus of the interview on the experience of resilience.

In addition to self-reflective researcher and participant data, Polkinghorne (1989) identified a third source of data in phenomenological inquiry as the portrayals of the experience from outside the context of the research project. These external sources exist within the culture and context surrounding the researcher and/or participants. Art, poetry, cultural myths, creative writing, and prior psychological literature on resilience are a few of the possible external sources of data in this study. For example, one mythical image related to the topic of resilience is the image of the phoenix rising. These external sources are important to consider in the impact that they have had on shaping the meaning making of everyday experience. This type of data can emerge in the participant interview process or can be integrated into the analysis and discussion of findings.

Phenomenology and Data Analysis

The process of data analysis in phenomenological inquiry begins with a series of preparatory steps conducted by the researcher. These steps begin with the research design
and influence both data collection and data analysis by establishing a conscious intention to allow the phenomenon's meaning to emerge from the data. The first of these preparatory steps is known as the first époché or the époché of natural sciences (Wertz, 2005). This époché has been defined as the researcher's abstention from being influenced by scientific or natural theories, explanations, and hypotheses related to the phenomenon under investigation. The researcher sets aside in writing, or brackets, her personal experience with the phenomenon and any pre-existing theories or ideas related to the phenomenon being investigated. In the process of documenting presuppositions and biases, the researcher attempts to return to a natural attitude about the phenomenon. This natural attitude can be described as curious and free from previous explanations or expectations that would define the phenomenon (Wertz, 2005). For example, in the detailed data collection section for this study I have documented my biases, presuppositions, and experiences related to resilience in general and resilience in midlife lesbian therapists.

The accounting for my experience with resilience and the meaning that I have made of it in my life allows the reader to know the natural theory that I have created from my own experiences and exposure to various theories or ideas related to resilience. The bracketing of my personal experience also functions as a source to be used in checking for bias and influence in my data analysis processes as the researcher. Thus, the reader can examine the extent to which I have approached the study of resilience with a curious, natural attitude versus a theory-laden approach. The natural attitude that results from the époché of natural sciences allows for the emergence of a natural attitude toward the phenomenon. This natural attitude is crucial for being able to observe what is concretely present in participants' experiences with resilience.
Phenomenological inquiry also requires that the researcher take a second preparatory step referred to as the second epoche or the epoche of the natural attitude (Wertz, 2005). This epoche of the natural attitude involves the researcher temporarily placing out of mind the existence of the phenomenon. The suspension of belief in what presents itself in the life-world allows for the researcher to adopt a transcendent focus on the subjective characteristics and processes that contain the meaning of the experience (Wertz). This epoche creates an attitude within the researcher that he or she will be experiencing and investigating the phenomenon under investigation for the first time. The epoche of the natural attitude is the crucial step needed before the researcher proceeds with data collection and analysis because it allows for the researcher to adopt an attitude of curiosity and empathy. This highly empathic attitude is important for the researcher as it allows the researcher to focus on details of the participant's description without value judgments. The focus of the research is on understanding the meaning of the phenomenon described and on understanding both what is experienced as well as how it is experienced by the participant (Wertz). The phenomenological researcher uses empathy and reflection to focus on the psychological processes involved in experiencing the phenomenon. This psychological understanding is then used in the data analysis to identify meaning and synthesize the data.

Once the researcher engages in the epoche of the natural attitude, data analysis continues through a step-by-step process. General guidelines for phenomenological data analysis have been outlined by several authors (e.g., Colaizzi, 1978; Giorgi & Giorgi, 2003; Polkinghorne, 1989; Wertz, 2005). The following is an overview of the general guidelines for data analysis. The analysis begins with the reading of all participant interview transcripts. This initial read through is the researcher's return to the lived
experience shared by the participant during the interview. This represents the researcher's re-entry into the participant's life world. Following the initial reading of the interview transcripts, the process of eidetic reduction begins and progresses through identification of meaning statements to description of essential features within each participant's interview transcript (Polkinghorne; Valle & King; Wertz). The researcher then uses a reductionistic process and a synthesis process that transforms the essential meaning statements into the general structural description or essence. The general structural description can be described as a collective description of the phenomenon (Polkinghorne; Wertz).

Discovery of the general structural description is the goal of the data analysis as it contains the essence of the phenomenon. Valle and King (1978) define the essence as that which does not change about the phenomenon. “Regardless of which of the phenomenon’s particular variations is revealed at any given time, this phenomenon is seen as having the same essential meaning when it is perceived over time in many different situations” (p. 15). The description of the essence in narrative form represents the results of the phenomenological study. In this study, the general structural description will include both the perceptions of the resilience experience or the noema and the meanings made about the resilience experience or the noesis (Moustakas, 1994).

**Phenomenology and the Nature of this Study's Research Focus**

As discussed previously in Chapter One, resilience as a construct has been confounded by traditional research. The beginning of this research was based on external observations and definitions of success or thriving. Resilience became operationalized and examined through research methods designed to predict and/or control the experience of resilience. Resilience as an outcome did not include an examination into the meaning
of resilience to the participants studied. Research was focused on characteristics leading to resilience in order to build predictive models. Subsequent resilience models were also developed in a linear fashion and for populations identified as matching specific operationalized criteria. As noted in the literature review on resilience, several authors have discussed the confusion in construct definition, measurement, method, and interpretation that plagues current psychological understandings of resilience. This confusion and lack of clarity about the construct of resilience constitute a condition that Colaizzi (1978) identified as indicative of the need for phenomenological inquiry. A return to descriptive identification of the phenomenon of resilience can be viewed as a crucial step toward more clarification and understanding of the psychological phenomenon of resilience in a meaningful way.

Furthermore, Creswell (1998) and Moustakas (1994) have described phenomenological inquiry as an appropriate starting point into exploration of human experience that prior research has not addressed. There are no studies that have specifically examined the lived experience and meaning of resilience in the lives of female psychologists. Sexual orientation has not been an investigated variable in the early research on resilience. Furthermore, there are also no studies of inquiry into the meaning of resilience and its experience for lesbian women. The scarcity of empirical literature pertaining to psychologist’s experience of resilience and the paucity of empirical literature related to resilience in lesbians suggest phenomenological inquiry as a starting point for understanding resilience in the lives of midlife, lesbian psychologists.

In addition to personal adversities that have already been examined in the research on resilience (e.g., poverty, trauma, opportunities), midlife, lesbian psychologists might have experienced unique and specific adversities related to sexism and heterosexism in
their personal and professional lives. These significant social and contextual adversities cannot be understood in isolation from the personal histories and historical eras that frame the meaning making process in each individual woman's life-world. Midlife lesbian psychologists who have been practicing for at least 15 years in the field could represent a unique cohort of women due to the cultural climates they have encountered with regard to attitudes toward women in general, women psychologists, lesbians in general, and lesbian psychologists. A rich description of their experience could provide an understanding of the specific, historical challenges that these women have encountered and have overcome.

A rich description of their experiences and meaning making processes could also enhance a broader understanding of the essence of resilience. The availability of a rich description of resilience, the meaning ascribed to resilience, and the process of resilience in the lives and work of midlife lesbian psychologists could also illuminate possibilities for enhancing the resilience of, not only lesbian psychologists but also, lesbian women across the lifespan. For example, the results of this study could be applied to enhancing and understanding resilience in lesbian youth identified as at-risk in contemporary research (e.g., McDaniel, Purcell, & D’Augelli, 2001; Savin-Williams, 2001). Questions used for data collection in this study were aimed at obtaining a definition of resilience in lives of lesbian women, a description of the experiences and process of resilience as they experienced it, an understanding of the meaning that they made of their experiences, discovery of what factors have facilitated their resilience experience, and a description of their experience of resilience as it has impacted their clinical work. The data collection questions were designed to evoke rich, detailed data from the participants that were used to explicate the essence of resilience among midlife lesbian psychologists that will then
be described for the reader.

The preceding section provided information about the qualitative research tradition and phenomenology. The discussion was intended to provide an overview of the philosophical and methodological considerations that were used in the design of this study. The specific guidelines for data collection, data analysis, and assessment of rigor in this study are presented in the following major sections that conclude this chapter.

Method for Data Collection

The goal of data collection in this study is to obtain representational descriptions of resilience as experienced by midlife lesbian psychologists. The two major sources of data crucial to this study are the researcher's self-reflection regarding the experience of resilience and participants' experience of resilience. The third type of data from external sources, such as cultural myths or psychological literature, will be presented in the data results and discussion chapters as it interrelates to the participant data. I have used two subsections to organize the methods of data collection for this study. The two subsections are self-reflective data: researcher as instrument and participant data collection. In the first subsection, I provide information about the researcher as an instrument and source of data in this study. Since the researcher is central to both the data collection and analysis processes in this study, my self-reflective data about this study and resilience have been provided. In the second subsection, I describe participant data collection including the participant recruitment, selection, and interview methods used in this study.

Self-Reflective Data: Researcher as Instrument

In phenomenology, the process of the researcher bracketing her prior notions about the subject matter under investigation is critical. The bracketing process has been referred to as the époche of the natural sciences (Colaizzi, 1978; Moustakas, 1994;
Polkinghorne, 1989; Wertz, 2005). The process involves the researcher engaging in self-reflection about her initial interest in the subject matter, the natural scientific theories in the researcher's awareness, the explanations, hypotheses and conceptualization of the subject under study. The result of this process is an increased openness and ability to enter into participants' subjective experiences of the phenomenon.

As the researcher in this study, I have created the questions that focus on the experience of resilience in midlife lesbian psychologists. The match between the research questions of this study and the phenomenological approach emerged from my intentions and the ways in which I designed the study. My intentions to study resilience in lesbian psychologists have been shaped over several years by personal, academic, and professional experiences. I have organized the self-reflective data and information into four categories (a) philosophical influences on the researcher, (b) researcher's personal experience of resilience, (c) process of on-going researcher self-reflection, and (d) researcher presuppositions about resilience.

**Philosophical Influences on Researcher**

The personhood and lived experiences of the researcher are considered highly integral to a phenomenological inquiry due to researcher involvement and relationships with participants that impact both data collection and analysis. The interview process and dialogical interaction between researcher and participant allow the researcher and participant to share in the process of data discovery as co-participants. Several authors have highlighted the importance of researcher characteristics such as openness, engaging, empathic, and self-reflective (Colaizzi, 1978; Creswell, 1998; Moustakas, 1994; Polkinghorne, 1989; Wertz, 2005). These researcher characteristics are considered essential in order to facilitate the movement from naïve descriptions of a phenomenon to
transcendental descriptions and discovery of the essential, invariant structure of a phenomenon. My education and training to become a counseling psychologist have contributed to my development of these characteristics. Existentialism, phenomenology, training as a counseling psychologist, queer theory, feminism, and Eastern philosophies (e.g., Buddhism & Taoism) have significantly shaped my interest in researching resilience in midlife lesbian psychologists from a phenomenological approach.

I first encountered existentialism and phenomenology as an undergraduate student majoring in literature and psychology at a small liberal arts college. Existentialism was taught in several of my courses and I was drawn to its postulates about human nature. I was exposed to the application of existentialism combined with phenomenology during a psychology internship prior to my senior year as an undergraduate. My supervisor at the state hospital was a clinical psychologist trained through Duesquene University’s doctoral program in existential-phenomenological psychology. This experience was very formative in shaping my view of the work of psychology, mental health, and the human experience in general. For example, it was through this experience that I learned to first suspend my biases related to people with severe mental illnesses. Suspending my biases, similar to bracketing, freed me to experience the person as he/she presented and to be open and curious about the lived experience of that person and how he/she made meaning. Beyond identifying and treating symptoms, I learned to be empathic in a way that allowed me to better understand a lived experience quite different from my own.

The ability to arrive at an empathic perspective served me well in the workforce and also when I returned to academe for graduate training. Counseling theory courses and clinical work continued my exposure to existentialism through the work of people such as Frankl, May, Rank, Fromm, and Yalom. My developing theoretical orientation evolved
over my graduate training but always contained an existential influence especially in the translation of theory to practice. As a clinician, I continued to appreciate the power of empathy in creating an effective working alliance. The process of becoming an effective clinician began with learning how to enter into the helping relationship with suspension of my automatic responses and theories in order to understand the lived experience of the client.

The importance of this suspension and the difficulty that can exist in striving for it have also been quite apparent in my subsequent experiences in teaching and supervising others in the process of becoming clinicians. Once entered into the life world of the client, a clinician can establish a collaborative, empathic helping relationship that facilitates client change and empowerment. In the foreword to the Valle and King (1978) text, Rollo May described the role of the phenomenological researcher similar to the functioning of the therapist who enters the client’s life world. He wrote “Existential-phenomenology means ideally to take the human being as he exists, a living, acting, feeling, thinking phenomenon, at this moment as an organic relationship to us” (p. viii). While this role is challenging to therapist and researcher alike, the resultant complexity and fullness of understanding contributes to rich knowledge about the possibilities of human experience.

In addition to more traditional counseling and psychological theories, exposure to queer theory and feminist research theory has also greatly influenced my interest in the use of phenomenological inquiry. I have spent over a decade engaged in reading, presenting, and writing about issues concerning lesbian, gay, and bisexual people. Through this engagement in queer theory and psychological literature, I have been impacted by the emphasis on diversity, variations, and social forces. The result of this
engagement has been an increased criticalness for research that is not grounded in context or the multiple complexities of human identities.

Feminism and feminist research theory have also been significant in shaping my thoughts and approach to research as a psychologist. Feminism emphasizes the importance of awareness, relationships, and social change (Enns, 1993; 2000). These themes are also reflected in research conducted from a feminist perspective. Researcher reflexivity, attention to relationships between researcher and participants, choice of methods that focus on the lives of women, and a social change orientation are characteristics of feminist research (Crawford & Kimmel, 1999; Garko, 1999; Mahlstedt, 1999). Garko (1999) provided a detailed description of the areas of compatibility between feminist research perspectives and phenomenology. The areas of compatibility include: the dedication to description and understanding of a woman’s lived experience instead of controlling or predicting the experience; the emphasis on consciousness and intention; the importance of the interdependent relationship between researcher and participant; the dialogical process of an intersubjective exchange of information; and, the fundamental value in the suspension of the natural attitude in order to step outside of what has been socially learned. Phenomenology rooted in a feminist perspective supports the rationale for investigating women’s everyday experiences and also provides the methods that serve to minimize concealing or displacing the essential nature of those experiences.

The final philosophical influence that I will describe in this section is my interest in Eastern psychology. Eastern psychology and philosophies have also contributed significantly to my approach to living and therefore to my approach to research. I began studying Eastern psychology early in my doctoral program. I was first exposed to Buddhism and Buddhist psychology through the works of such people as Jack Kornfield,
Sharon Salzberg, Thich Naht Hahn, Mark Epstein, Tara Brach, and Tara Bennett-Coleman. I have found new perspectives on the nature of the mind and the power of consciousness. Specifically, I have been influenced by the power of meditation in training the mind to be aware and present to the moment and what arises in the moment. Similar to Buddhism’s principles, I was also influenced by Taoist principles that encourage and support interacting with life and its challenges/joys as they present themselves. These principles seem very consistent with the phenomenological focus on allowing phenomenon to arise into consciousness as is. The following description of phenomenology suggests clear correspondence between these Eastern philosophies and phenomenology. “Phenomenology is a low-hovering, in-dwelling, meditative philosophy that glories in the concreteness of person-world relations and accords lived experience, with all its indeterminacy and ambiguity, primacy over the known.” (p. 175, Wertz, 2005).

*Researcher’s Personal Experience of Resilience*

The bracketing of my personal understanding and experience of resilience is a crucial step in the époche of natural sciences. The reasons behind my interest in the phenomenon of resilience are both professional and personal. The context from which I have approached the study of resilience in midlife lesbian psychologists can provide information for the reader that can assist in evaluating and interpreting the findings of this study. In the following paragraphs, I will describe the evolution of my interest in resilience that led to the development of this study. I begin with an introduction of myself and follow with select retrospective stories that capture my understanding of resilience. I end this section that brackets my personal experience with resilience by describing my understanding of what has fostered my own resilience.
I am a 36-year-old, White, lesbian doctoral student in counseling psychology. I currently reside in a medium sized town in Michigan. I am in a committed relationship with my partner. In addition to completing my doctoral requirements, I work part-time in clinical practice as a limited licensed psychologist. I am a first generation college graduate and the only member of my extended family to pursue doctoral education. I have a black belt in two different martial arts that I earned during my early 30s.

The journey of how I came to be who I am, in this place, and with an interest in resilience begins with my childhood. I am the first-born child of a hard-working father and hearing-impaired mother. I have a brother who is five years younger than me. As a family, we were somewhat isolated in a small Ohio town but had close relationships with my maternal grandparents. German ethnicities on both sides of my family contributed to family values such as a strong work ethic, independence, and emotional restraint. During childhood, my family struggled financially and my father had dreams of working his way into the middle class. My father was trained as a tool and die maker. He worked 60 hours per week in factories while starting to start his own small business. My mother stayed at home and spent her time raising us and keeping the house in order. There was a significant amount of stress in this small family. An example of a family rule was that children were to be seen and not heard, especially at the dinner table or other gatherings.

As a child I was sensitive, curious, creative, and sought the approval of everyone. The transition to elementary school was difficult for me and I missed spending time with my mother and grandmother. Eventually, I adapted and discovered that school was a place that allowed me to be noticed for my hard work and good behavior. School became an escape from the stress of home and also a place with clear rules and expectations. I was fortunate to be gifted with intellectual abilities and social awareness. I excelled in my
classes, received school-wide recognition, and was the favorite of several teachers. My parents were very supportive of my education and I was also able to participate in church, girl scouts, band, and basketball. I was always a tomboy with several friends, both girls and boys, but I always felt different from my classmates.

During elementary school, I first learned about the idea of resilience when guests came to our classroom and gave us questionnaires to answer. I must have been in third or fourth grade and we were told that the questionnaires were going to be used to identify children who were at-risk. They described that they were studying children who had risk in their lives but were able to be successful anyway. While the details of the questions escape me, I clearly remember my feelings and internal struggle around answering them. I endorsed the items in a way to make my family life look perfect. I did not indicate the ongoing sleep difficulties, nightmares, increased shyness, hiding in order to cry, or the abuse that had become part of my life. I wanted to be recognized as successful despite these experiences, but was mistrustful of others and believed that I was to blame for what had happened to me. I quietly finished elementary school with the continued perfectionism and determination of a child trying to earn redemption and worth.

My family moved before I started middle school and the adjustment to the new school district was quite difficult for me. I continued with all of the familiar and healthy activities such as band, church, basketball, and excelling at academics. The new school was difficult for me socially because my family was from a lower social class than the majority of families in the school. I didn’t know anyone except for the other girls from the basketball team and some other band members. My internalized sense of being different and shame from my earlier childhood combined to increase my social anxiety. I had several friends but none who knew me and I believed that everyone could see right
through me. I became increasingly angry with my parents for the move, for not understanding me, and for all of the tension. I started drinking the alcohol in my parents’ house at age 13; this was a short-lived attempt at escape. My grades in school were excellent (GPA=4.0) and I was gaining popularity, but I felt so isolated and alone.

I became depressed and suicidal at age 13. I begged and pleaded with my parents to take me to counseling. Their response to my sobbing was to tell me that I was a “horrible” daughter and that no one could ever know about my suicidal thoughts. No one in my family talked about this until my sophomore year in college. Months after this incident, my mother became deathly ill from an allergic reaction to a medication. She was in the hospital for weeks and my grandparents took care of my brother and me. My brother and I became close during this time as we tried to figure out what was going on. One day, my brother and I got dressed up and were taken to the hospital to visit our mother who floated in and out of consciousness. I felt as if the world was ending and somehow I was responsible. After my grandmother took us home, my brother asked me if mom was dying and I told him the truth. We had visited her to say goodbye. I prayed every day asking God to take my life instead of my mother’s life. On the outside I seemed cold and unaffected; on the inside I was terrified and hurting. During this time, I received support from my grandmother, my basketball coach, and our church pastor who was a very intuitive woman with whom I still have occasional contact.

Miraculously my mother recovered from the infection and returned home. She was different; we were all different from that experience. We had become even more estranged and guarded emotionally. I made it into high school and continued my academic success and involvement in extracurricular activities. I continued to feel out of place among my peers but made several important relationships. My freshmen year
English teacher paid special attention to me. She encouraged me to excel academically and to explore writing as a creative outlet for my feelings. I also met and became friends with Lisa during my freshmen year of high school. She was older than me and we marched in the band together. Lisa was a very caring person and a strong Christian who encouraged me in every aspect of life. Through this friendship, I returned to religion as an important part of my life and also joined a group called Teen Institute, which did presentations for younger children about the risks of smoking, drug and alcohol use. The training and leadership preparation for this group was intense emotionally. It felt liberating to be around people who showed their emotions.

During my senior year of high school, I began to dream of possible careers as either an English teacher or psychologist. My senior year psychology class had once again intrigued me with the concept of resilience and studying human behavior. I had increased hope during high school that life would get better and it looked increasingly possible that I would be able to go to college. Despite the success and increased hope, I still felt like something was missing and I continued to fight my shame. I graduated high school in the top of my class and was accepted into a private, conservative Christian, liberal arts college in Pennsylvania. Luckily, the college tuition was relatively affordable (comparable to public universities) and my parents had saved money to help me attend college.

I grew academically and spiritually during my college years but also experienced significant challenges. In my sophomore year I entered therapy to finally begin to address my childhood abuse. The therapy did not work well and I increasingly began to use alcohol and self-destructive ways to manage my inner conflict. Suicide again looked like a viable option for escape from an unmanageable situation. As I worked through that
time, I realized that I had fallen in love for the first time with one of my sorority sisters. I began the process of coming out in the romantic relationship with my sorority sister. The realization that I was “gay” brought mixed emotions. I felt a sense of wholeness and of relief in finally understanding why I had always felt different. I also felt immense shame and self-hatred because I was a sinner doomed to experience Hell according to my college’s Christian doctrine. We hid our relationship from our friends and family. We were both in the very back corner of the large closet. The college had rules that prohibited “homosexual” activity and other women had been kicked out of the college. I was also sure that my parents would have withdrawn me from the college immediately upon finding out. I graduated two years after my girlfriend and we moved to Pittsburgh together.

The four years in Pittsburgh were a time of exploration, continued coming out, and finding lesbian community. I lost contact with all of my friends from college out of fear that they would reject me as a lesbian. We made friends in the gay and lesbian community but I still felt an immense amount of internalized homophobia. I worked with severely mentally ill adults in residential and case management type positions. After a few years, I decided that I wanted to continue my education and become a therapist. My girlfriend did not want to leave Pittsburgh and our relationship became increasingly strained. I decided to get a Master’s degree in counseling from the University of Akron. I left Pittsburgh and my girlfriend, even though I still loved them both. The loss and grief from losing the only romantic love I had ever felt was devastating. I moved back to Ohio and amidst my grief, came out to my parents. They were upset, disappointed, angry, and disallowed me to tell any other family members or family friends.

The years that I spent in Ohio as an adult attending graduate classes were filled
with healing, self-exploration, and community building. I excelled as a graduate student in counseling and was involved in leadership within the department. School was my primary focus once again and it paid off. In my personal life, I ventured into the unknown lesbian community and established relationships. I was fortunate to also discover that several of my peers at school identified as lesbian, gay, or bisexual. I was experiencing integration of an emerging professional identity and my sexual identity. I began to research LGB issues related to counseling and started a research project. One of the adjunct professors, Rita, supported my interest and helped to develop my critical thinking about research. In taking an additional risk, I also met one of the clinicians at the university counseling center who was an openly bisexual woman and very active in counseling psychology at the national level. Julia further encouraged my interest in academics and LGB issues. She invited me to present with her on LGB issues in the counseling practicum class. After graduating and before entering my doctoral program, I designed a graduate seminar course in LGB issues and taught it at the university.

In addition to my activities at the University of Akron, I also became more involved with larger organizations such as the Ohio Counseling Association and the American Counseling Association (ACA). I joined a division of ACA that focused on LGB issues (AGLBIC). Through this organization, I discovered a world of professionals who were LGB or LGB-affirmative and was paired with a mentor, Joy. Even though I had been incredibly shy, I learned how to present at the national level through co-presenting with Joy. I enjoyed presenting and educating other people on LGB issues. I was elected as a board member for AGLBIC. I also became more involved with the American Psychological Association and Division 17: Society of Counseling Psychology.

The difficulties that I experienced while pursuing my Master’s degree were mostly
relational. I had established a social network and very supportive relationships with mentors but struggled with romantic relationships and the relationship with my family. My brother dropped out of college shortly after I moved home and the family stress increased. My parents continued to avoid and be intolerant of my sexual orientation. I spent a great deal of my time living out of my suitcase and staying with friends or girlfriends. I graduated with my Master’s degree in December 1999 and applied to doctoral programs in counseling psychology.

I moved to Michigan for my doctoral program and a new life began for me when I started my doctoral program. It was my first experience of living completely on my own and I became immersed in becoming a psychologist. The typical challenges of full-time doctoral study have been present, such as time management, financial concerns, balancing life, and self-care. In addition, I have experienced struggle in maintaining relationships with my family. After the loss of another important romantic relationship during my second year in the program, I decided to enter therapy once again. My history of loss and pain finally caught up with me and I could no longer cope through working on projects or extra experiences. I continued to excel in my academics and receive recognition for excellence in my work but internally I was fighting to find meaning. I continued to be connected to my mentors from the past and established new relationships. My personal therapy led to discovery of my spirituality through nature and expanding my perspectives through self-exploration. My work as a clinician and instructor fostered a sense of purpose. I formed new goals to balance mind, body, and spirit. I created a family of choice consisting of peers from the doctoral program, professors, and other psychologists in the community.

My doctoral chairperson, Jim, was instrumental from the very beginning of my
doctoral studies in my professional development but I also benefited personally. As an openly out and politically active gay man, Jim shared some of his own wisdom from struggles with homophobia and heterosexism. He also introduced me to other LGB psychologists, including the two women with whom I currently work in private practice. Jim also supported my choice of predoctoral internship sites based on LGB affirmation. I wanted to do my internship at a counseling center where I did not have to fight basic battles for acceptance and knowledge. I thoroughly enjoyed and learned a great deal from my internship at the University of Illinois counseling center. Even though I experienced adjustment and significant health concerns, very supportive and spiritual colleagues surrounded me. The counseling center was extremely diverse and I was able to deeply explore clinical issues and my own development as a clinician. I returned to Michigan after my internship to finish my dissertation, continue my personal therapy, and most importantly reconnect with my family of choice.

In conceptualizing my experiences and understanding of resilience there are several factors that can be highlighted. For example, several risk factors exist in my story including a non-supportive family, emotional restriction, history of abuse in my family, sexism, homophobia, and heterosexism in society. Protective factors include my personal characteristics (e.g., intelligence, sociable, sense of humor, spirituality, skills) and my early relationships with both my mother and maternal grandmother. My experience has had numerous challenges including abuse, near death of mother, coming out, internalized homophobia, depression, social phobia, anxiety, perfectionism, shame, loss of relationships, physical health concerns, and completing this dissertation. My story has also had several enriching experiences including travel, church, professional organizations, academic and social clubs, studying martial arts, and numerous
opportunities to explore life beyond what I have known. To me, the elements and processes that have fostered resilience in my experiences have been spirituality, relationships, self-exploration, meaning making, contributing to others, and love. The process through these experiences has required great energy, determination, hope, and the ability to lean into the support of others. In turn, I have tried to positively impact my environment and others in a way that also fosters resilience.

These experiences have all contributed to my evolving interest in studying resilience. As a clinician, I completely believe in the resilience of people and ability to continually adapt. My own personal therapy facilitated acceptance of the reality of pain and resilience throughout my life. A few years ago I changed my dissertation topic from general wellness in LGB people to resilience in lesbian women. My focus on midlife lesbian psychologists and resilience grew from my respect for this generation of women who contributed to changing society and mental health culture through political activism. I have several models for the strength of these women including the psychologists who I have read throughout my studies, some of my personal mentors, and my treasured personal therapist.

Process of On-Going Researcher Self-Reflection

In following a phenomenological research methodology, I engaged in self-reflection throughout the course of the study in order to keep data regarding my experience of studying resilience. I maintained a journal throughout this research project. This journal contained my reflections at every stage of data collection and analysis so to document my own experience and generate data relevant to judging my impact on the results of this study. I have incorporated some of the self-reflective data from this journal at the end of the discussion chapter.
Researcher Presuppositions About Resilience

In deciding to investigate resilience – its meaning and lived experiences - for my doctoral dissertation, I could not find a more suitable match between my experiences and the phenomenological approach. Phenomenology emphasizes the relationships between experience and meaning, between researcher and participant, and between phenomenon and context. As a psychologist I am strongly influenced in my work by relational approaches to understanding and healing human experiences. Similar to my approach as a clinician, I looked forward to approaching my research with a respect and honoring of each participant’s experience and subsequent meaning makings. I anticipated the fulfillment inherent in engaging conversationally with each participant, as well as the adventure of immersing myself in the meaning of resilience as experienced through the participants’ lived experience. I was motivated by the challenge of being open and faithful to representing the essence of the participants’ lived experience of resilience.

My own personal experience with resilience has been presented as a way to allow the reader to know more about the origin of my interest in studying this phenomenon. My professional training as a psychologist, my personal experience as a woman, and my experience as a lesbian have contributed to my understanding of resilience. I have formed a pre-existing understanding and meaning for resilience in the human experience. This pre-existing understanding has resulted in underlying presuppositions and biases. The following is a bracketing of my pre-existing presuppositions and biases related to resilience, and more specifically to resilience in the lives of midlife lesbian psychologists.

1. Resilience is a part of the lived experiences of women due to the impact of sexism.

2. Resilience is a part of the lived experiences of lesbian women due to the
impact of heterosexism and homophobia.

3. Resilience is a part of the lived experiences of women who have been educated as psychologists and professionally work as therapists due to the experience of sexism in systems such as academies and work settings.

4. The lived experiences of lesbian psychologists have most likely encountered numerous personal and professional challenges that required a process of adaptation or resilience. For example, decisions about disclosing or not disclosing one’s sexual orientation to others who could impact one’s professional career (e.g., clients, colleagues, insurance companies, or other third party entities) could be very stressful since those decisions could impact both personal and professional security.

5. Resilience can be understood as a psychosocial and spiritual process that is fostered and made meaningful through relationships.

6. Cognitive structures and meaning making are central to the experience of resilience.

7. Resilience is central to the counseling process and goals of therapy.

8. The psychologist’s own resilience impacts her clinical work with clients who are also navigating various challenges.

9. A psychologist aware of her own resilience can more intentionally facilitate the resilience process in her clients.

10. There is value in learning about lesbian psychologists’ experiences of resilience.

11. There is value in learning about lesbian psychologists’ experience of resilience in their therapeutic work with clients. The value is in contributing to
knowledge about how to enhance resilience in the clinical work of other therapists. The knowledge of how to enhance resilience could also extend beyond therapy, to provide enhanced knowledge about fostering better relationships within the community and promote larger social change.

**Participant Data Collection**

The rationale for the process of participant data collection, including participant recruitment and selection, was developed through consideration of the research methods delineated by several authors (e.g., Colaizzi, 1978; Creswell, 1998; Giorgi 1985; Miles & Huberman, 1994; Moustakas, 1994; Polkinghorne, 1989). The number of participants in a qualitative study varies greatly dependent upon the nature of the research question and method. Within phenomenological research a great variation in the number of participants can be observed (Moustakas, 1994; Polkinghorne, 1989; Wertz, 2005). The goal of participant selection is to obtain a sample of participants who are varied in experience with the phenomenon under inquiry. The participants in the sample also need to be able to provide rich descriptions of the phenomenon from which the essence can be extracted. Creswell (1998) has provided some guidance for phenomenological studies that use participant interviews that lasted one and one half to two hours long. He suggested that up to ten participants is an appropriate number for conducting participant interviews that have been designed to elicit detailed descriptions of the phenomenon under study.

The following subsections describe the methods of participant data collection used in this study. I have organized this section into five subsections: (a) participant criteria; (b) participant recruitment; (c) participant screening and selection; (d) participant interviews and data collection; and, (e) summary of participant’s demographic information. A description of the methods of data analysis follows these five subsections.
Participant Criteria

Purposive participant selection is a hallmark of qualitative inquiry (Creswell, 1998; 2000; Morrow & Smith, 2000; Moustakas, 1994). The goal of a phenomenological study is to provide a rich description of experience. Intentional participant selection provides a way to maximize the potential for obtaining an informed description from people who have experienced the phenomena under investigation. Several authors have suggested criterion sampling as the appropriate participant selection method (Creswell, 1998; Miles & Huberman, 1994; Moustakas, 1994; Polkinghorne, 1989). This study had both inclusionary criteria for participating and exclusionary criteria for precluding participation.

The target population from which to recruit and select participants was the specific generational cohort of midlife, lesbian psychologists in clinical and counseling psychology who work in clinical practice. As discussed in the literature review, this particular generational cohort of midlife, lesbian psychologists has significant characteristics with regard to the relevant historical and social contexts that shaped their experiences. For instance, these women who decided to become psychologists in the 1970s-1980s can be considered pioneers for entering into a field that was historically male dominated. These women most likely faced challenges from both sexism and heterosexism in their educational experiences and career development. These challenges presented opportunities for resilience as the women strove to overcome the adversity presented. This target population was also chosen in order to recruit participants with at least 15 years of practice within psychology, which can be interpreted as “senior status”. The targeted population of midlife, lesbian psychologists were not new professionals and were likely to have established careers from which to draw a wealth of experience from
their clinical work.

*Inclusionary criteria for participating in this study.* There are two general criteria for participation in a phenomenological study. First, the participant must have a lived experience with the phenomena. Second, the participant must have the ability, including willingness, to communicate her experience and her understanding of the experience. In this current study, these general criteria were met through selection of midlife, lesbian psychologists who experienced resilience in their personal and professional lives and who also had the willingness to share their experiences. I used the following specific criteria in this study to operationalize these criteria and to further assist in distinguishing the target participants from all potential participants. The intention behind these specific criteria was to locate a collection of participants from a specific generational cohort who were varied in some demographic variables (e.g., race, socioeconomic status, relationship status) and were similar in other demographic variables (e.g., work experience, sexual orientation). The specific criteria in this study included: (a) women who identified as lesbian psychologists (counseling and/or clinical) and who were between the ages of 50 to 65 years old; (b) lesbian psychologists who had been practicing as clinicians for at least 15 years post doctoral degree; (c) lesbian psychologists who were currently engaged in clinical work at least an average of 10 clients per week; and, (d) lesbian psychologists who were willing to discuss their experiences with resilience. I explain the detailed information about the procedure for participant screening and selection in a separate section that follows the explanation of the participant recruitment procedures.

*Exclusionary criteria for this study.* Given the nature of this study and my involvement in the same professional and personal communities as the potential participants, there was a need to exclude women from participating due to conflicts of
interest and the need to avoid multiple relationships. Women who have close personal relationships or routine, regular social contact outside of professional activities with myself or with my doctoral chairperson were excluded from participation. Women who are part of professional relationships that involve evaluation or routine, daily contact with either my doctoral chairperson or myself were also excluded from participation. Examples of these relationships include friends, former or current romantic partners, supervisors, supervisees, and students. Although excluded from participating in this study, these women were eligible to serve as informants to provide names of additional potential participants.

**Participant Recruitment**

Participant recruitment in this study was conducted through methods that were conducive to purposeful sampling and participant selection. I used a strategy for participant recruitment that was a variation of snowball sampling (Bogdan & Bilken, 2003; Creswell, 2000; Miles & Huberman, 1994). This strategy of participant recruitment involved several steps to identify and invite potential participants. I generated a list of potential participants for this study and then planned and followed five steps in recruiting participants.

*Identifying Potential Participants.* There were three ways of identifying potential participants for this study. First, I met with my doctoral chairperson and created a list of informants who were asked to provide referrals of women who they knew and who would meet criteria as potential participants. The informants were psychologists who were not eligible to participate in this study due to the exclusionary criteria. My doctoral chairperson and I generated a list of eight women to use as informants. I followed a procedural guideline (see Appendix A) for contacting informants and requesting referrals
of potential participants from them. I provided a description of the study to those 
*informants* who wanted to pass the study announcement (see Appendix B) onto people 
directly.

Second, I met with my doctoral chairperson and created a list of potential 
participants from women who we knew that might meet the criteria for participating in 
this study. In addition to the potential participants that we identified and put on the list, I 
added the potential participants referred by the *informants* to the list. A final list of 31 
potential participants was created based on the names provided by *informants* and the 
names generated by my doctoral chairperson and myself.

Third, I used a snowball method of identifying and recruiting potential 
participants. To obtain names of potential participants other than those women identified 
on the list made with consulting my doctoral chairperson and the *informants*, I asked 
every potential participant whom I contacted if they would refer other women as potential 
participants for this study. Specifically, I asked the potential participant if she would 
recommend lesbian psychologists whom she believed matched the criteria or forward 
information about this study onto lesbian psychologists whom she believed matched the 
criteria of this study. I informed the potential participants that the women they referred 
would be notified of who referred them for recruitment (see reference for procedure in 
Appendices C and D). Several potential participants provided names and contact 
information of other women who might be interested in participating. I then added those 
17 names to the original list of 31 and continued with recruitment through the following 
five steps.

*Step one of participant recruitment.* I made initial contact with the 48 potential 
participants via phone or email to describe to them the focus of the study and to invite
them to participate. I followed specific procedures and guidelines in making this initial contact (see Appendix C and Appendix D). For those potential participants who were referred to the study through the snowball method and contact with other potential participants, I made initial contact by phone or email depending upon the information provided by the referral source. I followed a standard script (see Appendix I) that explained who had referred them to the study, explained the study (including the risks and benefits of participation) and the criteria for inclusion and exclusion.

From the 48 potential participants initially contacted, I interacted with 28 women. Twelve of those twenty-eight women did not match the criteria to participate in this study. Four of the twenty-eight women responded by declining participation. Twelve of the twenty-eight women initially contacted responded and indicated interest in participation. From the 48 potential participants initially contacted, I did not receive responses from 19 women.

*Step two of participant recruitment.* When potential participants responded to my initial contact and were interested in receiving more information or participating in the study, I sent the 12 women indicating interest in participation more information in written form about the study and answered any questions. Specifically, I sent them a research packet containing: (a) a cover letter introducing the study (Appendix E), the *Informed Consent Form* (Appendix F), a *Contact Form* (Appendix G), and the *Background Information Form* (Appendix H).

In addition to those steps followed above, one potential participant received information about the study from an informant and contacted me by email. I responded to questions about the study and provided information from standard scripts that explained the study (see Appendix J and Appendix K). I sent more information and a research
packet to this potential participant.

*Step three of participant recruitment.* After sending out the research packets to the 12 potential participants, I interacted with three of the potential participants who indicated that they reviewed the research packet and did not have time in their schedules to participate. Another potential participant returned the research packet along with an encouraging note and explained that she was not interested in participating. Two weeks after sending out the research packets to potential participants, I contacted the 8 of 12 remaining potential participants to inquire about whether or not they wanted to continue in the participant recruitment and selection processes. I used a scripted guideline for this contact (Appendix L). One potential participant never responded to follow-up contact and did not return a completed research packet. Seven of the twelve potential participants returned completed research packets. After the recruitment contact was made and the above steps completed, the procedures described in the following section on *Participant Screening and Selection* were followed to identify key participants from those women expressing continued interest in participating.

*Participant Screening and Selection*

As noted in the participant recruitment process, all participants who were initially contacted through the recruitment methods and who expressed continued interest in the project were given a research packet containing: (a) a cover letter introducing the study (Appendix E), the *Informed Consent Form* (Appendix F), a *Contact Form* (Appendix G), and the *Background Information Form* (Appendix H). The information requested on the forms was used to gather information from personal and professional dimensions in order to maximize the identification of the participants who met the criteria as key participants. Women who elected to participate further in the study were asked to sign the *Informed
 Consent Form, complete all other forms, and return the research materials to the researcher in a self-addressed stamped envelope. I sent out 12 research packets and received seven completed packets. Several potential participants chose to send the completed forms via email. Upon receiving the completed participant research packets, the pseudonym provided by the participant on the contact form was used as a code to identify the participant. I separated the Contact Forms and Informed Consent Documents from the Background Information Forms. I stored the Contact Forms and Informed Consent Documents in a locked, secure file cabinet. I used pseudonyms to code and identify the Background Information Form, the interview audio recordings, and the transcripts developed from the interview audio recordings. I made sure that all information was completed on the forms (e.g., contact information, signature on consent document). I then followed the next five steps in screening and selecting participants for this study.

Step one of participant screening and selection. I identified those potential participants to interview who met the criteria for participating in this study. As previously noted in the participant recruitment, those criteria were: (a) women who identified as lesbian psychologists (counseling and/or clinical) and who were between the ages of 50 to 65 years old; (b) lesbian psychologists who had been practicing as clinicians for at least 15 years post doctoral degree; (c) lesbian psychologists who were currently engaged in clinical work at least an average of 10 clients per week; and, (d) lesbian psychologists who were willing to discuss their experiences with resilience. All seven of the potential participants who had returned completed research packets were identified as meeting the criteria for participation.

Step two of participant screening and selection. In addition to the inclusionary
screening criteria, I used the *Background Information Form* to collect information that assisted me in identifying participants who varied according to different contextual factors (e.g., race, ethnicity, ability status, number of years out as a lesbian, number of years as a clinician).

*Step three of participant screening and selection.* I attempted to diversify participants on racial and ethnic background. My goal was to have approximately half of the participants represent the experiences of women of color. I attempted to maximize the potential of this diversity in participants by deliberate selection of the participants. I planned to conduct only half of the interviews and then wait to conduct the remaining interviews until achieving a racially diverse group of potential participants from which to select participants. However, I was not able to recruit women from racially diverse groups before I needed to proceed with participant interviews. I had exhausted the list of potential participants and referrals of potential participants. I only had seven women qualify to participate and consent to participate in this study. These women were not racially diverse as they all identified as Caucasian. However, the seven women selected to participate did vary with regard to other demographic characteristics (e.g., ethnicity, ability status, family of origin’s SES, geographical location of residence).

*Step four of participant screening and selection.* I invited the seven women to participate in the interview process that consisted of an initial interview that was one and one half to two hours in length and a follow-up interview that was one hour in length. I invited the women to participate by contacting them via the preferred method indicated on their *Contact Forms*. All invited participants had indicated email contact as their preferred method for contact. I used the contact script for respondents selected for interviews (Appendix N) in contacting participants about scheduling a one and one half to
two hour initial interview at an agreed upon time and location.

*Step five of participant screening and selection.* All seven of the women invited to participate responded with continued interest in the project. I contacted these potential participants to schedule the initial participant interview (Appendix M). I sent these women a written list of the interview topics and a reminder of the time and location of the scheduled interview (Appendix N). I had planned to contact women not selected for the study who submitted research packets and thank them for their interest (Appendix O). However, this was not necessary since all seven women who met criteria were invited to participate.

Participant recruitment and screening continued while the seven initial interviews were in progress. I continued to make initial contact with potential participants who were being referred by the seven women selected for participation. However, additional participants were not identified prior to beginning data analysis. The goal of the proposed study was to have 8-10 women participate. In consultation with my doctoral chairperson, participant recruitment and selection was ended with only seven participants due to: having sufficient data from the over 12 hours of initial participant interviews; expecting additional data from another seven hours of follow-up participant interviews; and, exhausting the list of potential participants.

*Participant Interviews and Data Collection*

Participant interviews were used as the method of data collection in this study. In the following paragraphs, I describe the rationale for using participant interviews for data collection, the initial participant interview process, and the follow-up participant interview process. In phenomenology, the participant interview is considered a *discourse* that involves mutual personal engagement from both researcher and participant.
(Polkinghorne, 1989). The focus of the interview is directed toward the life-world of both co-researchers in relation to the phenomenon under investigation.

Several factors were important to attend to during the interview process. For example, several authors have written about the importance of the researcher being open and having an empathic presence while listening to the participant. Colaizzi (1978) stated that the researcher must “listen with the totality of his being and with entirety of his personality” (p.64). This form of presence and listening creates a dialogic interview process in which the researcher can use imaginative listening to elicit more descriptive data from the participant. The researcher must balance an attitude of openness to the participant’s experience with a more directive attitude that facilitates concreteness over interpretation in the participant’s description (Wertz, 2005).

I attempted to meet this balance through the use of semi-structured initial participant interviews that focused on three topic areas: (a) personal experiences of resilience; (b) professional experiences of resilience; and, (c) general questions about the participant’s definition of resilience and the participant’s motivation in participating in the study (see Appendix P: Interview Guide). The topic area covering personal experiences of resilience asked participants to tell a story that illustrated an early experience of resilience and to tell a story that illustrated an early experience of resilience in their experiences of coming out as lesbians. The topic area covering professional experiences of resilience asked participants to tell a story that illustrated an early experience of resilience during their educations to become psychologists. Participants were also asked if they had experienced significant challenges as lesbian psychologists and if they believed they demonstrated resilience. Participants were asked to describe a clinical situation in which their experience with resilience impacted their clinical work
with clients.

*Initial participant interviews.* I conducted all initial participant interviews in person by traveling, sometimes long distances, to locations designated by participants that provided privacy (e.g., participant’s home, participant's office). I made digital audio recordings of the initial interviews. At the beginning of the interview session, prior to audio recording, I reviewed specific details of the interview process including the right to refuse certain questions and/or discontinue the interview at any time. I responded to any questions or concerns participants had and confirmed that the participants were still willing to be interviewed. I began the digital audio recording and asked for the participant’s verbal verification of consent to be interviewed. As part of the informed consent process, I asked them if they had any questions regarding the informed consent.

The initial participant interviews followed the semi-structured interview guideline (Appendix O). Participants began the initial interviews by spontaneously offering their definition of resilience prior to beginning to share their personal and professional stories. I was reflexive to this trend in participant responding and allowed the participants to provide their conceptual definitions and familiarity with resilience. At the end of the interviews, I then returned to asking if there was anything they would add to their initial definitions of resilience. I was also reflexive in the interview process by probing the stories and information that the participants shared. For example, I asked questions of *why, what,* and *how* to facilitate more elaboration or explanation of what the participant was saying. I conducted all seven of the initial participant interviews between November 2007 and January 2008.

*Follow-up participant interviews.* After completing the data analysis of the first interviews, I scheduled follow-up interviews with the participants. I contacted the
participants in order to schedule the time and location for the follow-up interview (see Appendix Q). All 7 participants agreed to participate in the follow-up interviews. However, one participant withdrew from participating in the follow-up interview due to experiencing personal issues that required her focus. This participant provided written feedback and comments regarding the written data analysis products from the initial interview. The follow-up interviews with the other 6 participants lasted approximately one hour and I conducted them by phone. The follow-up interviews involved presentation of the initial data analysis results to the participants for review and feedback.

At least one week prior to the follow-up interview, I sent each participant a letter (Appendix R), her individual summary of the first interview, and the textual representation of the essence from data analysis that included the general structural description of resilience and the collective, analytic narrative of resilience. I asked participants to review these products in preparation for the follow-up interview. The primary function of the follow-up interview was to focus on accuracy and deepening of meaning from individual participant’s summaries, as well as from the two emerging analysis products (the general structural description and the collective, analytic narrative).

During the follow-up interviews, participants were asked to provide clarification and feedback regarding their reactions to the data analysis and results. I digitally recorded all of the follow-up interviews. I began the interviews with checking in on the women and inquiring about some of the casual things they had discussed in the initial interviews (e.g., upcoming vacations, goals for the coming year). I followed a guide (Appendix S) for the follow-up interviews and I also intentionally focused the follow-up interviews to deepen understanding of the emergent themes and structural elements identified from analysis of data from the first interviews. This intention manifested in an engaging follow-up
interview process where I was part of co-investigating the analysis results with the participants. Whereas the initial participant interviews were more scripted in a semi-structured format, the follow-up participant interviews were deliberately designed to allow for deeper discussion and interaction with the results.

I arranged for a professional transcription service to transcribe all of the follow-up interviews from the audio recordings. I ensured that the professional transcription service had confidentiality and privacy policies, as well as understood the handling of this data in compliance with protection of human subjects. The audio recordings provided to the transcription service were connected to the participant’s pseudonym only. Upon receiving the transcripts of the follow-up interviews from the professional service, I verified that each transcript matched the audio recording. I also de-identified each transcript by removing any potentially identifying information (e.g., city name, reference to specific event). All feedback and information collected as data from the follow-up participant interviews were recorded. I returned to the data analysis process and incorporated this data into shaping the final results. The process of incorporating the data from the follow-up interviews is described in step ten of the method for data analysis. I conducted the follow-up interviews during December 2008.

Summary of Participants’ Demographic Information

In order to protect anonymity, demographic information of the 7 participants in this study is provided in summary form. I describe the personal aspects of the participants’ demographic information in the first paragraph and then describe their professional aspects of demographic information in the second paragraph. I have also listed this summary information in Table 1.

All seven of the women identified as lesbian. The age range for coming out as
lesbian was between 21 and 28 for six of the seven participants. One participant came out in her 40s. All seven of the women identified as White/Caucasian and two participants identified as Jewish. Participants ranged in age from 50 years-old to 61 years-old; with one woman in her 60s and six women in their early to late 50's. Four of the seven participants resided on the West Coast of the United States. The other four participants were each from different geographical locations within the United States and North America. Three of the participants indicated they lived in an urban area. Two of the participants indicated they lived in a suburban area; and, the other two women indicated they lived in a rural area. Four participants identified the social economic status (SES) of their families of origin as upper middle class. One participant identified the SES of her family of origin as middle class. One participant identified the SES of her family of origin as lower middle class. One participant identified the SES of her family of origin as lower class. Five participants identified their current SES as middle class. Two participants identified their current SES as upper middle class. Five of the women reported being in a relationship with a long-term committed partner. Two of the women reported being single but dating. One woman identified as having a physical disability and one woman identified as having chronic health problems. The other five women did not report having a disability.

The participants ranged in years of experience as psychologists from 16 to 35 years. All seven of the participants had their doctoral degrees and five of the participant had earned their degrees between 1980 and 1984. The other two participants earned their doctoral degrees between 1986 and 1992. Five of the women indicated that their field of study for their degrees was counseling psychology. Two of the women indicated that their field of study for their degrees was clinical psychology. Five participants worked
exclusively in private practice. Two participants worked in college or university counseling centers. One participant worked at a university and in private practice. One of the participants indicated that her theoretical orientation was psychodynamic/psychoanalytic. The other six participants indicated that their theoretical orientations included a combination of several different theoretical approaches (e.g., psychodynamic/psychoanalytic, humanistic/existential, interpersonal/relational, feminist).

Table 1: Frequency Data for Participant Demographic Information

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Ability Status</td>
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<tr>
<td>No disability</td>
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</tr>
<tr>
<td>Age</td>
<td></td>
</tr>
<tr>
<td>50-59</td>
<td>6</td>
</tr>
<tr>
<td>60-69</td>
<td>1</td>
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<tr>
<td>Age of Coming Out</td>
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</tr>
<tr>
<td>20-30</td>
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<tr>
<td>31-50</td>
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<tr>
<td>Ethnicity</td>
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Table 1—Continued

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<tr>
<td>With younger children</td>
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</tr>
<tr>
<td>Without children</td>
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<tr>
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<tr>
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<td><strong>Religious Affiliation (family of origin)</strong></td>
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<tr>
<td>Jewish</td>
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<tr>
<td>Unitarian Universalism</td>
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<td><strong>Social Economic Status (current)</strong></td>
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<td>Upper middle class</td>
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<td><strong>Social Economic Status (family of origin)</strong></td>
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<td>Lower middle class</td>
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<tr>
<td>Middle class</td>
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Table 1—Continued

<table>
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Method for Data Analysis

After considering the data analysis methods proposed by several authors (e.g., Colaizzi, 1978; Giorgi & Giorgi, 2003; Polkinghorne, 1989; Wertz, 2005), data analysis in this study proceeded through the steps presented by Colaizzi (1978) combined with ideas proposed by Moustakas (1994) and Wertz (2005). The steps are described in a linear fashion but each step involves a validation process that requires the researcher to “zigzag” between the emerging data and the more naïve data contained in the previous steps. At every step of this process, I reflected upon the potential influence of my initial theories and ideas about the phenomenon, as well as my on-going reactions from engaging in the study. In the following paragraphs, I describe each of the 12 analysis steps, summarize the data analysis process, and illustrate the main steps of data analysis in a figural representation.

Step 1. Prepare the transcripts for analysis. I generated an individual summary paragraph of each participant’s background information form. This summary paragraph was associated with the de-identified interview transcript in order to provide some
contextual information during the analysis. The summary paragraph included general demographics such as race/ethnicity, ability status, age reported in a range (e.g., early 40s), range of years as practicing psychologist, general geographic location (e.g., rural Midwest town). These summary paragraphs were devoid of any potential identifying information and were for my own use in the analysis process.

I transcribed each initial participant interview audio recording. I verified that each interview transcript matched the content of the interview. I also verified that all potentially identifying information (e.g., city/town names, names of others) was removed from the transcript and replaced with general information. The end result was the de-identified transcripts of the participants’ interviews that were used throughout the analysis process.

Step 2. Read all of the participants’ descriptions (protocols) from the interviews. I read each transcript from the participant interviews in order to “acquire a feeling for them” or to understand each one (p. 59, Colaizzi, 1978). In this step, the attitude of the researcher in approaching the data is very important and needs to include an openness to the experience of the participant and the ability to be empathic. Wertz (2005) describes the necessary attitude as involving care on the part of the researcher that “savors the situations described in a slow, meditative way and attends to, even magnifies, all the details” (p. 172). I attempted to sustain this attitude and experiencing of the data.

Step 3. Extract significant statements. After first reading through each protocol, I reread each participant’s interview transcript and identified significant statements from the participant’s responses. I recorded the significant statements from each participant’s transcript. As in the second step, it is important that the researcher use the same attitude of care and empathy in the process of extracting statements from the protocols that are
directly related to the phenomenon under investigation. Again, I was mindful in attempting to sustain this attitude and experiencing of the data.

Step 4. Formulate meanings from the significant statements in each interview transcript. In this step, I examined the significant statements from each participant’s transcript and used creative insight to go from what was said by a participant in the significant statement to the meaning contained in the statement. This interpretation considered the importance of the contexts from which the phenomenon was described. This process of transformation involved me working through each significant statement with two questions: What is truly being described here and what is essential to understand the psychological dynamic functioning (Polkinghorne, 1989). Practically speaking, I translated the participant’s statements into my own words that represented my empathic understanding of the participant’s statements.

Step 5. Organize the collection of formulated meanings into clusters of themes. In this step, I identified themes from the data that emerged and were common to all of the participants’ interview transcripts. I did this by attempting to understand the formulated meanings and distilling themes from them. I grouped these themes into clusters with reference back to the original interview transcripts to ensure validity. I recorded the meanings and clusters of themes using Qualitative Solutions and Research (QSR) International’s Nvivo 8 software.

I checked the validity of the themes by determining if the themes were represented in the original transcripts. If the themes were not validated, then I returned to the process of generating more accurate themes from the formulated meaning statements. During this step, I also noted any discrepancies or variations that occurred in the clusters of themes. Colaizzi (1978) indicated that it is important for the researcher to rely on a “tolerance for
ambiguity" that allows discrepancies to exist and inform later analysis. Variations in psychological phenomenon are to be anticipated given the context-bound nature of each person’s experience. I also set aside the clusters of themes and noted discrepancies, or non-essential variations, for use in the results and the discussion chapters.

**Step 6. Create an exhaustive description of the investigated phenomenon using the themes from step 5.** In this step, I integrated the results of the analysis process to this point into a comprehensive and exhaustive description. The exhaustive description was a list of the clusters of themes identified in step 5. I generated this list by using QSR International’s Nvivo 8 software. I used the exhaustive description in creating the common themes as an analysis product. It is also at this step that I began writing summaries of each individual participant’s interview in order to capture the experience and meaning of resilience in each participant’s descriptions.

**Step 7. Create a general structural description (explicit descriptive statement) of resilience.** According to Wertz (2005), the essence is the result of synthesizing the researcher’s reflections and insights about the phenomenon that were extracted from the participants’ interviews. The result of the synthesis is a consistent statement describing the psychological structure of the experience. From the exhaustive description in step six, I formulated a description of the fundamental structure or essence of the phenomenon. I reduced the exhaustive descriptive list into the general structural description of resilience. The general structural description of resilience contained 10 structural elements. The general structural description of resilience was a broad and decontextualized expression of the essence.

**Step 8. Create a collective, analytic narrative of the essence of resilience.** In order to arrive at a contextualized and more holistic expression of the essence of resilience, I
returned to the raw participant data, the common themes, and the general structural
description to creatively construct a second expression of the essence as a dynamic
description. This second form of expression of the essence was a collective, analytic
narrative description of resilience. I created this collective, analytic narrative by building
context into the general structural description and illustrating the structural elements,
movement, meaning, and spirit behind the essence of resilience as it emerged from the
participant data. The essence of resilience became embodied within the fictional character
in the collective, analytic narrative.

At this step, I also finished the individual summaries for each participant’s initial
interview. I presented the individual summaries, the general structural description of
resilience, and the collective, analytic narrative to my doctoral chairperson for review and
feedback regarding clarity, cohesiveness, and usefulness to the reader. I incorporated my
doctoral chairperson’s feedback into the individual summaries and the two expressions of
the essence. I decided at this step in the data analysis of the initial participant interview
data that the individual summaries could not be published in the dissertation because,
even though de-identified, the context and stories that participants shared might lead to
discovery of their identities due to the small population from which participants were
selected.

Step 9. Validate the essential structure in the general structural description of
resilience and the collective, analytic narrative through participant checks during follow
up interviews. In this step, I returned to each participant during an interview and asked
how the analysis results (the general structural description of resilience and the collective,
analytic narrative) and the participant’s individual summary fit with the participant’s
experience. Prior to the follow-up interview, I sent each participant her individual
summary, the general structural description of resilience, and the collective, analytic narrative. I asked the participants to review these items before the scheduled follow-up interviews (see Appendices Q and R). During the follow-up interview, I asked each participant to provide feedback regarding clarity and accuracy of her individual summary. I also asked each participant to provide feedback on the narrative presentations of the essence through the general structural description of resilience and the collective, analytic narrative. After reflecting on the data through these steps, I also asked additional questions of participants regarding the phenomenon in order to obtain a more meaningful understanding.

The follow-up participant interviews were deliberately designed to facilitate deeper discussion and interaction with the results. There were several areas that generated dialogic interaction and clarification of the results. The first area was the discussion of the general structural description of resilience. Participants commented on the general nature of the description and we discussed how this general structural description allows for an individual to engage in the resilience process even if the individual has different resources than those resources identified by participants in this study. For example, one participant discussed how people who do not self-reflect or aren't as intellectual still demonstrate resilience but that it looks different for them because they rely on other resources. A second area of dialogic interaction was the discussion of the general stages of resilience as a process. Participants emphasized that there is an overall progression to their experiences of resilience but that the lived experience of it is circular, interactive, disorienting, and dynamic. A third area of dialogic interaction was the discussion of the emergent theme of the collective, analytic narrative representing a hero's story. We discussed this theme and each participant added another nuance to deepen the
understanding of what emerged as the notion of an everyday hero. A fourth area of dialogic interaction was the discussion of the words of wisdom used to end the collective, analytic narrative (Margot’s Story). Participants were very precise in communicating what they would want to communicate as their words of wisdom through the fictional character in the narrative. I explored each participant’s reaction to the words of wisdom and then incorporated participant feedback in shaping the final version of the words of wisdom, which end the collective, analytic narrative.

**Step 10. Recycle through data analysis after follow-up interviews.** Using data from the follow-up interviews (see prior data collection section), I then proceeded to return to step two of data analysis and determined any necessary changes to the original analysis. This included clarifying individual summaries, clarifying general themes, revising the general structural description of resilience, and revising the collective, analytic narrative as needed. The previous steps (steps 2-7) of analysis were followed and my doctoral chairperson reviewed the revised general structural description of resilience and the revised collective, analytic narrative. This review examined the clarity, cohesiveness, and usefulness to the reader. I incorporated the doctoral chairperson’s feedback into the two expressions of the essence of resilience (the final general structural description of resilience and the final collective, analytic narrative).

**Step 11. Consult with an external auditor.** In this step, I consulted with an external auditor by providing her access to the research method, de-identified participant interview transcripts, analysis notes, individual summaries, and final analysis products (general structural description of resilience and collective, analytic narrative). The external auditor was a doctoral level psychologist familiar with qualitative methods and phenomenological inquiry. The external auditor was also personally and professionally
familiar with LGB psychology. She is a White, 42 year-old, lesbian psychologist in private practice for about 17 years (11 years post-doctoral).

The external auditor examined the research process with special attention to data collection and analysis. The auditor began reviewing the research method, process, and data from the initial participant interviews prior to step 10 and during the time after follow-up participant interviews were completed but analysis of the data from those follow-up interviews was in process. The auditing process was not final until all results including the analysis results from the follow-up participant interviews were completed. The auditor provided feedback on whether or not the data collected and the results generated represented the actual study and process followed. The auditor examined the two expressions of the essence for their authenticity and representativeness of the data. She also examined the common themes for authenticity and representativeness of the data. Changes that were indicated during this step of the data analysis process were corrected and re-worked as needed. The most significant of auditor suggested changes were changing labels for some common themes and using more tentative language in the collective, analytic narrative.

*Step 12. Integrate findings with literature reviewed, cultural myths, and researcher-generated data (e.g., researcher journal).* I reviewed the findings from the three data sources in this study. I then integrated the data and incorporated the integration throughout the discussion chapter. This process also involved a zigzag movement back and forth between the results of this study, the participant direct quotes, relevant literature, and my own reactions and self-reflective data. There were many angles and aspects to cover in discussing the findings. I chose those most salient at the time of writing the discussion chapter but also acknowledge that there are many other areas to
approach and relate with this study’s results. I also acknowledge that, just like in life, there will be different meanings made from conducting this research and the study’s results as the informal, natural, data analysis continues for myself and hopefully for the participants.

Clarifying the common themes for presentation in the results chapter. After all steps of analysis were completed, I returned to the exhaustive description and clusters of themes. I converted this data into the common themes presented in the results chapter by writing more textual explanations of the data and selecting illustrative participant quotes.

Summary of data analysis. As previously noted, these steps of data analysis are described in a linear progression. However, the reality of the analysis process involved a “zigzag” movement back and forth between steps but in an overall direction toward the final analysis products. The final analysis products that emerged from this process represent the goal of this phenomenological inquiry. The two expressions of the essence of resilience are presented in textual format as recommended (Colaizzi, 1978; Giorgi & Giorgi, 2003; Polkinghorne, 1989). In this study, the general structural description of resilience and the collective, analytic narrative provide an understanding of both the experience (noema) and the meaning (noesis) of resilience in the lived experience of these midlife, lesbian psychologists. This understanding is contextualized within the experiences of the midlife, lesbian psychologists who participated in the study. The transferability of these findings will be highly dependent upon context and target population. Figure one illustrates the major steps and flow of data analysis in this study.

Trustworthiness and Authenticity

Trustworthiness, or validity, is a way of accessing and then discussing the degree to which qualitative “findings are accurate from the standpoint of the researcher, the
Rigor, goodness, adequacy, validity, credibility, authenticity, trustworthiness, and plausibility are all labels that have been used to refer to the quality of qualitative research (Creswell & Miller, 2000; Morrow, 2005). This diversity in terminology and in definition of standards for quality can be quite confusing. In contrast to the quantitative research tradition that has established criteria (e.g., rigor, validity, reliability), the qualitative research tradition has developed criteria from different disciplines and scientific paradigms. Qualitative researchers are guided to choose the strategies for assessing trustworthiness that match the assumptions of the researcher’s scientific paradigm (Creswell & Miller; Morrow). In this section I describe the strategies for increasing scientific rigor, or trustworthiness and authenticity, in this study.

Figure 1. Flow of Data Analysis from Raw Data to Common Themes to Two Expressions of the Essence.

This current study was developed from the constructivist/interpretative paradigm.
From this paradigm, the quality of research can be measured by the degree of trustworthiness and authenticity (Creswell & Miller, 2000; Morrow, 2005). The trustworthiness criteria emerged early in the quantitative research tradition from a postpositivistic paradigm and the additional authenticity criteria emerged as significant to the constructivist/interpretative paradigm. Lincoln and Guba (1985) first described the trustworthiness criteria that include credibility, transferability, dependability, and confirmability. Morrow provides brief definitions of these criteria that are summarized as follows. *Credibility* refers to the degree to which internal consistency has been achieved. *Transferability* refers to a construct similar to external validity, or the degree to which the reader is able to apply the findings from the study to others in different contexts. *Dependability* refers to the degree to which the research was conducted consistently so that the process is made explicit and could be duplicated. *Confirmability* refers to the degree to which the findings represent the phenomena under investigation.

The authenticity criteria in the constructivist/interpretative paradigm also emerged from the work of Lincoln and Guba (see Guba & Lincoln, 1989; 1994). The authenticity criteria include fairness, ontological authenticity, educative authenticity, and catalytic authenticity. Morrow (2005) provides summary definitions for these criteria. *Fairness* refers to the importance of inviting and acknowledging the existence of different constructions for reality. *Ontological authenticity* refers to the degree to which individual constructions are deepened and made more meaningful. *Educative authenticity* refers to the degree to which participants experience an increased understanding or appreciation of the constructions of others. Finally, *catalytic authenticity* refers to the extent to which participants, researcher, or audience are inspired into action. Several strategies for increasing trustworthiness and authenticity have been designed in this study.
First, I spent prolonged time engaged with the participants and data during the processes of interviewing and data analysis. This strategy of immersion in the data of the phenomenon and process was intended to increase the likelihood of meeting the credibility criterion. Second, I engaged in the self-reflective process throughout the research project and provide information from those reflections in the discussion chapter. This strategy of continuous researcher reflection was designed to increase credibility and fairness by providing the reader with information regarding the researcher's role in construction and interpretation. Researcher self-reflexivity and acknowledging the researcher as instrument also provided information useful to the reader in determining the transferability of the findings. I also kept a journal for the project that contained personal reactions, research steps, adjustments, and processes. Third, I used detailed and rich description of the data, or thick descriptions, to show the fit between data and the analysis (Morrow, 2005). I used thick description by including the common themes and illustrative quotes into the results and discussion chapters. The use of thick description provides information regarding the participant and her context. This strategy was designed to meet the criteria of credibility and transferability by providing information that the reader could use in evaluating the data and the fit of the data from other people in other contexts. Fourth, during the data analysis process I identified, analyzed, and noted discrepant cases. Fifth, I used participant checks of the data analysis results during the follow-up interviews. This strategy was designed as an important action to address several of the trustworthiness and authenticity criteria of this study. The participant checks were a way of increasing credibility and fairness. Finally, an independent auditor reviewed the research process and findings. This action served as an attempt to triangulate the data using an external source and was designed to increase credibility,
dependability, and confirmability.

Concerns about increasing authenticity in this study were addressed through several deliberate strategies. The external auditor and consultation with my doctoral chairperson were instrumental in maintaining fairness of the interpretation. The follow-up interviews with participants also provided a way to increase fairness and to evaluate the level of the other forms of authenticity. This study possessed ontological authenticity that was revealed during the participant interviews, especially during the follow-up interviews. The participants collaborated and provided feedback regarding the results of the study. They were very active in shaping the results and in deepening their understanding of their own lives and experiences with resilience. Educative authenticity was also revealed during participant interviews. In responding to the initial interview questions, participants constructed deeper understanding of themselves as clinicians and of their clients’ experiences in relation to their resilience. Participants also deepened their understanding and appreciation for the experiences of the other participants when reflecting and commenting upon the collective, analytic narrative (Margot’s Story). The final type of authenticity assessed in this study was the study’s catalytic authenticity. During the follow-up participant interviews, I assessed for the impact on participants from participating in this study. This was an easy assessment with this particular group of women, as many of them commented directly about being grateful for receiving their individual summaries, the general structural description, and Margot’s Story (collective, analytic narrative). Several of the women reported that they really felt understood in the individual summaries, even beyond what they had shared. They felt “gotten” or validated. Several participants expressed that the results came at a good time when they were in need of a “booster” reminder of their own past resilience. Many of the women responded
with surprise and comfort at how well the collective, analytic narrative matched their own experiences. Several of them humorously expressed relief that they were not alone in feeling tired at midlife. A few of the women had continued their own exploration of the concept of resilience between the initial and follow-up interviews and were contemplating to further investigate the phenomena in their own research.

This chapter served two important purposes: one, to provide the reader with an overview of the research philosophy, tradition, and method of phenomenology; and two, to provide the reader with the specific procedures used in the participant recruitment, participant selection, data collection, and data analysis processes. I also provided self-reflective data for the reader’s review and to use in interpreting the findings from this study. The following two chapters present the results of this study and a discussion of those results in relation to psychological literature.
CHAPTER III
MAJOR FINDINGS

The following chapter reports the major findings from the data collected and analyzed in this phenomenological study. Data was collected during initial and follow-up interviews with participants who were asked to describe personal and professional experiences that illustrated resilience. Data from these interviews and from researcher observations were examined according to the data analysis process outlined in Chapter II. The goal of this phenomenological data analysis was to discover and describe the essence of resilience in the lives of midlife, lesbian psychologists working in clinical practice. In this chapter, I provide the reader with the common themes that were used in the data analysis process and the final analysis results that describe the essence of resilience from the participants' experiences in two expressions (the general structural description and the collective, analytic narrative).

I present the common themes that emerged from the participant data in order to provide the reader with access to the results from an intermediate phase (step 5 of 12) in the data analysis process. Access to the data from an intermediate phase of analysis can help the reader to evaluate the final analysis results. These common themes are not final analysis results. I did not attempt to develop these themes with rigor or precision as primary aims. Instead, these themes were only a starting point in developing the two expressions of essence with rigor and precision. The common themes contain elements of the essence but are more descriptive, detailed, and bound to the context than the final analysis products that express the essence of resilience. The relationships between the
common themes and the expressions of the essence are illustrated in Figure 1.

Following the common themes, I present the final analysis results that express the essence of resilience in the lives of midlife lesbian psychologists. The "essence" contains the inherent meaning structures of human experience that identify the experience as a distinct phenomenon (Wertz, 2005). Phenomenological research recommends the researcher to present the finding in multiple formats that match the audience (Giorgi, 1985; Polkinghorne, 1989). In this chapter, I present the essence of resilience in two different forms of expression. Each form of expression provides a unique way for the reader to experience the data. The first expression of the essence is a very broad, overarching general structural description of resilience. This broad, overarching general structural description is stripped of context and details in order to present a concise description of the essence, which is accessible and understandable to the casual reader. The second expression of the essence is a collective, analytic narrative intended to provide a dynamic, structural description of resilience. The collective, analytic narrative is intended to facilitate the reader's experience of "being there" with the fictional character's lived experience. The collective, analytic narrative includes both the perceptions of the resilience experience or the "noema" and the meanings made about the resilience experience or the "noesis" (Moustakas, 1994). The organization of this chapter is illustrated in Figure 2.

The Common Themes

The common themes provide descriptive participant data that was used in an intermediate phase of data analysis (step 5 of 12). The common themes are important because they were identified in the analysis process and facilitated going from key meaning units within individual transcripts to identifying elements of the shared,
collective experience. The themes provided the information from which the essence of resilience in the participants’ lives was discovered. Further analysis of these themes resulted in discovering the essence of resilience and then representing the essence in the broad, overarching general structural description (next major section) and the collective, analytic narrative (last major section). The common themes are presented in order to provide the reader with access to descriptive data that is more proximal to the participants’ lived experiences of resilience. These common themes are not final analysis results and as such do not have the degree of rigor or precision that are reflected in the expressions of the essence. The common themes provide illustrations of the “concreteness of person-world relations” (Wertz, 2005) that move the reader closer to the participants’ lived experiences of resilience.

The Essence of Resilience from Participants’ Lived Experiences

Figure 2. Outline of Chapter III. RES= Resilience.
Through data analysis, I discovered six common themes that emerged from the participant data. These common themes were extremely intertwined and interactive with each other. Two of the common themes are actually meta-themes that emerged as descriptions about how the other common themes interact and relate with each other. The two meta-themes are “bookends” to the other five common themes. The first meta-theme, *Resilience is a Complex, Interactive Process*, is presented first and describes the overall process of resilience that involves the interactions between themes two through five. The second meta-theme, *Meaning Making from the Resilience Process Occurs Cumulatively Across the Lifespan*, is presented as the final common theme in this section. This second meta-theme emerged from shifting the perspective of analysis by “stepping back” and examining the participants’ reflections on their repetitive experiences of resilience across their lives. In the following sections, I briefly describe each common theme in the following order: (a) resilience is a complex, interactive process; (b) resilience initiates with a significant challenge that disrupts status quo; (c) resilience involves responding to challenge with internal and/or external actions; (d) resilience is facilitated by the use of internal and external resources; (e) resilience process results in individual and environmental outcomes; and, (f) meaning making from the resilience process occurs cumulatively across the lifespan. The common themes are labeled and then briefly illustrated with particular data descriptions (e.g., direct participant quotations).

*Resilience is a Complex, Interactive Process (Meta-Theme)*

The first common theme that emerged from the participant data is the description of resilience as a complex, interactive process. This common theme is a meta-theme because it emerged in analysis by examining how the participants made meaning of resilience as a concept and how they then described the interactions between the elements
(common themes two through five) that emerged as part of their lived experiences of resilience. Participants were selected for this study to discuss the phenomenon of resilience. They were asked to share their initial descriptions of resilience and to respond to questions prompting them for concrete examples of overcoming challenge. All but one participant was familiar with at least one conceptual description of resilience prior to this study. The participants' initial descriptions of resilience were based on their knowledge and experience as psychologists, as well as exposure to resilience in the mainstream society. Their initial descriptions of resilience could be summarized as: “resilience is the ability to achieve despite significant challenge”.

After sharing personal examples of challenge during the interviews, participants articulated a more personal and complex understanding of resilience. Emmee, the participant initially unfamiliar with resilience as a concept, shared her personal understanding of it as “this sort of ability I have to deal with adversity, trauma, stress, life choices, health; to recover quickly; to bounce back; to adapt and then to set and reset realistic goals.” Similarly, Tasha described her lived understanding of resilience in the following way, “the ability to keep going; at the very least, resilience means to survive; at the very best, I think it means to thrive and to grow from whatever gets thrown at you in life or whatever we’re doing.” Rather than resilience merely being an individual ability, these participant descriptions add more dimensions to resilience and suggest that it occurs across time with outcomes that impact future development.

The dimensions of resilience that emerged from participant data formed an understanding of resilience as a dynamic, interactive process with general stages that lead to overcoming the adversity. In the follow-up interviews, participants validated three general stages as reflecting an overall progression of the resilience process and
emphasized that these stages overlap and can be circular, which is part of the disruption and disorientation. Participant data suggested that lived experiences of resilience involved being engaged in a process that was circular, dynamic, interactive and occurred across time with three potential stages: (1) experience of disruption due to challenge; (2) response to challenge; (3) integration through meaning making.

*General Stage One in the Resilience Process: Experience of Disruption from Challenge*

All participants agreed that experiencing disruption to their status quo or life trajectory due to a significant challenge was the initial stage of the resilience process. Tasha shared that the “challenge is a catalyst for change”. Kathleen described how the process of resilience begins with a disruptive challenge that “really is so disorienting that you’re not really functioning in your head that much. You can’t, because you don’t have the frame for doing that.” The stress of the challenge comes from not being able to rely on what “you know” or “what’s familiar”.

In the midst of this disorientation, participants experienced additional confusion and disruption from overlap and movement between the subsequent stages of responding to challenge and meaning making. For example, Mond shared that the process of resilience “all kind of comes together in one clump . . . when something bad happens, then it’s like you start – I start immediately planning or doing what I need to do to kind of get out of it . . . and at the same time meaning comes.” Her experience has been that challenge, action, and meaning making have occurred simultaneously or within a relatively short period of time. Kathleen described her experience of adversity creating chaos and then an overlap of the other general resilience stages as, “once you’ve sort of started moving…once you’ve taken action but before it’s really resolved . . . you’re already making meaning.”
General Stage Two in the Resilience Process: Response to Challenge

The second general stage in the resilience process is that an individual responds to the challenge in order to re-orient and re-establish equilibrium. All participants acknowledged that participating in the resilience process depends on a volitional act by an individual. A person chooses to respond to adversity and, in doing so, begins to use her acquired resources to maintain progress. For example, Sandy explained that an individual has to “effortly struggle and use those [factors identified in research as related to resilience such as intelligence, determination, self-assuredness] to build” resilience. Kathleen also highlighted the effort and action involved in her description of the resilience process as “being pushed down and then having to fight your way out of it; and in the process having to claim yourself in a different way.” Resilience involves an individual choosing to be active, determined, and creative in response to challenge. This type of actively responding to challenges, from the environment and from within the individual, resulted in a creative process that led to life changes for the individual (e.g., identity, goals, purpose, relationships, location).

The participants responded to challenges with internal actions (e.g., trusting inner sense, analyzing, self-reflecting, problem solving, managing emotion) and external actions (e.g., verbally confronting oppression, living as out lesbians, changing jobs, getting support from relationships). Because they were initially disoriented by challenge, many participants described their action responses to challenge as feeling almost automatic. For example, Jean used the phrase “putting one foot in front of the other” to describe how she experienced responding to big challenges. Kathleen also used that exact phrase to describe how she faced her biggest challenges. She described her response to challenge as: “just putting one foot in front of another and following my gut, because I
don’t know what else to do... then the reflective part was, the integration, more
afterward... then [figuring out] how do I move forward after I’ve committed.”

General Stage Three in the Resilience Process: Integration through Meaning Making

The third and final general stage in the resilience process is that an individual
makes meaning of the experience through integrating it into her life narrative. Because
the resilience process initiates with a disrupting and disorienting challenge, adaptation to
and movement beyond the challenge involve returning to an oriented path through
making meaning from the experience. This type of meaning does not necessarily equal a
resolution or acceptance of the adverse experience but rather a meaning that situates the
adversity in the person’s life narrative in a way that promotes understanding. As
explained by Kathleen, the resilience process “not just maintains the self, but creates the
self”. This creative and meaning making aspect distinguishes resilience from merely
surviving.

The integration and making meaning of the adversity experience occur after
movement has begun and the person can begin to think again. According to Kathleen, the
first priority when challenged is to examine “how do you keep going on this path once
you’ve moved down it” and then “you can start thinking [reflecting, analyzing, planning]
again.” In describing her challenging experience of coming out, Jean shared that “it was
later looking back and saying, ‘well, that was pretty courageous’”, which made her feel
that the process had added to her internal strength. The integration and meaning making
stage continues beyond the immediate experience and end of the challenge as a person
continues to reflect on her life narrative. All participants discussed ways in which they
continued to reflect upon their life challenges and to discover new angles of meaning.
Kathleen pointed out that the interview process had encouraged her to make meaning in
the here and now of the interview. She noted that the study participants were unique because:

We’re psychologists; we’ve gone to school forever. You know that’s one of our strengths that we think and we reflect a lot. So, we’re going to draw on that while we’re going through the process. Am I going to be integrating already as soon as we sort of start to move? So, I don’t think it’s a, during and after. It’s like the initial, like, “Oh my God! I don’t know what the hell I’m doing!”, until you’re more reacting on, you know, a gut level. And you have to take action before you really know... and once you’re sort of through it, then it’s like a looking back and continuing that process.

Sandy also found it important to emphasize the change in life perspective and development through resilience by explaining that:

I did come out with some skills, goals, and attitudes that I would not have developed - that made me a stronger person, that allowed me to do the rest of my life story [in a way] that I wouldn’t have probably done without the experience.

Because the third general stage of resilience involves integration and meaning making from experiencing the challenge, the process can continue indefinitely as subsequent challenges occur and life events are reflected upon in the context of an individual’s life. Whereas, this common theme was a meta-theme describing how elements of the resilience process form three overlapping general stages that interact in complex ways, the next five common themes provide expanded descriptions of these elements including challenge, response through action, persistence through resources, outcomes, and meaning making.

**Resilience Initiates with a Significant Challenge**

The second common theme that emerged from participant data is that the resilience process was initiated by significant challenge. Challenge was an element of the resilience process briefly mentioned in the meta-theme presented as the first common
theme. I present *Resilience Initiates with a Significant Challenge* as the second common theme in order to further describe and illustrate this major theme that emerged from participant data. The type of challenge necessary to activate the resilience process was described as a disruption to the status quo of an individual’s life or an obstacle to an individual’s life trajectory, which serves as a catalyst for significant change. The disruption or obstacle is experienced negatively and creates adversity that requires a response from the individual. The disruption or obstacle can emerge from within the environment (e.g., discrimination, economic problems), within the individual (e.g., health changes, emotional experiences), or within environment/individual interactions (e.g., failed expectations, relationship struggles, loss, failure).

Analysis of participant data resulted in identification of three major sources of significant challenges that caused significant disruption. The three sources of challenge are relationships, health concerns, and social oppression within contexts (e.g., poverty, sexism, homophobia). All participants discussed challenges experienced from these sources as necessary catalysts for initiating the resilience process. As Tasha stated, challenge is necessary because otherwise “we would all just kind of go along if we didn’t run into an obstacle and then have to change something.” Even though the experiences of these challenges often overlap, I have presented them in the following sections for the succinctness and clarity of writing.

*Challenges from Relationships*

Challenges from relationships with others were the most often mentioned and most significant sources of adversity. All participants shared both personal and professional experiences where relationships were central for creating challenges. Challenges in relationships were often the most difficult for participants when there was
the expectation that support or encouragement would exist in the relationships. Figure 3 presents the examples of challenges that occur within each type of relationship that the participants discussed. As Mond described it, the power of relationship challenges exists because “where it really kills you is when you expect it [support] and it’s not there.”

Participants discussed challenges in relationships with their families of origin, romantic partners, children, peers and friends, teachers or supervisors, colleagues, and personal therapists.

Challenges from Health Concerns

Health concerns were another source of significant challenge and adversity that emerged from the participant data. All participants mentioned adversity from a health condition at some point during their lives. Emmee, Kate, and Sandy described specific medical conditions that have caused adversity. For example, Emmee learned to “somaticize” emotion as a child in her family and developed several health difficulties (e.g., knee pain, back pain). Kate was misdiagnosed with a fatal heart abnormality and grew up with an awareness that she might die. Sandy encountered adversity from becoming sick while completing her predoctoral internship. She became disabled from her health condition and continues to face challenges due to her disability such as travel, work, and social limitations. She shared that “getting sick changed me tremendously. I’m really not the same person that I was before I got sick”.

Several participants mentioned either stress-related health concerns or depression in adulthood that resulted from external challenges but then became additional internal challenges to overcome. For example, early in Tasha’s clinical experience she experienced health concerns (e.g., hives) related to the emotional stress of working with clients. Even now, she might still develop hives if she is unprepared for the client’s
Figure 3. Challenges from Relationships Related to the Resilience Process.

disclosure of traumatic experiences. Stress and depression were interrelated as challenges for several participants. Emmee, Mond, and Kathleen experienced episodes of severe depression during their lives. Severe depression was a challenge that took considerable
time and effort for these women to overcome. They all described the significance of depression because they had to literally choose between life and death when they felt suicidal or when they felt like giving up on their goals.

Challenges from Social Oppression in Contexts

In addition to challenges from relationships and from health concerns, another source of adversity for participants was related to challenges resulting from interactions between their cultural identities and socially oppressive contexts. Participant data revealed that all participants experienced some challenges related to their cultural identities (e.g., Jewish, “poor”, “middle class”, feminist, lesbian) and socially oppressive contextual factors (e.g., anti-Semitism, classism, sexism, heterosexism, homophobia). For example, Mond described growing up in a more impoverished family environment, primarily due to her parents’ frugality and valuing of deprivation. Kate emphasized the extreme poverty of her childhood as significant to her life story and to her resilience. She felt an overwhelming “sense of deprivation..... sort of economic deprivation inculcated the sense of ambition; and I knew that I never wanted to be that way.” Her family worked hard to merely survive and there was a passivity within her family regarding no hope to change the situation. While most participants indicated that in midlife they could be categorized as middle class, many of the participants had struggled financially during their earlier adulthood.

All participants experienced challenges related to their feminist identities and the presence of sexism within their environments. Developing a feminist identity resulted in participants encountering the challenges of feeling isolated from the mainstream and encountering sexism with more awareness. Participants had strong feminist values and speaking out about those values contributed to feeling disconnected from family and the
larger society. For example, Kathleen believed that she was perceived inaccurately as “a problem personality” due to her feminist critiques of theory and practice while in graduate school. Sexism resulted in several significant challenges of oppression and discrimination for all of the participants. For example, there were few women faculty within psychology graduate programs during the time that participants attended their doctoral programs. Several participants mentioned the special requirement that psychology graduate programs had for women in the 1960s through 1970s. This requirement was that women had to sign contracts agreeing to not become married or pregnant in order to be enrolled. Also during this time in psychology training programs, female students and faculty were greeted differently than their male counterparts. For example, Kathleen noticed that faculty in her graduate program were calling her Mrs. N while addressing the male students, even those married, by their first names. Approximately a decade later (1980s), Jean also became aware of this phenomenon early in her career while participating in the academic senate. The challenges from sexism required the participants to respond and engage in the resilience process so that they could continue to be successful despite encountering the oppression.

In addition to challenges related to feminist identity development, all of the participants discussed adversity as a result of coming out as lesbian women. They all discussed having to continually fight against homophobia within the larger society. Some of them also struggled with their own internalized homophobia. Other internal struggles for many of the participants during the coming out process involved intense emotions such as fear, confusion, or loneliness. The historical time of their coming out contributed to a paucity of role models and information for Mond and Tasha who were residing in more rural locations during the period of their coming out experiences. Even for Jean,
who came out later in life, there was the challenge of how to incorporate her awareness of being a lesbian into her current life that resulted in confusion. Participants also mentioned frequently encountering small challenges related to disclosing their sexual orientations in different contexts (e.g., church or religious groups, professional circles, and/or university communities). Some participants discussed the overlap of challenges from sexism and homophobia. For example, Sandy could not clearly determine whether efforts to sabotage her faculty tenure were because she was an out lesbian or an “uppity woman” or both.

Many participants mentioned encountering homophobia in their psychology training programs.

All participants, except Tasha, discussed experiencing homophobia within their professional career lives. For example, participants mentioned painful experiences of receiving negative teaching evaluations from students who in subtle ways commented about them “not liking men” or discussing “too much” of their personal lives, which refers to their being out in the classes. Sandy could not believe the degree to which it was “so acceptable to be rabidly homophobic within her university’s culture and surrounding geographical context”. She experienced isolation because many of the other LGB people in the area were extremely closeted and did not want to be associated with her. They were afraid of being assumed to be LGB through “guilt by association”. Similar to Sandy’s experience of overt contextual homophobia, Kate also encountered blatant homophobia where she lived and worked in the early 1970s.

Many participants have felt challenges from being fearful about becoming the targets of homophobic violence due to being out lesbian women. Kate shared that she became very vigilant about her physical safety during her involvement in opposing the anti-gay politics because other LGB people and allies had been assaulted and a few
people killed. Sandy and Kathleen have both experienced violent vandalism of their property that was tied to their sexual orientations. In addition to vigilance about personal safety at times, participants mentioned worrying about the potential negative impact of their sexual orientations on their clinical practices. They were concerned about negative client reactions and potential loss of clientele, which would cause financial hardship. The challenges from heterosexism and homophobia required that participants engaged in actions and the resilience process in order to overcome their experiences of oppression.

**Resilience Involves Responding to Challenge with Internal and/or External Actions**

The third common theme that emerged from the participant data is that resilience requires an individual to respond to challenge with internal and external actions. Response to challenge was an element of the resilience process (general stage two) described in the meta-theme, *Resilience as a Complex, Interactive Process*. I present *Resilience Involves Responding to Challenge with Internal and/or External Actions* as the third common theme in order to further describe and illustrate this major theme as it emerged from the participant data. The results provided in this theme include the types of responses that participants made when challenged.

As noted previously, the nature of the resilience process is that the disruptive challenge forces the individual to respond and action must be taken in order for the individual to continue movement or growth. Participants responded to significant challenges with both internal and external actions as part of the resilience process.

**Internal Actions Taken in the Resilience Process**

Participants responded to challenges with several actions that occurred within the individual. These internal actions included several cognitive and emotional processes. In the resilience process, the first response to challenge is an internal action of deciding to
respond instead of being destroyed by the challenge. Examples of the internal actions identified as part of the participants’ lived experiences of resilience are listed in Figure 4.

<table>
<thead>
<tr>
<th>Internal Actions in the Resilience Process</th>
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<tbody>
<tr>
<td>* Establishing Self-Protective Emotional Boundaries</td>
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<tr>
<td>* Developing an Inner Sense</td>
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<tr>
<td>* “Getting in Touch” with Inner Sense or Following “Gut Instincts”</td>
</tr>
<tr>
<td>* Self-Reflection to Discover Skills, Resources, &amp; Vulnerabilities</td>
</tr>
<tr>
<td>* Identifying Personal Needs &amp; How to Manage Needs</td>
</tr>
<tr>
<td>* Validating One’s Beliefs, Determination, Emotions, &amp; Perspective</td>
</tr>
<tr>
<td>* Analyzing a Situation &amp; Challenge for Problem Solving &amp; Understanding</td>
</tr>
<tr>
<td>* Learning from Academics, Books, Others</td>
</tr>
<tr>
<td>* Setting Goals (e.g., achievements, how to prioritize energy)</td>
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</table>

Figure 4. Internal Actions in the Resilience Process.

Self-reflection and analytic ability were two of the internal actions often taken by participants throughout the resilience process. Participants encountering adversity used many of these internal actions in combination with each other and also in combination with external actions. In fact, there seemed to be a relationship between the intensity of the challenge encountered and the number of actions taken. During the follow-up interview, Kate shared that “how you [overcome adversity] is that you use everything around [you]”. An individual must use whatever resources, internal and external, that
facilitate action in response to challenge. Each individual participant combined the responsive actions in creative ways.

*External Actions Taken in the Resilience Process*

Participants responded to challenges with several actions that occurred through external behavior. These external actions are influenced by internal processes and by individual levels of ability. External actions in response to challenge comprise the behaviors that are typically observable by others in the resilience process. Examples of the external actions identified as part of participants' lived experiences of resilience are listed in Figure 5.

<table>
<thead>
<tr>
<th>External Actions in the Resilience Process</th>
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<tbody>
<tr>
<td>* Engaging in Enjoyable Activities (e.g., hobbies, learning, vacation, cultural events)</td>
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<tr>
<td>* Looking for &amp; Establishing Supportive Relationships</td>
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<tr>
<td>* Spending Time &amp; Investing in Relationships</td>
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<tr>
<td>* Exploring Opportunities &amp; Learning Experiences</td>
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<tr>
<td>* Goal Directed Behaviors</td>
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<tr>
<td>* Asserting One’s Opinions, Values</td>
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<tr>
<td>* Acting to Meet One’s Needs</td>
</tr>
<tr>
<td>* Taking Time Away from Challenging Situation</td>
</tr>
<tr>
<td>* Engaging in Activism &amp; Trying to Create Change</td>
</tr>
<tr>
<td>* “Putting One Foot in Front of the Other” (i.e., continuing movement toward a positive direction)</td>
</tr>
<tr>
<td>* Spiritual Activities, Rituals, Meditation</td>
</tr>
<tr>
<td>* Confronting Oppression</td>
</tr>
</tbody>
</table>

Figure 5. External Actions in the Resilience Process.

As with the previously discussed internal actions, participants encountering adversity used many of these external actions in combination with each other and also in combination with internal actions. Each individual participant combined these responsive external actions in creative ways. The most salient external actions for participants
encountering significant challenge were those actions related to establishing and maintaining resources such as caring for one’s self, supportive relationships, and opportunities to succeed despite adversity.

Resilience is Facilitated by the Use of Internal and External Resources

The fourth common theme identified from the participant data is that an individual uses internal and external resources to persist through the resilience process. Many of the actions used to respond to challenge depended upon, or were sustained by, resources within the participant (internal resources) and within the participant’s environment (external resources). The internal resources identified in participant data are similar to the individual characteristics commonly associated with resilience in previous research. However, in this study the data revealed that participants actively used these individual characteristics to navigate the resilience process. These internal characteristics were labeled as “internal resources” because this more clearly identifies that they were actively applied to the resilience process instead of being stagnant identifying characteristics of the participants. The external resources identified in the participant data are similar to environmental elements that have been associated with resilience in previous research. Similar to the labeling of the internal resources, the external resources include the environmental elements but were labeled “external resources” because this more clearly identifies that they were actively applied to the resilience process. The following two sections provide examples of internal and external resources identified in the participants’ lived experiences of resilience.

Internal Resources Used in the Resilience Process

Internal resources are certain individual characteristics, abilities, values, or internal processes (cognitive, emotional). An individual relies on these internal resources
as part of natural development but especially during times of adversity. These internal resources are often present in childhood, can emerge throughout the lifespan, and can continue to develop as a person interacts with surrounding contexts. Internal resources were identified from the participant data as crucial to the resilience process. Many of these internal resources correspond with the same individual characteristics of “the resilient” discovered in previous research on resilience. The internal resources identified in this study and those previously discovered in other studies are listed in Figure 6.

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Figure 6. Internal Resources in the Resilience Process. **** = Uniquely elaborated upon in this study.

Before describing the types of internal resources that participants identified as using in their experiences of resilience, there was a variation among participants related to the experience of these internal resources early in life. Jean, Kate, Kathleen, and Mond
expressed in the follow-up interviews that they had some of the internal resources early in life as well as the counter negative, internal aspects. All four of these participants reported feeling simultaneous self-confidence (self-efficacy) and self-doubt when facing challenges early in life. For example, after reviewing the collective, analytic narrative, Kathleen provided feedback that: “the emphasis on being able to set goals and self-efficacy, I think that for me that was tempered by some self-doubt”. These women acknowledged having both growth-fostering and growth-restricting internal aspects but were able to use the growth-fostering aspects as internal resources. These four participants along with the other three participants all described internal resources as facilitating the resilience process.

In the following text, I describe only the most often illustrated and significant of these internal resources used by participants. I briefly present six categories of internal resources that are common to this study’s findings and the findings of previous research: (a) action oriented; (b) determination; (c) curiosity and interest in things, people, and relationships; (d) analytic nature; (e) creativity and intellectual ability; and, (f) a value of relationships as important. I also present four categories of internal resources from this study that are elaborated more in this study’s findings than in existing resilience literature. These four internal resources are (a) passion, (b) an inner sense, (c) value of an inner life as important, and (d) value of authenticity combined with a sense of justice.

Action oriented. Being action oriented in life was one of the most significant internal resources that emerged from participant data. Even in childhood, these women were not passive observers of life. They adapted to their family environments and engaged in activities such as academics, learning, sports, or other hobbies. These women were able to set goals and act upon them. When challenges occurred throughout life,
these women took action in response that resulted in resilience. Being action oriented stood out as extremely important for the participants across their lives. For example, in midlife, they have been engaged in meaningful activities and open to exploring new adventures like Jean joining the “year left to live” group. Participants’ experiences of being involved in enjoyable activities provided additional buffers for stress that also contributed to the experiences of resilience.

**Determination.** Determination was another one of the most significant internal resources that emerged from participant data. Participants all identified a strong sense of determination that motivated them to act and accomplish goals, even when encountering adversity. Determination seemed to emerge from participants having self-efficacy that was not always conscious or congruent with the strong self-doubts that they also experienced. For example, Kate explained that she believed that she was “a little bit like supergirl” when she continued living despite her terminal diagnosis. She shared: “that’s the feeling I draw on when there’s a lot coming down in one way or another. I just go ‘tell me I can’t do that, well watch this!’” Sandy’s determination was instrumental for resilience in facing several of her most significant challenges. She described how determination manifested for her, “certainly self-discipline, determination and putting my eyes on the prize and working toward that [goal]; and a certain fuck you attitude. A certain, ‘you think you can take me down; no way!’”

**Curiosity.** Curiosity was another significant internal resource that emerged from participant data. Curiosity facilitated participants’ exposure to experiences outside of their own lives; which introduced them to a broad range of information including how other people respond to challenge. For example, Kate and Emmee were intense readers while growing up and learned from reading about the internal lives of other people, about
how challenges impacted other people, and about potential ways to have resilience.

Participants’ curiosity extended into an interest in other people and relationships.

Curiosity about people and relationships contributed to a participant’s ability to establish relationships that supported her in the resilience process. This curiosity about people also increased a participant’s empathy. Participants attributed their curiosity about what “makes people tick” with leading to their decisions to become psychologists.

Analytic nature. An analytic nature was another significant internal resource that emerged from the participant data. Analytic nature included a propensity for and ability to analyze to increase understanding, set goals, self-reflect, and respond to challenge. All participants used their analytic natures throughout the resilience process. Some participants used their analytic nature for self-protection during challenge. For example, Mond stated that “I always remember being very, very people savvy and being able to read people really well...and could figure out when there was going to be trouble and when there wasn’t.” A participant’s analytic nature facilitated her ability to evaluate options for responding to challenge. For example, Kate’s analytic nature led to her trying to understand the political climate in her town. She shared that:

I certainly did not see myself as a queer researcher at the time, but I was sitting there writing down a synopsis of everybody who came up and their main points. Why the hell was I doing that? I mean, looking back I know exactly what I was doing. I was doing that to try to make some sense out of this eruption of homophobia in this community.

Kate’s analytic nature is a resource that she uses as a “way to not be totally bowled over by it [challenge of homophobia] emotionally.” Participants also used their analytic natures to make meaning of their challenging experiences in the latter stage of resilience.

Creativity and intellectual ability. Creativity and intellectual ability were significant internal resources that emerged from participant data as central to the
resilience process. I describe these two internal resources together because they were very intertwined in the participant data. All participants demonstrated the ability to create in many ways as exhibited through hobbies (e.g., art, writing, theatre), ideas, research, establishing support groups, forming relationships, and solving problems. These activities, which were outlets for creativity, were also very important for a participant's self-care that generated energy needed for the resilience process. Participants' creativity was supported by other internal resources such as their intellectual abilities. Intellectual ability was often mentioned by participants but usually referred to in a humble way, such as Kate's statement that she was "smart enough". These women were all "smart enough" to achieve in several life areas, such as academics, careers, and relationships. From the participant data, intellectual ability was the ability to learn from both knowledge and experience but intellectual ability was helpful in resilience because of how the women applied it to solve problems and adapt. For example, Jean discussed how she applied her intellectual ability to problem solving and developing flexibility in challenging situations. She shared:

I can figure out 'okay, well these are some different options.' I think it helps because you know education opens up doors. . . . I think being smart usually, not always, comes with some degree of flexibility. Being able to kind of not get stuck in a rut.

In a way similar to Jean and other participants, Emmee has used her intellectual ability to "evaluate the different options that [opportunity is] offering me and the risk factors." She considers how much of a risk would be taken and if she has the "inner resources to take that opportunity or what I could learn." Kathleen also noted the relationship between intellectual ability, problem solving, and setting goals for the future.

I think being able to have a sense of myself as a smart girl was a double-edged thing. It made me different but it also gave me a sort of place in
things. It was a way of being able to figure out what to expect of myself and a way to not get overwhelmed by the ways that I didn’t seem to fit. You know. It was the projection into the future.

In addition to traditional conceptualizations of intellectual ability or intelligence, Tasha shared her recent interest in social and emotional intelligences as abilities that relate to her experience of resilience. These conceptualized forms of intelligence could also be internal resources for resilience, especially as they relate to establishing supportive relationships that are key external resources for the resilience process.

*Value of relationships as important.* Participants having the value that relationships are important was another significant internal resource that emerged from participant data. The women in this study believed that supportive relationships were important in their lives and experiences of resilience. The participants shaped their adult lives around the value of relationships and meaningful connections with others as evidenced through their actions to establish numerous and varied relationships (e.g., joining movements, establishing support groups, romantic relationships, parenthood, teaching, mentoring, working as clinicians).

Because they had a strong value for relationships, participants’ experiences of resilience were facilitated by supportive relationships (significant external resource) that validated, strengthened, encouraged, and developed other internal resources. Supportive relationships also functioned to create other external resources for the participants’ resilience experiences. A full discussion of the role of supportive relationships as external resources in the resilience process is presented in the forthcoming section on external resources.

*Passion.* Passion is the first of four internal resources identified and elaborated upon more in this study than in the existing research on resilience. Passion was a
significant internal resource identified from the participant data. All participants identified themselves as passionate in temperament. Many of the participants protected their passion during childhood because it did not fit with their contexts. However, this passion emerged in certain situations that were safe and affirming. For example, Kate illustrated her passion by describing herself as a “closeted happy person” in the context of growing up in her family. Her passion emerged when having enriching experiences with her grandparents or at the Catholic school she attended. She recalled that:

> There was a lot of uprightness in the church but you didn’t have to be uptight about language, music, singing, and learning things... We had new nuns come [to teach at middle school] and they were especially into expansiveness, intellectual expansiveness, and there wasn’t lot of that. It was like somebody turned on the light! It was just wonderful having them there!

As an adult, Kate describes herself as a “hedonist” who takes “a lot of pleasure in many different things.” She believes that her passion and “zestfulness” for life were only increased by her experience of believing that she would die early in life. Similar to Kate, all participants exhibited passion and zestfulness which has allowed them to courageously navigate the resilience process. Passion was often a key internal resource in the participants’ involvement in social activism. For example, Emmee’s passion in response to injustice led to her joining the White Panthers as an older adolescent. She described her experience as, “I don’t know why it was me. I don’t know why I just was affected so emotionally by all of this stuff [Civil Rights issues] and just couldn’t sit still!”

**Inner sense.** An inner sense was the second of the four internal resources identified and elaborated upon more in this study than in the existing research on resilience. All participants emphasized the importance of having an internal resource referred to as “inner sense”, “gut”, “instinct”, “core”, and “intuition”. Participants
described the “inner sense” as a strongly protected place that contained aspects of self (e.g., values, beliefs, needs, identities) that were often not known by others. Emmee provided a useful definition of an inner sense and how it is a resource for her:

It is a sense of self that I experience in my body. . . . It’s connected to being able to know that when I say something that I feel my body breathe. That’s a confirmation that what I’m thinking [about] if I’m breathing naturally.

She checks for feeling a “sense of connectedness” with her body that indicates that she can trust her inner sense or intuition. All participants had a strong confidence and trust in the guidance that the inner sense provided them, especially during challenges in the resilience process. Knowledge and understanding congruent with a participant’s inner sense were untouchable by external forces and challenges. For example, Sandy described the importance of her inner sense, which could fit for other participants’ descriptions:

I very much trust my own perception of the world. It is very difficult to shake that . . . I don’t pay much attention to other people’s opinions if they conflict with my own internal experience of the world.

Thus, participants were often buffered from absorbing the totality of negative experiences when they could access and rely on an inner sense.

Value of an inner life as important. Value of an inner life was the third of four internal resources identified and elaborated upon more in this study than in the existing research on resilience. All participants described that an inner life was important to them, especially during the resilience process. An inner life included relating to one’s inner sense, reflecting on life meaning, reflecting on being part of the human condition, and other existential issues. All of the participants placed value on the inner life and prioritized actions that increased other resilience-fostering internal resources (e.g., hope, inner sense, justice, empathy, frameworks for making meaning). In childhood, all
participants were involved in religious or spiritual practices that shaped and reinforced their value of an inner life. These religious affiliations encouraged the practice of self-reflection that connected participants to their inner lives. Kate’s summary of the impact of her religious upbringing seems to fit for the women in this study, and perhaps for other psychologists from this generation. She shared that:

I think that I got hooked on an interior life by virtue of that religious upbringing. I was amazed in my graduate program that most of us . . . I think seven of the nine of us were either ex-Catholics or Jews. And I think it’s something about an interior life that people get hooked on in my generation of psychologists. . . . There were a lot of people [in psychology] who got some sense of something beyond the obvious...

Throughout their adult lives, many of the participants have continued to engage in activities that allow them to experience their inner lives. For example, many of the participants have returned to the rituals from religions that they grew up in for comfort. Kate recalled being “infatuated with the ritual of mass”; and Jean shared for her that “there is something very poignant [for me] of going back to some childhood rituals. . . . some of those early rituals just sort of touch me because they’re things that I remember.” These rituals seemed to provide a way of connecting with the participant’s inner life and other internal resources for facing adversity and resilience.

Value of authenticity combined with sense of justice. A value of authenticity combined with a sense of justice formed the final of four internal resources identified and elaborated upon more in this study than in the existing research on resilience. All participants emphasized the value of authenticity and sense of justice in ways that were closely intertwined. Authenticity (e.g., living in accordance to one’s inner sense, the “truth”) and justice (e.g., living with “right action” or to principle of fairness) were closely intertwined for participants in this study. All participants described motivation
and guidance in responding in the resilience process related to a value of authenticity and a strong sense of justice. For example, participants’ decisions to come out as lesbian women and make difficult sacrifices were based on their valuing of authenticity in their own lives. Those participants who were married during their coming out acted quickly to tell their husbands of their discovery because it would have been “unjust” to have done otherwise. Participants’ value of authenticity and sense of justice fortified their internal resources and actions in the resilience process. For example, Kathleen’s constant confrontation of oppression in her graduate program was a “way of holding onto my sense of self and redefining my sense of self”. Her valuing of authenticity and justice motivated her to take actions that allowed her to externalize the problem and maintain her inner sense. Likewise, Sandy’s arguments with her brother were based on the principle that she believed that she was “right” and she had “that unwillingness to ever back down even when it was stupidly not in my self-interest was very important to me.” She relied on motivation from this value of authenticity and sense of justice in her experience of resilience when challenged with obtaining tenure at her first job.

Beyond the individual level, a value of authenticity and a sense of justice facilitated participant resilience on the collective level. Much of the participants’ social and political activism was fueled by strong reactions of righteous indignation to oppression. Jean described herself as having a “keen sense of justice” that led to her confronting anti-Semitism and participating in the women’s movement. Emmee described how she responded to the corruption during the Chicago Conspiracy Trial, “I couldn’t believe that in the courts, truth didn’t prevail and that justice didn’t happen! So when I saw what was happening, people being chained and gagged, it blew my mind!” She responded with disillusionment, anger, and a decision to become involved in African-
American Civil Rights movement. Jean responded passionately to sexism in her work environment. In her own words, she shared that:

Because of who I am, I wasn’t willing to tolerate it [sexism]. You know, I don’t know if there could have been any better resolution of it . . . I prided myself later on for being absolutely right that it was sexual harassment!

Mond described the intensity of her valuing of justice in the following way:

There’s a part of me that gets incensed with unfairness in life. . . . I have a sense of righteous indignation for such things. For a lack of better terms, ‘when things aren’t right, by God they’re going to be right!’ I’m making them right or they’re going to be right somehow.

Sandy shared that the important part of fighting oppressive challenges (e.g., her brother, her doctoral chairperson, her colleagues that voted her down for tenure) was that she was unwilling to “give in”. She shared that:

I don’t regret at all having a harder time knowing that I never gave in, which is very representative. . . . It’s the taking the hard road even when there’s an easier road because I know that I’m right and unwilling to sacrifice that in order to have an easier road.

She shared that “all of my activism is fueled by righteous indignation” and that is a theme that “runs through” her life.

External Resources Used in the Resilience Process

Just as there were several internal resources that participants used in taking action to respond to challenges and move through the resilience process, several external resources were also used by participants to move through the resilience process. External resources are certain environmental elements that are crucial to the resilience process because an individual uses these environmental elements to assist their movement through the resilience process. Many of the external resources (e.g., relationships, opportunities) identified in this study are similar to those discovered in existing resilience research. The participant’s external resources developed and changed over time and in
relationship to the participant's proximal context. Participants used several external resources to navigate their lived experiences of resilience. The external resources discovered from this study's participant data are presented in Figure 7.

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Figure 7. External Resources in the Resilience Process.

Within the descriptions of external resources, there were individual variations among participants due to contextual factors that limited availability and access to some of the external resources. These variations are important to note because they highlight a level of complexity related to the interactions between individuals and their environments. Jean, Mond, and Kate provided feedback and clarification regarding their limitations related to external resources. For example, Jean expressed a lack of feeling
basic security in her early experiences due to feeling alone and lacking emotional support from her parents and peers. Mond grew up in a lower middle class family that valued deprivation. She lacked emotional support from her parents and experienced sexism, as well as emotional abuse. As a result of these family dynamics, Mond had limited access to additional external resources outside of her immediate environment. Kate described her experience of growing up in poverty as more salient to her identification with resilience than her childhood health condition, her coming out as a lesbian, or any of the other challenges that initiated resilience in her life. The passivity within the people around her was a strong indicator for Kate of the degree to which poverty had stripped the zest for life away from those around her. Kate acknowledged that her childhood illness actually protected her from having to focus on the basics of surviving through hard work and allowed her to keep her zest for life, curiosity, and ability to explore ideas.

Despite these early life limitations to the availability and accessibility of external resources, Jean, Kate, and Mond persisted and were eventually able to access the same external resources as the other four women who did not have these contextually based limitations. One environmental element that was an external resource for participants was the availability of ways for having security in basic needs (e.g., access to health care, job options, financial assets). Another environmental element that was an external resource for participants was the availability of information and/or education (e.g., access to books, media, schools). Another environmental element that was an external resource for participants was the presence of examples of possible success (e.g., role models, people similar to the participant who achieved success). I present more detailed information about four categories of external resources because the data from this study provides some explanation of how these environmental elements function as resources in the
resilience process. The following four external resources are presented in more detail: (a) supportive relationships; (b) personal therapy; (c) opportunities to engage the environment; and, (d) communities of belonging related to group identities.

**Supportive relationships.** Supportive relationships were the most often mentioned and most salient type of external resource described in participants' lived experiences of resilience. This is one of the four significant external resources that emerged from participant data with more detail and elaboration than previously reported in other research. It is difficult to capture with words all of the ways that relationships functioned to support the resilience process. In describing important supportive relationships, participants used phrases like the relationships provide “deep connections”, “experience of being validated”, and “experience of being encouraged”. These emotional connections in supportive relationships seemed to foster resilience by increasing a participant's internal resources (e.g., hope, inner sense, analysis, self-efficacy) and access to other external resources (e.g., opportunities and options). During her interview, Mond kept referring to getting the “stuff” from supportive relationships that makes them critical to the experience of resilience. After further exploration she was able to articulate how relationships foster resilience:

> It’s just affirmation of your worthiness to be on the planet. It’s encouragement to continue going. It’s saying that you’re okay. It’s blessing you and the work you’re doing whatever that is, how little that is, how much that is doesn’t matter. Having somebody that you’re feeling you’re in connection with, on the journey with, on the path of life with, growing older with – whatever. I don’t know affirmation or just support. Those words still seem not quite the right ones. . .

Affirming or supportive relationships provided direct resources (e.g., someone to talk with, someone to provide assistance, someone to look out for opportunities or solutions) but also provided an existential context for a participant’s life. Mond also attempted to
explain this aspect of how relationships foster resilience:

I think the whole of human existence is that you’re living inside of yourself and you have to come outside of yourself at least a little to connect with other people. You do that sometimes a lot and sometimes not so much . . . I think it’s that connection with others and that not being alone thing; not feeling isolated; not feeling ostracized; not feeling like there’s something wrong with you that you’re out here experiencing that. Then that’s what makes life, like, okay to do. I think. Having that connection with someone else who knows what’s going on or knows you and is not feeling judgmental about that but is feeling the opposite of that — feeling encouraging or accepting or affirming.

The function of relationships in providing a context for existential meaning, as well as more concrete examples of support, was emphasized as a key external resource for all participants. This existential context is crucial to the latter stages of the resilience process when meaning is made from the experience of adversity. The external validation provided by supportive relationships was also described as reinforcing participants’ internal resources, such as efficacy and inner sense.

All participants identified numerous types of relationships as external resources that provided them with support, encouragement, and help when facing adversity. Participants described supportive relationships with family members, with role models, with teachers and supervisors, with friends, with romantic partners, and with their own personal therapists. For example, in Kate’s family, her grandfather provided a special relationship with her where she was allowed to be curious, to be ambitious, and to have physical space to consider her own. Many participants described receiving attention, support, and validation from their mothers during childhood. Tasha recalled her mother always being in attendance at her activities. Sandy attributed her mother’s love and affection with allowing her to withstand the abuse by her brother and abuse later in life. Sandy, Tasha, Mond, Emmee, and Jean all experienced their mothers as role models for
strong, intelligent women. For example, Emmee attributed some of her internal strength to genetics. She explained:

I think that I was born with some kind of inner strength. Maybe it’s genetic because I think that I’m very much like my mother. She had a lot of strength, inner strength; never able to put it to use but she had a very hard life.

Jean shared that she grew up in a very non-traditional family because her mother had a doctoral degree and her father had a high school diploma. Jean’s intellectual success and achievement were “very important” to her mother. She shared that “My mother wore the pants in the family so to speak. Obviously, I got quite a bit of my self-confidence and wanting to achieve from my mother; you know; from watching her.”

For participants who did not have close, supportive relationships with their families, the importance of role models and mentors was even greater. For example, Kate shared that the nuns played a very significant role for her as examples of strong, intellectual women who valued community and service. She shared that she received a great deal of enrichment from her experience in school:

I got a sense of watching ...women who had gone to college. I’m sure the nuns were the only people I’d known, the only women I knew, who had gone to college when I was growing up. I might not have met another single woman who was educated but the nuns were and that was really helpful.

Kate felt inspired, especially by her middle school teachers who brought “intellectual expansiveness” and were examples of “strong women who were educated and who actually inculcated some passion for the world.” Kate observed in the follow-up interview that the nuns would not have been so important in her experience of resilience if she had a nurturing mother. Mond also used relationships with faculty mentors and colleagues as surrogates for nurturing and encouragement. She described her experience with these
women as:

They were very encouraging and then they let me do some graduate level courses. And that was so exciting for me and I just took off. So I think just getting – it was really getting some encouragement from these other women. It was kind of like what my mother didn’t give, I got from these other women who really weren’t that much older than I was – maybe 5-6 years. But they were just pushing and when they saw a flick of interest then they just ran with it . . . That’s all I really needed, and then it was kind of like (explosion sound) and I could just do anything and I did! It was fun and it didn’t feel like work at all!

The encouragement and nurturing that Kate and Mond both felt from teachers also occurred in other relationships (e.g., friendships, romantic relationships, personal therapy relationships).

Friendships and romantic relationships were important types of external resources that participants relied on during the resilience process. The mutuality of friendships allowed for participants to care for and support their friends, which deepened the relationships and emotional connections. These types of relationships were external resources that provided external assistance but also pushed participants to develop more intimate relationships through increased vulnerability, flexibility, and self-reflection. Participants then used these characteristics as resources in the resilience process. For example, many participants mentioned their first romantic relationships with women as the impetus for deeper self-reflection and creation of a new sense of self that propelled them through the challenge of coming out as lesbians. Tasha reflected that many of her major life developments have occurred because of her meaningful relationships with friends and romantic partners. She shared, “I’m not an individual launcher. Even the two books [that] I wrote, I wrote with somebody else!” Romantic relationships were external resources in providing the “stuff” of relationships and additional external resources (e.g., financial assets, home, friendship groups, and opportunities for enjoyment).
**Personal therapy (participant as client).** Personal therapy was another external resource that emerged from participant data as key to the resilience process with more detail and elaboration than previously reported in other research. Personal therapy experiences fostered participants' resilience by providing a resilience-fostering relationship between them and their therapists. Personal therapy also provided the “emotional and physical space” for participants to self-reflect, analyze and problem solve regarding challenges in their lives. Participants also experienced personal therapy as a tool for making meaning out of adversity and larger life contexts.

All participants identified relationships with personal therapists as important external resources in their experiences of resilience. For example, Emmee explained that personal therapy provided a relationship where her inner sense and ability to overcome adversity could be affirmed. The largest influence of personal therapy in the resilience process was that participants used it to facilitate meaning making of adversity and life experiences. For example, Tasha worked with a male therapist for over 10 years and described him as “truly gifted”. She felt understood in the process but also challenged to grow and integrate difficult experiences into new perspectives. Kate has participated in therapy and “full fledge analysis” for decades. The outcomes for Kate included increased self-awareness and understanding through:

> Really integrating a lot of that positive and negative. And really understanding how much I’d been dealing with both and how much I could deal with both. And so I think that that experience gave me a way to articulate a whole bunch of things that was very different from how I articulated them before that.

Mond has also participated in personal therapy for several years and described her therapist as “incredibly valuable” to her resilience process. She described the function of her therapy relationship as:
I go to therapy maybe once or twice a year now when I have something that I really can’t figure out at work... I say “okay this is what’s going on and I can’t seem to figure it out.”... Her support and her belief in me being able to manage things has really been healing for me over the years. When I think about needing to be resilient, if I needed to be that way now and I wasn’t feeling resilient, then I would probably go back to her for a couple sessions.

For Mond and some of the other participants, the best part of personal therapy was the relationship with the therapist as someone who helps them in “re-discovering” resilience.

*Opportunities to engage the environment.* Opportunities to engage the environment were another type of external resource that emerged from participant data as key to the resilience process with more detail and elaboration than previously reported research. All participants identified the importance of opportunities to engage the environment in growth-oriented activities and for accessing options during the resilience process. Participants discussed how opportunities shaped the resilience process through the availability and accessibility of other resources (internal and external).

One important type of environmental opportunity was the opportunity to learn from schools, experiences, other people, or activities. For example, opportunities for learning through education were present throughout the lives of all participants. Even though the participants came from diverse backgrounds, they all had access to educational contexts that provided opportunities to access information. Four of the seven participants attended private high schools. Even Kate’s impoverished family had sacrificed in order to have the children attend Catholic schools. Opportunities for learning continued as these women pursued their graduate educations. Participants’ hard work, achievement, and intellectual abilities created additional opportunities for growth and success. For example, Mond described the context of her graduate program as encouraging and full of opportunities (e.g., workshops, presentations, sitting on ethics board). She described the
impact of those opportunities as:

I would’ve done some cool stuff but maybe not as much. I think I’m just glad for what opportunities that I did have because it opened the way for other stuff. All you really need sometimes if you’ve got a few raw materials, a few brain cells, and determination – if you can get some encouragement and go to a really good place then that really does open up a bunch of doors for you that you wouldn’t have thought about before.

These opportunities and experiences helped Mond develop and strengthen internal resources (e.g., self-efficacy) that foster resilience. Other participants also experienced the benefit from one opportunity leading to many more and the increased availability of both internal and external resources used in the resilience process.

Other types of opportunities for enrichment and growth were also external resources that emerged from the participant data because of their impact on significant resilience-fostering internal resources (e.g., efficacy, hopefulness, passion) and resilience fostering actions (e.g., learning, exploring). For some participants, opportunities to grow were accessed through financial assets of the family. For example, Tasha had a “robust childhood” that was enriched by the opportunities she experienced that included participating in several activities (e.g., horse riding, sailing, sports). These activities, in turn, helped her to overcome adversity by allowing her to develop internal resources (e.g., self-efficacy, passion) and external resources (e.g., friendships, group membership on teams). All participants experienced opportunities for growth as a result of feminism and the social context. For example, feminism provided many significant “possibilities” for emotional, social, and intellectual development that were previously not as available in the larger social context.

Communities of belonging for group identities. Specific communities of belonging based on group identity (e.g., feminist groups, lesbian groups,
psychologist/therapist groups, religious/spiritual groups) were identified as external resources that emerged from participant data as key to the resilience process with more detail and elaboration than previously reported in other research. All participants identified these communities of people with whom they share social group identities as important external resources because they often provide support, resilience-fostering relationships, a place to belong, and additional opportunities. Specific to the resilience process, communities were most significant external resources used by participants when facing broad, sociocultural adversity (e.g., sexism, heterosexism/homophobia).

Participants were members of several different communities including women’s communities, lesbian communities, and religious or spiritual communities. Kathleen articulated feeling comforted when facing individual challenges because she was meaningfully connected to a larger group experience:

I think for me that this sense that I’m part of something bigger has always been important. That’s not necessarily in a personal way, not necessarily personal relationships. Although, that’s there too but I think the connection with the women’s movement in the 1970s was a part of that.

Communities provided a sense of being connected to something larger than the participant’s experience; and, that sense of not being alone was fundamental to all participants’ resilience. For example, all of the participants acknowledged benefiting from involvement with women’s communities through the support and increased opportunities that were created to counter sexism. When Kathleen was kicked out of her first doctoral program for outspokenly challenging sexism, she found validation and support for her responses and experience through the women’s consciousness-raising groups that she belonged to. When Emmee encountered sexism in her political activist communities, she joined women’s groups to help her counter the adversity of being
silenced in the other groups. She also helped to organize local women’s groups and therapists’ networks. Kate’s life was significantly altered through her involvement in feminist communities. She explained that “what feminism did was open up all kinds of new possibilities” by asking questions, identifying common experiences, and labeling sexism as a form of oppression. From her historical perspective Kate recalled the first time that somebody used the word “sexism” because she responded with:

‘Oh, that’s a whole different analysis that I hadn’t considered.’ That analysis said to us that what you saw as your personal problems are not personal problems; they’re collective things that are happening . . . if something has a collective explanation then it also has a collective solution, potentially. The possibilities that opened for action and change were just enormous.

Kate’s experience in feminist communities was similar to other participants. Feminism opened up possibilities and opportunities on a personal level as the participants felt encouraged to live more freely and to take more risks. This resulted in participants receiving increased validation of resilience-fostering internal resources (e.g., inner sense, self-efficacy, internal locus of control). In fact, it was often in the context of intimate groups of women that the participants became aware of their same-sex attraction and came out as lesbians.

Lesbian affirmative communities were another specific type of community that were significant external resources identified in participant data. For example, many of the participants have extended friendship groups with other lesbian women and lesbian-affirmative people. They have been part of larger lesbian-affirmative communities by participating in women’s music festivals, gay pride marches, and lesbian affirmative professional organizations (e.g., Division 44 of the American Psychological Association; Association of Women in Psychology). These types of communities were greatly valued
by participants because they have not felt the need to be vigilant about managing aspects
of their identities. Membership in these communities also helped participants buffer the
experience of adversity due to being an out lesbian woman in a homophobic culture.

Religious and spiritual communities were other specific types of communities that
emerged as significant external resources from the participant data. These communities
provided a foundation in childhood for many of the key resilience-fostering internal
resources (e.g., values, inner life, analysis, self-reflection, connection to others).
Throughout adulthood, many participants continued to further develop their resilience-
fostering internal resources through participating in religious and spiritual communities.
Membership in these communities also facilitated the resilience process by providing a
framework for meaning making and encouraging participants to foster resilience in
others. For example, Kate and Jean have participated in various meditation groups
through which they have learned internal resources such as how to relax and let go of
adversity that they cannot control. Jean learned through spiritual meditation communities
that “you can kind of sit and breathe and possibilities open up.” Participant involvement
in religious and spiritual communities provided support, opportunities for self-reflection,
opportunities for relationships, and a system for creating meaning and understanding of
one’s existence.

Resilience Process Results in Individual and Environmental Outcomes

The fifth common theme from the participant data is that the resilience process
results in outcomes for the individual and the environment. It should be noted that it is
nearly impossible to separate the outcomes due to adversity from the outcomes due to the
resilience process. The results presented here include the experience of adversity as an
aspect of the resilience process. The resilience process begins with the catalyst of a
significant challenge that requires an individual to use resources (internal and external) in
taking action (internal and external). By definition, the resilience process results in an
overall positive outcome of achieving despite adversity. Aside from this predominant
outcome for the individual, participant data revealed that there are additional outcomes
from the resilience process. These additional outcomes include those for the individual
and her environment. Types of outcomes from the participant data are presented in the
following subsections: (a) positive individual outcomes from the resilience process; (b)
negative individual outcomes from the resilience process; and, (c) environmental
outcomes from the resilience process. The environmental outcomes from the resilience
process were mostly related to changes that participants did not evaluate as positive or
negative.

Positive Individual Outcomes from the Resilience Process

Participants experienced several positive outcomes from responding to significant
challenge and engaging in the resilience process. Positive outcomes that emerged from
the participant data included: (a) overall personal growth and development; (b)
development of specific abilities; (c) increased empathy and compassion; and, (d) making
meaning from the resilience experience. First and foremost, participants experienced
personal growth and development as outcomes from the resilience process. Participants
interpreted these outcomes as positive. Participants acknowledged that experiencing
significant adversity and the resilience process made them respond with actions that they
otherwise would not have taken. By responding with these actions and using resources,
the participants further developed and/or strengthened their actions and resources. For
example, if a participant's childhood experience had been free from challenges, then a
participant might not have developed her "inner sense" that protected her core values and
sense of self in challenges later in life. Participants interpreted being forced to take action as a positive outcome because they had to develop a broader range of responses (e.g., abilities, skills) to challenge. Sandy articulated the following observation of how overall personal growth emerges from the resilience process:

The whole adversity builds character; that old saying I think is actually true. {chuckles} Not that it makes you feel any better about the adversity when you’re going through it. I don’t think it’s helpful to tell people that while they’re going through it but I think it’s true. I think people grow through adversity. I think that if you don’t have anything hard going on then you don’t have any reason to grow because you can coast. I think that there’s probably an optimal – thinking on my feet here – there’s probably an optimal level of suffering for any given person to push you enough to have you grow but not overwhelm you to the point where you would give up.

Many participants grew and developed through the resilience process and then used their acquired abilities to thrive in other areas of their lives.

Participants identified developing specific abilities (e.g., skills) as positive outcomes from the resilience process. Throughout their lives, challenges and the resilience process resulted in the activation of participants' creativity and discovery of more options and abilities. One ability that participants described was the ability to be self-reliant and to figure out how to get their basic needs met. For example, Kate and Mond learned to meet their emotional needs by being able to validate themselves. Kate validated her inner sense and believed that she would live despite her terminal diagnosis in childhood. Mond realized after coming out and being rejected by her first lover and being fired from the Catholic summer camp that:

I had to seek out places where I’d be welcome and okay. And, I needed to leave more traditional ways to get approval. That it [validation] was not going to come anymore through my church, my religion. It wasn’t going to come even from people whom I was involved with necessarily.

Mond learned to validate herself and to find other relationships that would reflect valuing
her.

Other abilities that participants described as increasing as a result of the resilience process included the ability to manage intense emotions by being able to “hold” (experience) the emotion and take action anyways. Related to this ability was the increased development of courage (ability to act despite fear). Jean described that to grow and overcome challenges, she has been courageous and has had “to be willing to step out of [her] comfort zone”. Participants also developed the ability to be more aware of emotional complexity. For example, in their coming out processes all participants discussed the uncertainty and confusion involved but they also experienced the excitement and sense of fulfillment that came with embracing their sexual orientations. This ability to experience the dialectic tension of intense emotions was present in several participants’ stories of resilience. Kate explained that she learned early how to manage strong and often opposing emotions:

Since I was young [I had] a sense of being able to have positives and negatives stand together at the same time and to live out and experience good things at the same time that some bad things are happening.

This has helped Kate to not be “thrown by bad things” and she explained that she learned this ability to find the “good things” in her “soul from growing up”. Participants also developed the ability to understand intense emotions as part of life, especially life changes. These abilities were identified and described as positive outcomes from experiencing adversity and the resilience process.

Another positive individual outcome from the resilience process was that participants developed more empathy and compassion for the struggles of other people. Challenge and the resilience process provided a lived understanding of the effort and energy required to adapt from adversity. For example, Kathleen learned that “mistakes
aren't failures" and struggling is not evidence of pathology. Sandy explained that she is able to empathize with a “very broad range of stuff” because she has been through a broad range of adversity and resilience experiences. Participants also discussed how their compassion and empathy gave them the ability to be present emotionally with clients and others who were also suffering.

Another positive individual outcome of the resilience process was that participants made meaning of their experiences with adversity. This outcome is also the third general stage of the resilience process. This meaning making resulted in the outcome of participants being able to articulate and “story” their experiences in the larger context of their lives. Participants interpreted this as positive and beneficial to their lives. Some of the participants described having a sense that they had “more depth” as a result of the challenges they encountered. Sandy described this increased depth of character as resulting in people who are “more interesting” because they have been forced to grow due to challenge. She also explained her belief that:

Gay and lesbian people tend to be more interesting people. Partly because they’ve had to do a lot of work to get where they are. They’ve had to figure out, they’ve had to be self-reflective enough to figure out that they’re different. They’ve then had to be brave enough to be who they are anyway. They’ve had to figure out ways to negotiate homophobia.

Other participants also mentioned believing that their lives are more interesting as a result of their experiences of adversity and resilience that required them to reflect, creatively problem solve, and take risks to grow.

Negative Individual Outcomes from the Resilience Process

In addition to positive outcomes from the resilience process, some negative outcomes emerged from participant data. Negative outcomes or results due to the resilience process are rarely discussed in the conceptual literature that emphasizes the
positive individual outcomes of resilience. Participant data provided examples of some negative outcomes due to the resilience process that initiates with adversity. As several participants mentioned, even though a person navigates the resilience process, there are negative results and a "price to pay" when experiencing significant adversity. Kathleen reflected that the cost of resilience in regard to negative outcomes is often identified and integrated in retrospect after the adversity has ended or decreased in intensity. Loss and health concerns were two types of negative outcomes described by participants.

Loss was one type of negative outcome that participants experienced in some form due to adversity and the resilience process. For example, the participants who were divorced after coming out also experienced loss with regard to the lives they had been living (e.g., family, financial security, emotional security, relationships). These participants experienced loss of energy and focus as they dealt with varying degrees of increased vulnerability during their transitions from heterosexual marriage into lesbian identity and lesbian relationships. Many participants experienced loss of internalized ideas about themselves and others. For example, Kathleen believed herself to have an easy, "charmed" life until she encountered adversity due to sexism in her first graduate program. Tasha also experienced loss as she engaged in the resilience process as a response to relationship challenges with her father. She lost her ideal image of her father and through making meaning came to have a more realistic image of her father.

Impact on health status was another type of negative outcome that participants experienced in some form due to adversity and the resilience process. Enormous levels of stress from the determination that fueled the resilience process affected the participants' health. During the resilience process, several participants experienced stress-related reactions such as symptoms of anxiety, repetitive illnesses during stressful times, and
clinical depression. For example, Sandy's determination and decision to continue with completing her internship contributed to the loss of her health and the development of her disabling condition. She stated that in retrospect, perhaps she had been "too resilient" in that she didn't quit and thus reduce the likelihood of developing her health condition. Kathleen explained that she believes that several of her current, midlife health concerns are due to adversity, intense stress, and the resilience process experienced throughout her life. All participants also mentioned having a sense of tiredness at midlife. This tiredness seemed related to their repetitive experiences of adversity and of the resilience process throughout their lives. Participants described tiredness related to prolonged resilience experiences that involved self-protection, activism, responding to adversity, and hard work in establishing careers and nurturing relationships. These negative outcomes from the resilience process were identified in the participant data but were not as salient as the positive outcomes and lifelong cumulative benefits from the resilience process.

Environmental Outcomes from the Resilience Process

In addition to positive and negative individual outcomes identified in the participant data, the resilience process also resulted in outcomes for the individual's environment. Participants' actions in the resilience process and in response to adversity impacted the environment. The environmental outcomes were not described as positive or negative because the evaluation of these outcomes is dependent upon the perspective of the evaluator. Changes in the relationship between the participant and her environment, changes in social relationships between the participant and others, and changes in oppressive aspects of the environment were three types of environmental outcomes that emerged from the participant data.

Changes in the relationship between the participant and her environment formed
one type of environmental outcome due to the participant’s resilience process. During the resilience process, some of the participants’ actions resulted in them distancing, emotionally or physically, from their environments. For example, some participants changed locations and physical environments when the impetus of adversity was present in their environments. Other participants did not physically leave the environment but disengaged from their environments. For example, Kathleen labeled her first graduate program as “crazy making” and thus disengaged from participating in the graduate program’s culture. Other participants changed their relationships with their environments by becoming active shapers of the environment. For example, Emmee confronted sexism in her political activist groups and also established activist groups for women.

Changes in social relationships between the participant and others formed another environmental outcome due to the participant’s resilience process. Depending upon the nature of the adversity encountered, a participant’s responses in the resilience process either disrupted, created, deepened, or ended relationships with other people. For example, Kathleen’s resilience process during her coming out resulted in disruption to her children and family. Mond’s resilience process during her experience of depression and changing undergraduate colleges resulted in creating relationships with supportive others at her new college. Jean’s coming out experience deepened most of her friendships but she also lost relationships due to her divorce.

Changes in oppressive aspects of the environment formed another environmental outcome due to the participant’s resilience process. Participants were involved in the resilience process that was initiated by the contextually bound challenges for their generation. In response to sociocultural adversity (e.g., oppression, war), many of the participants in this study were part of the activist movements of the 1960s and 1970s.
Their participation in these movements was focused on overcoming adversity on sociocultural levels and resulted in environmental changes. For example, Jean and Mond have both confronted sexism in their careers and the environmental outcomes included an increased awareness of others and changes in policies. Tasha has become involved in peace and justice movements in her religious group. She was chosen as the representative for lesbian, gay, and bisexual concerns. During the resilience process in response to homophobia, many participants created change and positive disruption in their larger contextual environments. For example, Sandy refused to leave the hostile and homophobic university, even after her colleagues attempted to sabotage her tenure. Her decision to stay in that environment and continue to battle homophobia provided an example of resilience to other faculty, students, and other LGB professionals. Kate’s decisions to respond to homophobia on a societal level have impacted her local community, professional community, and the national politics regarding gay issues.

*Meaning Making from the Resilience Process Occurs Cumulatively Across the Lifespan (Meta-Theme)*

The sixth common theme from the participant data is that an individual’s meaning making from experiencing the resilience process occurs cumulatively across the lifespan. This final common theme is a meta-theme that was identified by “stepping back” and looking at the data and process element of how resilience process was experienced across time. Meaning making emerged from the data as significant in several ways. Meaning making was: (a) the third and final general stage identified in the resilience process; (b) an individual outcome described by participants; and, (c) a dynamic process that continued over time as the participants experienced additional resilience experiences and “life shifts”. Participants encountered adversity and subsequent resilience at every life
stage and sometimes more than one challenge was occurring simultaneous to another. Each experience of resilience built upon the previous experience of resilience; and, the meanings made from both were subject to changes and further integration. The cumulative effects of the resilience process were most evident as a participant moved through the meaning making stage of resilience and incorporated the meaning into her larger life narrative. In the first interview, Jean described the cumulative nature and potential of the resilience process:

I’m thinking now that there are two sides to resilience...It seems like resilience is often in the psychological literature, we think of resilience as somebody’s had a really hard life and they’re still doing well. But it seems to me that you can have some resilience and then think about things differently for the future; sort of being open to more possibilities.

Jean and other participants cumulatively developed responses to challenge and new meanings about themselves, themselves in relation to others, and the nature of life. I have organized the participant data that illustrates meaning making and the cumulative impact of the resilience process into three subtheme sections: (a) new understandings of self emerge from the resilience process; (b) new understandings of self in relation to others emerge from the resilience process; and, (c) new understandings of and perspectives on life emerge from the resilience process.

New Understandings of Self Emerge from the Resilience Process

The first subtheme from participant data that illustrated meaning making and the cumulative effect of the resilience process is that new understandings of self emerge from the resilience process. Participants experienced new meanings and understandings of themselves in their life narratives over time. Their understandings of themselves and personal identities became more complex and adaptable as a result of experiencing the resilience process cumulatively over the years. Three new understandings of self emerged...
common to all participants’ experiences. The first new understanding of self was
developed as participants interpreted their ability to “go with the flow” of responding in
the resilience process as meaning that they were flexible and adaptable. The second new
understanding of self was developed as participants interpreted their ability to
demonstrate resilience throughout their lives as meaning that they were “everyday
heroes”. The third new understanding of self was developed as participants increased
their desire and motivation to deliberately foster their own resilience.

Understanding self as flexible and adaptable. One new understanding of self that
emerged from meaning making in the resilience process was that participants developed
an understanding of themselves as people who are flexible and, thus, adaptable to life
experiences. All participants mentioned increased flexibility or ability to adapt as the
result of their resilience experiences. Understanding and viewing themselves as more
flexible seemed to give participants the self-efficacy that they would be able to handle
challenges to come. For example, Emmee became aware of “a flexibility that was
somewhere inside” that she had not known prior to the adversity she encountered after
leaving the security of her family’s middle class life. Her flexibility only increased when
she came out as a lesbian. She explained:

I feel like that flexibility that I felt and that I started to experience when I
dropped out and moved into the counter culture; it started growing
stronger and stronger as I came out because I had to accept that not
everybody was going to accept me.

For Emmee, flexibility across her life experience has allowed her to:

Adapt to different things depending on what’s going on. Sometimes be a
student; sometimes be a leader or teacher; and, then sometimes be a
student [again].

Other participants also developed understandings of themselves as people who are
flexible and adaptable. Emmee, Mond, and Jean all discussed learning from their resilience experiences to be more flexible in managing their emotions during conflict. For example, Mond has learned flexibility related to her emotional responses and also related to different aspects of her identity. She has sometimes managed her emotions by putting aside aspects of herself and trying to understand what colleagues were saying. She described the flexibility she has developed over the years as:

I think I'm more comfortable... with shutting off a part of myself or toning down or leaving it over here for a bit while I do some other things. And I'm not offended that I have to do that sometimes... I think that there's a part of me that in the past, because I'm a little obsessive, that I couldn't quite let go of things. For years, I would be more angry and pissy but I think because of coming out and in my first job around LGB stuff, that over time, I've just learned to be a little bit more wise about knowing when to keep my mouth shut.

Mond's flexibility has allowed her to use different aspects of herself without invalidating her core identity. Her understanding of self has included her awareness of having many aspects or "multitudes of selves" that she has used depending on the situation. For example, she explained that in some situations her psychologist self has emerged to address a challenge but in other situations her "angry bitch" self has emerged to address a challenge. Sandy also noted understanding herself as becoming a more flexible person. She described how her flexibility has emerged in a significant role over her cumulative experiences of the resilience process:

When I was abandoned by my advisor, I used my intelligence and determination to basically write my dissertation on my own. I didn't have the help of my advisor. Which is completely different from the skill I used when I was voted down for tenure, when I used my ability to just move people into another camp and not care what they think of me. Both of those are different from the righteous indignation skill that I used to survive general homophobia in [conservative State] and my older brother being abusive.

Sandy described the value of flexibility and its use in the resilience process:
I think that part of resilience is having a range of skills you can draw on and then using what you need to use with flexibility in order to be able to rise above whatever the obstacle at hand is.

The women in this study grew to understand themselves as increasing in flexibility as they responded to challenges and engaged in the resilience process. They made meaning from their experiences of resilience and interpreted themselves as becoming more flexible and thus more capable to adapt and be resourceful for dealing with future adversity.

*Understanding self as an “every day hero”.* A second new understanding of self that emerged from the cumulative experience of the resilience process was that of a participant being an “everyday hero”. In describing this new understanding of self that the participants developed through the resilience process, I am breaking from the “voice” of the more distant, objective researcher that has been used in the other sections of this chapter. Instead of this distant researcher voice, in this section I have used a more engaged, reflexive researcher voice because this meaning and understanding of self emerged from participant data but was further co-created through researcher-participant interactions during the follow-up interviews.

The emergence and exploration of a heroic quality within participants’ stories and within the data began with a discussion between my doctoral chairperson (Jim) and myself. In reviewing the individual summaries and the collective, analytic narrative, Jim wondered if the participants’ would resonate with the heroic tone of the analysis products. We discussed his observation and my belief that I had been authentic in presenting the data. I decided to directly ask participants for feedback about the hero quality of the collective, analytic narrative. During the follow-up participant interviews, I posed the question to each participant as to whether or not they resonated with the heroic tone of the
analysis products. All participants resonated to some degree with the notion of being a hero in her own life story as a result of navigating the resilience process. However, all participants were uncomfortable with the typical depiction of heroism and described an “everyday hero”.

To understand the identity of an “everyday hero” that emerged from the participants’ repetitive experiences through the resilience process, I first describe the typical “hero’s journey” story that differs slightly from the type of hero’s story captured in the participants’ life narratives. The typical “hero’s journey” can be found in cultural myths and almost any story of encountering a challenge, responding to the challenge by actions, and overcoming the challenge. The typical hero’s journey story involves the hero taking actions often in a “no-win” situation but being guided by internal values and principles. Typically male, a hero acts to protect other people or to stop some sort of oppression. The hero usually faces the largest challenge independently and on his own.

The participants’ stories of resilience in this study shared many of the elements of a “hero’s journey” story. Participants acknowledged that there were elements of英雄ism in the stories of overcoming adversity and engaging in resilience. However, all of the participants expressed being slightly uncomfortable with thinking of themselves as heroic. Interestingly, they also noted that other people who know their stories have made comments and viewed them as heroic. Several participants noted that they sometimes feel “a little bit like a hero” but often do not because that feeling slips out of their consciousness. Part of the participants’ difficulty in embracing the identity of a hero seemed to be connected to the women feeling that the cultural myth of hero is gendered and often out of reach from the ordinary individual. Tasha explained that she views the other six women in the study as heroes in the “feminine sense” in that they have chosen to
help other people, primarily through relationships. Kate also observed that the problem with the hero story is that it has been “culturally tainted by being gendered” in a way that the media emphasizes acts of strength and physical ability instead of heroic relational acts. From her own experience Kate explained that:

I think there were heroic people from the time I was a small child. People who made sure other kids got clothes, warm coats in the winter for instance and nobody necessarily knew it was happening but it was happening and that was heroic as far as I am concerned but it wasn’t in the newspaper because they didn’t run into a building and bring out kids.

During the follow-up interviews, participants came to resonate with the concept of an “everyday hero” that they could embrace as an aspect of themselves. The everyday hero concept represented the identity of a person who responds to challenge and demonstrates resilience in a way that anyone could do. Kate shared that people tend to be most inspired by heroic stories when the heroism is accessible to other people. She defined people who are afraid and act anyways as heroic. According to her, people are heroic when they “do what is right and what fits for [them]” and encounter opposition. Participants articulated that they were not motivated to be heroes but were motivated to persevere regardless of the adversity experienced. Sandy explained that she is motivated to “do the right thing” regardless of the challenge encountered. Jean also described herself as not motivated to be a hero but feeling like there is no choice but to act in certain situations (e.g., sexism at work, coming out, anti-Semitism). In her own words, Jean described this as:

Okay, here’s something hard but I’m going to keep going because that’s what I choose to do. And in doing that, I overcome some things that other people might have decided and chose to just give up.

She makes these choices because:

The truth is very important and so whether it’s, you know, an external
truth like social justice or if it's an internal truth about how I have to live
my life, there really isn’t a way around it; maybe temporarily but not long-
term.

The everyday hero is a person acting in correspondence with her true self regardless of
the potential negative consequences because to act otherwise would be distasteful and
would compromise her core values or beliefs. Another distinct characteristic of the
everyday hero is that she is not separated from others but embedded in relationships that
are crucial for resilience. All participants acknowledged the large role that relationships
had played for them during adversity and through their resilience processes.

*Increased interest and motivation to foster resilience within themselves.* In
midlife, the participants have been more interested and motivated to foster resilience in
themselves and others. For example, they all talked about the tiredness and emotional toll
that being a therapist has taken on them over the years. They also discussed the changing
relationships with parents and with their own children, which have freed them up for
examining their life histories and how to direct the next phase of their lives. For example,
at the time of the first interviews, Jean had joined a “year left to live” group to explore
what she wanted to do yet in her life. Many participants discussed continuing to explore
their spirituality and wanting more balance between their personal time and working time.

The women in this study have formed an understanding of themselves as flexible
women who can adapt and act in heroic ways if needed. The women in this study also
developed an understanding of themselves that resulted in creating more motivation for
fostering their resilience. These understandings of self emerged more distinctly for these
women as a result of experiencing the resilience process cumulatively over the years.
New Understandings of Self in Relation to Others Emerge from the Resilience Process

The second subtheme from participant data that illustrated meaning making and the cumulative effect of the resilience process is that new understandings of self in relation to others emerge from the resilience process. Through their personal experiences of resilience, the women in this study developed an understanding of struggling to overcome adversity. Two particular understandings of self in relation to others emerged from the participant data as significant cumulative outcomes from the resilience process. These understandings of self in relation to others include: (a) increased interest and motivation to foster resilience within others and (c) commitment to continue clinical work with clients and foster resilience through the psychotherapeutic relationship.

Increased interest and motivation to foster resilience within others. From their own resilience experiences, participants also increased their interest and motivation to foster resilience in others. Participants had a desire to help others early in life as evidenced by their earlier life activism and career choices to be psychologists involved in clinical practice. Their experience with the resilience process had made them more aware of the importance of relationships and community because they have relied on these external resources for coping and support. For example, participants realized that they were not alone in their experiences of sexism or homophobia. In midlife, these women have felt more invested helping others develop through teaching, mentoring, supervising, and professional leadership. Kathleen explained that, in midlife, she has had a little bit more energy to give to others and has really identified with being in a generativity stage of development where her focus has been on enjoying life and giving to others.

Commitment to continue clinical work with clients and foster resilience through the psychotherapeutic relationship. Participants also described a commitment to
continuing clinical practice and helping to foster resilience in their clients through using their years of clinical and personal experience. All participants identified using several of the resources, meanings, and perspectives of life that they developed from their cumulative resilience experiences. For example, hope was centrally important for participants in their clinical work. They believed that people are capable of change and surviving adversity because the participants have lived through their own adversities.

Kate described this:

People come to us because they’re mystified and there’s something that is overwhelming and when they can’t figure their way out of it. Sometimes the things that have them mystified are really awful things that have happened to them. I think that there’s almost inevitably a time when clients have no hope and they borrow it from us. One of the things that we do that’s most important is stand as a vision of what’s possible for clients.

As clinicians, participants all described using internal resources such as empathy, flexibility, self-efficacy, problem solving, and analytic nature. Some participants described how they use their inner sense and self-reflections to understand relationship dynamics with clients. Participants emphasized the relational aspects of their clinical work, such as the importance of “validating”, “being with”, or “accompanying” clients as they struggle. Many of the participants believed that clients respond to them and can be vulnerable with them due to the participants’ abilities to tolerate intense, difficult emotions. Kathleen explained that the skills she has acquired through adversity and the resilience process have made her a more “layered” therapist who has several resources to use in working with clients. Participants described using what they have learned from challenge (e.g., abilities, skills, flexibility, not resisting, importance of relationships) and teaching clients how to develop those resources as well as how to have the passionate attitude of someone who navigates the resilience process.
Participants also mentioned the mutuality that has occurred in their clinical work and described learning about resilience from their clients. Kathleen shared that she has learned a lot from her clients and has received hope from watching people demonstrate resilience. She shared:

I can take things that are helpful for me. I think it’s really easy to get discouraged in this world...that it can be so helpful to see the resilience of human beings; to see what they’re capable of that I think that helps me not get discouraged.

Kathleen and the other participants viewed their clients as capable of demonstrating resilience. Tasha and Kathleen both noted that clients are the heroes striving to create their own stories of resilience. All participants seemed aware of using their own life experiences to help clients navigate the process of overcoming adversity through resilience.

New Understandings and Perspectives of Life Emerge from the Resilience Process

The third and final subtheme from participant data that illustrated meaning making and the cumulative effect of the resilience process is that new understandings and perspectives of life emerge from the resilience process. Throughout their lives, the women in this study have made meaning from their experiences of resilience. At midlife, these women have developed new understandings of life and multifaceted perspectives on life that have emerged from experience and reflection. These understandings and life perspectives included attitudes and values that influenced participants’ responses to living. For example, participants all mentioned certain perspectives on life related to their midlife reflections on valuing relationships as central to well-being, appreciating self-definition, and a renewed interest in the inner life through religion and spirituality.

New understandings and perspectives on life were created through the meaning
making of the resilience process and the cumulative experiences of resilience that the
women experienced throughout their lives. Three particular understandings of life or life
perspectives emerged from the participant data as significant cumulative outcomes from
the resilience process. These understandings of life or life perspectives include: (a)
understanding challenge and change are parts of life and acceptance; (b) attitudes of
humility and gratitude for resilience and positive life outcomes; and (c) the “long
journey” perspective on life.

Understanding challenge and change are parts of life and acceptance. Through
their experiences of the resilience process, participants have come to make meaning from
their resilience experiences and understand that challenge and change are parts of life that
should not always be resisted. Participants indicated that they have come to accept that
there are things that happen in life that they cannot control. Instead of looking for ways to
resist or control the situation, these women understand that their ability to respond and to
make the best out of challenging situations are the only things that they can control.

Emmee described her process of not resisting change and challenge as: “[she tries to]
move with it. Just kind of let it be in me and experience it; feel it; grieve it...” She often
uses her ability to create positive reframes of negative experiences to decrease her
resistance to change.

Kathleen explained the meaning and understanding about resisting changes that
she has received from her experiences of resilience:

You know that you integrate things like that over time. Like when you get
sort of forced out of one path and into another, what it does is that it really
expands your awareness of what’s possible. And that for me that’s meant
knowing that on the one hand all things are not possible {chuckle}; that
you can’t just make things be what you want them to be. A lot of what I
feel like I had to come to terms with is finding out that...there’s a lot that I
can’t control in my life...But the other piece of that is that’s okay because
that leaves a whole lot of space for what I can do.

Other participants discussed how they have learned to let go when challenged by something they cannot control; they do not resist change but join in the change process in a way that they can impact. Kate shared that she loves the moments of challenge when it seems like there is no way out and then she can ask “what can we do with this?” She explained that this has been the key in her personal experiences of resilience and also the key to being a good therapist. She described this:

A lot of the key to being a good therapist is helping somebody take an awful thing and have the feelings that are part of the awful thing. They have to have the feelings. You can’t just skip on by that. You have to go, “shit, that’s bad. This hurts; it’s bad” and then “now what can I do with this that gives me some way of not being a total victim? Where can I find a place to stand in this that allows me to move and a place that’s productive for me and hopefully for other people.” That’s the choice point of most good therapy and it’s the choice point of most of our lives. Finding that moment; where’s the space where I can have an impact and not be bowled over by what’s coming my way that’s negative.

All of the participants emphasized this approach to freely feeling their emotions but not becoming overwhelmed by them so that they could continue movement.

*Attitudes of humility and gratitude for resilience and positive life outcomes.*

Through their experiences of the resilience process, participants have made meaning from their resilience experiences and developed attitudes of humility and gratitude for resilience and positive life outcomes. For example, humility was evident as many of the participants referred to themselves as “smart enough” or “good enough” to receive recognition or achieve. The women in this study interpreted their experiences of resilience in ways that bolstered their self-confidence but also emphasized humility by acknowledging the crucial role of relationships in their survival through the resilience process.
Participants expressed a great deal of gratitude for luck and the availability of opportunities within their contexts. Emmee shared her gratitude and described herself as "lucky" for several of the resources that were available to her throughout her life (e.g., parents' support for education; part of feminism; access to social political groups and sexual revolution). Kate expressed gratitude for being part of feminism, for entering the field of psychology when it was beginning to change from male domination, and for beating the odds that she would end up following in her mother's footsteps. Jean also expressed gratitude and feeling lucky for opportunities in her life (e.g., getting her job). She shared:

I think that my life has gone very well. I have been blessed and lucky in some ways; hard working in other ways. So I just think that I've carried that self-confidence of "okay, I'm going to be able to work this out. It's going to be fine. I'll figure it out."

Participants described gratitude for being able to direct their lives in a somewhat self-selected direction and to be successful.

The women in this study also expressed understanding and gratitude for the benefits from their experiences of resilience. For example, Kathleen discussed how the challenge of getting kicked out of her first graduate program gave her other life experiences and a lived understanding about struggling to overcome an obstacle. Many participants expressed gratitude for realizing their sexual orientation and coming out as lesbians. For example, Jean has continued to navigate the relatively new and on-going process of examining what it means for her "to be gay". She explained, "I feel grateful, though, that I figured it [being lesbian] out...I'm sure there are people who would look at my life and say, 'oh, that wasn't a good thing.' But I just feel really grateful." Tasha expressed gratitude for the "blessings" she has received from more established lesbian
psychologists. She felt extremely lucky to have been mentored into private practice without having to go the traditional route of establishing a practice on her own.

*The long journey perspective on life.* Through their experiences of the resilience process, participants have also made meaning from their resilience experiences and have developed the “long journey perspective” on life. Participants shared a common understanding of life as a journey that has challenges, resilience experiences, joys, and occurs over time with many changes along the way. From this understanding and perspective, participants discussed being more patient, reflective, and having more skills to respond to challenges. For example, Kathleen described that she has “patience with life” that includes a belief that the goal of life “isn’t to get it together” but is “to live as well as we can”. She expressed her belief that her own adversity and resilience experiences have helped her to realize that mistakes aren’t permanent and that it is important to consider an individual’s larger context when assessing success. Other participants described similar perspectives that have resulted in increased tolerance and patience for ambiguity and change.

An important element of the long journey perspective was hopefulness. From their experiences of resilience and challenge across their lives, the participants expressed having a great deal of hope and faith that people are capable of changing, capable of overcoming, capable of achieving, and capable of holding on. Kate described “knowing it in her bones” that people can change and continue moving despite obstacles. She explained:

I find myself in supervising clinicians talking a lot about hope and talking about if you don’t have hope you need to go do something else. And [talking about] how much hope comes from our own ability to change and our own ability to see our lives get better rather than always worse...
Kate and other participants believed that clients' could sense this hopefulness from them. For example, participants identified an ability to listen and really understand the emotion and pain of a client’s story as important in communicating hope to the client. Kathleen described being able to hold onto and acknowledge the client’s “power and hopefulness” while also validating the constraints they encounter. Similarly, Jean explained that hope is generated by being able to validate the negative aspects of the adversity but also believing that change will occur.

Patience, goal of living to do as well as possible, and hopefulness were all elements of meaning and perspective that combined with an awareness of time to form what Jean called the “long perspective”. She described this long perspective as developing from “being older...you see how things happen in life”. She described the perspective as:

The long approach is that (chuckles) sometimes you can’t get exactly what you want when you want it. Sometimes you have to set your sight on something out there that you want and you have to be patient. Not that you’re patient with “okay nothing’s going to happen.” But “let me be patient. I’m going to get there but what can I do right now that’s going to work? And then I’ll take the next step.”

Jean expressed being aware that her life stories did not always reflect this perspective but that this perspective had become part of her emerging consciousness as she contemplated how to spend her time in midlife. She explained further:

I know that there have been some things in my life where I thought [that] they would never change. “This is bad; it’s always going to be bad.” And then suddenly, one day, I wake up and I was like, “oh, it’s changed.” So, that kind of builds resilience for me too because I realize that when hard things come up... I’m able to see it through that lens. “Okay, this does feel really bad now and it can feel better at another point in time. What do we need to do so that it gets to that point?”

In her follow-up interview, Jean noted that hope during the resilience process can come
from just knowing that movement will continue: “sometimes we don’t need to do
anything. Sometimes it’s just knowing that things change.” Emmee articulated a similar
view on life as a journey over time by referring to an old saying about being able to “go
with the flow”:

Your life is like a river. You’ll come against boulders and rocks. If you
keep going, those are just life experiences. That’s the journey of life. It
moves fast; it moves slow.

All participants described a similar understanding and perspective on life as process of
experiences that requires patience, flexibility, and hope.

Concluding the Common Themes

These six common themes emerged from the participant data and I included them
here in order to provide the reader with access to the participant quotes and information
that was used in further analysis to create the essential descriptions of resilience. The
following two sections describe the final products from the data analysis. The final data
analysis products are the expression of the essence through the general structural
description of resilience and the expression of the essence through the collective, analytic
narrative of resilience.

First Expression of the Essence: The General Structural Description of Resilience

The general structural description presents the essence of resilience in its most
reduced, general format. The general structural description of resilience was derived
through the data analysis process. The general structural description in this study
represents the broad, decontextualized structural elements of the lived experience of
resilience based on the experiences of these participants. The general structural
description of resilience was derived from further analysis of the common themes and
contextualized data (e.g., data connected to specific person, place, and time). My goal in
this portion of data analysis was to present a concise, condensed expression of the essence.

Similar to a meditative process (Wertz, 2005) discussed in the Method Chapter, the general structural description of resilience provides information to move the reader from a very detailed level of understanding in the common themes to a very broad level of understanding the manifestation of resilience in participants' lived experiences. Participants and the external auditor verified this general structural description of resilience. This decontextualized, general structural description of resilience is intended to provide an overarching framework for the reader. It is written in a very linear form in order to foster the reader's understanding and highlight the structural elements. However, the data clearly supported resilience as a circular, interactive process in which the aspects presented in this general structural description are fluid, often overlap, and can occur simultaneously.

**General Structural Description of Resilience**

Resilience is a complex, dynamic and interactive process in which (1) an individual experiences a significant challenge that causes a change in her/his life path or life perspective; (2) an individual responds to and overcomes the challenge through internal and/or external actions; (3) in responding to the challenge an individual relies on internal resources (e.g., abilities, attitudes, skills, values); (4) in responding to the challenge an individual relies on external resources (e.g., relationships, opportunities, status); (5) an individual emerges from the challenge with positive outcomes (e.g., growth; new skills, goals, attitudes); (6) an individual also emerges from the challenge with some negative outcomes (e.g., stress, loss, health issues); (7) an individual's actions result in changes related to the environment (e.g., relationship to environment,
perspective on environment, elements of the environment); (8) an individual forms a new system of meaning or perspective on life as a result of the resilience experience; (9) an individual experiences the resilience process across the lifespan with cumulative effects; and, (10) the cumulative experience of the resilience process has an outcome of increasing an individual’s awareness of others and motivation to foster resilience within the individual’s environment.

This general structural description of resilience expresses the essence and highlights the structural elements of resilience as they emerged from the participant data. Whereas, the general structural description of resilience is broad and decontextualized, the second analysis product, the collective, analytic narrative, expresses the essence and highlights a dynamic description of resilience as it emerged as a collective representation from the participant data.

Second Expression of the Essence: The Collective, Analytic Narrative

The collective, analytic narrative presents the essence of resilience as a dynamic description of the participants’ common experiences. The collective, analytic narrative is a contextualized or “situated” structural description of resilience. As a situated structural description of resilience, the narrative presents a fictional character, Margot, and her lived experience of resilience. Margot’s Story is the collective, analytic narrative that was created through synthesizing the data and analysis results into a representative story of participants’ experiences of resilience. In this study, Margot’s Story provides a dynamic illustration of resilience as a phenomenon based on the same essential elements presented in the common themes and the general structural description.

Whereas the meditative process from the common themes to the general structural description moved the reader from a detailed level of understanding to a broad level of
understanding; the collective, analytic narrative continues the meditative process by moving the reader from the broad level of understanding in the general structural description to a level of understanding where the essential elements of resilience are "put into motion". Thus, the reader connecting to Margot's Story can obtain a dynamic, lived understanding of resilience. My goal in creating Margot's Story was to create a collective, analytic narrative that represents an essential, contextualized, "thick description" of resilience in the lives of White, midlife, lesbian, clinically practicing psychologists. Morrow and Smith (2000) emphasized the value of this thick description to the reader because "it presents detail, context, emotion, social relationship, and the insertion of history into experience in such a way that the reader experiences 'being there.'"

As noted in Chapter II, Margot's Story was intended to capture the essence of resilience in the life of a midlife lesbian psychologist between the ages of 50 and 65. This fictional story was created from analyzing the collective experiences of women in this study. There were several significant commonalities regarding their lived experiences of resilience. I intentionally constructed each sentence, paragraph, and section within Margot's Story to reflect the collective experience of participants. All seven participants provided suggestions to an earlier version of this narrative and verified that the revised collective, analytic narrative reflected their experiences. Within Margot's Story, everything is common experience except for where I have intentionally noted variations based on individual experiences by using parenthetical notations (e.g.). Some of the examples are also individually based but represent common experiences. Margot's Story has been divided into five subsections. The first three subsections follow a developmental order (i.e., from younger to older) and the last two subsections focus on personal meaning making. The subsections are: (a) early personal characteristics and early environment; (b)
early adulthood, activism, and coming out; (c) adulthood and midlife; (d) perspective on resilience as a psychologist; and, (e) overall current meaning making and life perspective.

*Margot’s Story*

*Early Personal Characteristics and Early Environment*

Margot had the internal resources and access to external resources necessary for resilience. Her story as it relates to resilience begins with her childhood temperament and internal resources. She was a curious child with a natural energy to engage her environment. Questions of “what”, “how”, and “why” fueled her analytic nature and her intelligence allowed her to understand complex ideas. She valued truth, authenticity, and justice. Even at a young age, Margot was determined to achieve and became fluent in setting goals. She was creative, self-reflective, and action oriented. She seemed to naturally develop the ability to problem solve. Despite feeling uncertainty and self-doubt at times, Margot’s successes built a hopeful attitude that anything could be possible if she persisted. The experiences of having self-doubt while also being somewhat self-confident reflected her development of the ability to hold dialectic tension from experiencing multiple, powerful and opposing emotions (e.g., fear and excitement, anger and compassion). Over time, Margot also developed self-efficacy and an internal locus of control. She was an opportunist with the courage to take risks but only after evaluating them through inner reflection (e.g., inner sense, intuition, cognitive assessment, emotional response).

As she became more aware of her immediate context during her school age years, Margot began to experience the environment shaping her internal resources and began to learn how to use these resources to influence her environment. Margot’s family context provided the earliest environmental resources and challenges. For example, family
involvement with religious groups gave Margot experience with community and service, which increased her interest in internal resources (inner life) and strengthened her morality (justice). An example of challenge from her context was a family climate of restricted emotion that contributed to a sense of emotional separateness.

Margot also formed a sense of self through interactions with her family and immediate context (e.g., extended family, peers, community). Her earliest self-awareness included a sense of being different from those around her in fundamental ways. Margot learned to build a protective internal barrier around her inner life (e.g., beliefs, values, passions, emotions, intuition), which became her “inner sense” that she experienced as a solid core of identity. Her inner sense or intuition was often a compass in decision-making, a filter for morality, and an anchor for self-validation. The bunkered inner life also allowed her to outwardly fit in with others even though she often felt separate and sometimes lonely. Margot’s self-containment meant that she had fewer demands on her external environment, developed more self-reliance, and was able to develop relationships while still feeling protected.

As Margot grew older, she began to experience resources outside of her immediate family. The most significant of these external resources were relationships with adult figures and peers. Some of the adult figures (e.g., teachers, grandparents) encouraged and believed in her abilities. These relationships were crucial for Margot, especially when her more immediate family’s support was limited or absent. It was often Margot’s experience of various encouraging adults that provided the support necessary to balance the challenges that she encountered. She flourished in relationships that gave her emotional and physical space to explore her own ideas. Margot made some friends but often felt separate from her larger social context due to her non-mainstream beliefs,
values, and perspectives. She appreciated her positive relationships but longed for more nurturing relationships and a sense of belonging.

The larger, sociopolitical environment presented changes and events that were instrumental to Margot's resilience throughout her life. Her childhood during the 1950s through 1960s occurred within a social climate that had begun to create more opportunities for female students in education, activities, leadership, and sports. She received support for academic achievement from significant adults, such as family members, teachers, and other adults. Margot was intrinsically motivated to learn, achieve, and establish relationships. She was just as likely to be found reading, as she was to be playing a sport. Margot was also extrinsically motivated to succeed and thrived when others recognized her abilities (e.g., teachers offering additional challenges, awards, nominations, leadership positions). In this era, girls were beginning to be encouraged to continue their educations if they had the ability and Margot dreamed of education beyond high school. Her academic experience provides an example of the bi-directional and mutual influence of inner and external resources. She had inherent characteristics (e.g., intellectual ability, curiosity) and applied them to her academic work; the academic environment acknowledged her success and offered more challenge; she internalized the recognition and increased her skills. This pattern of mutual influence has been present in many aspects of Margot's life, especially her interest in sociopolitical activism that further developed in her early adulthood.

Early Adulthood, Activism, Coming Out

At the dawn of her early adulthood, the sociopolitical context provided unique challenges for Margot's generation. The sociopolitical events of the 1960s and 1970s were extremely powerful in shaping her social context. Margot became increasingly
cognizant of the events around her through the media and relationships with others. Aware of the world and devoted to justice, Margot became involved in civil rights issues. She became disillusioned and angry at society and felt compelled to participate in anti-war, anti-racism, and/or feminist movements. Related to her early childhood sense of justice, Margot possessed a strong sense of righteous indignation that motivated her to take several internal and external actions. She challenged her own racist and discriminatory attitudes. She was apt to write letters to Congress, participate in demonstrations, join political groups, and/or confront colleagues and supervisors in response to injustice and oppression. In these change-oriented communities (e.g., radical psychiatry, civil rights activists, anti-war activists, feminist activists), Margot formed relationships with others who shared similar beliefs and values. She felt like she was part of something larger than herself and found a sense of belonging, especially within the women’s movement.

The women’s movement and feminism opened up new cultural and psychological opportunities for Margot. Sexism was defined and validated as an obstacle for women. Gender differences were acknowledged. Feminism allowed for women to assert themselves, express their anger, and acknowledge their needs. Margot, who had felt increasingly self-confident, became empowered and energized by the collective experience with other women. Feminist consciousness and rhetoric stimulated her natural abilities for analysis and self-reflection. She experienced feminism through relationships with feminist women and activities such as reading, consciousness-raising groups, and/or leadership in women’s issues. She developed strong social and emotional connections with other women. Not surprisingly, Margot experienced an overlap of feminist activism and coming out as a lesbian (for some coming out occurred simultaneously and for others
it manifested later in life).

Feminism increased her awareness of alternatives to heterosexuality and she cognitively understood same-sex sexuality as an option for others before realizing, through experience, her own attraction to women. Margot's realization was affirmed by her inner sense that dating women was a reflection of her authentic self. She felt more freedom and wholeness by having experiences with women that combined powerful emotional and sexual connections. Based on her realization, Margot contemplated the consequences of moving toward dating women versus the consequences of staying on the expected heterosexual path. Cognitively, emotionally, and intuitively she assessed what was true for her, accessed courage, and took action toward that truth by her coming out.

Margot's coming out has been full of challenges that have required navigating through the resilience process. She came out with few, if any, lesbian role models in her environment (Note of exception: This was not true for the participant who came out approximately 20 years after the others due to social changes, such as increased affirmation for LGB people and an increased number of out lesbian women). Margot was confused about how to incorporate her realization of being attracted to women into her life. In coming out, she lost her identity and privilege as a heterosexual woman. She had to make decisions and expend energy to manage her sexual identity and to figure out the practical aspects of finding other women to date. She was somewhat fearful about people's reactions to her coming out. She felt vulnerable to attacks and to loss, especially relationship loss. As Margot disclosed her sexual orientation, some relationships ended but many relationships deepened. She also felt vulnerable professionally due to experiences with homophobia and heterosexism (e.g., homophobic psychological theories, homophobic therapists, conservative training environments, negative teaching
evaluations due to heterosexism).

Even now, Margot continues to feel somewhat vulnerable at times depending on her context and occasionally deliberates about the potential negative impact from heterosexism on her clinical practice (e.g., reactions from clients, being pigeon-holed as an LGBT therapist only) that could result in emotional and/or financial difficulties. She is flexible in managing her sexual identity with regard to timing and intentionally preparing for coming out to others. However, she refuses to hide her authentic self and has relied on her ability to hold opposing experiences, such as being out and being somewhat fearful. She has learned to live with a chronic sense of vulnerability and vigilance. Margot has also increased her valuing of the environmental contexts in which she does not feel as vulnerable (e.g., progressive cities, women’s festivals, professional conferences, and other all-women events).

Adulthood and Midlife

In addition to resilience in her coming out, Margot overcame adversities that arose throughout her adulthood and into midlife. She experienced adversities from within herself (e.g., health concerns, self-doubt, exhaustion), her relationships (e.g., death of parents, loss of friendships), and from her contexts (e.g., work environment, homophobic communities, sexist environments). She became more developed as a result of experiencing the resilience process. The most difficult challenges are referred to as “life shifts” because they forced Margot to change in fundamental ways (e.g., life path, identity, goals) in order to persist. Instead of resisting challenges, Margot found ways to actively respond. She used external resources such as relationships to validate and encourage her. She used internal resources such as her inner sense, self-reflection, analysis, and creativity in order to problem-solve, choose actions, and eventually make
meaning of the experience. She relied heavily on being able to tolerate a degree of ambiguity, which helped her to hold onto both positive and negative aspects of a situation. By doing so, she was able to continue moving through an experience without being overwhelmed by the challenge. She also learned that exhibiting patience can sometimes be the best action in situations where immediate response would be less effective.

Each life shift facilitated Margot’s growth and she became more flexible, patient, and compassionate. She used resources and developed skills that she otherwise might not have unless challenged. Each life shift also presented significant negative outcomes as well by disrupting Margot’s cognitive, emotional, and spiritual constructions of herself and the world. During these transitions, she suffered through anger, confusion, numbness, fear, and depression. She experienced several layers of loss including self-image, ideology, relationships, and health. Margot has reflected upon the cumulative outcomes, both negative and positive, from passing through the resilience process repeatedly throughout her life. She acknowledged paying a clear price in demonstrating resilience (e.g., midlife health concerns connected to prolonged stressful experiences). However, Margot viewed her life as “blessed” because she was able to keep moving, responding, reformulating goals, achieving and having relationships. She attributed her survival to her inner sense, determination, and supportive relationships.

Relationships - from the adult figures in her childhood to current day colleagues, friends, and partners - have been central in supporting Margot’s resilience. She has always valued relationships and community. She established long-term friendships (for some this includes long-term life partners). She developed intimacy and mutuality by being more open to others and becoming less self-contained. Margot shared that there has
been nothing more powerfully life-giving than when she has felt seen, known, understood, and cared for by another person. Nurturing relationships reminded her of her ability to overcome, her achievements, her values, and her courage. Through these relationships, she has increasingly learned to acknowledge and validate her accomplishments.

Particular relationships were especially important in fostering Margot's growth and resilience. For example, romantic partners provided intimacy through which she discovered additional aspects of herself (e.g., internal resources). Relationships with her children (for those who are mothers) presented unique challenges but also significantly motivated her to persevere and work hard in order to care for them. Relationships with encouraging professional mentors and colleagues (both male and female) fostered her development as a psychologist and ability to achieve despite career adversity. Relationships with supportive feminist women have helped Margot thrive as a result of their encouragement, belief in her, and shared successes. As a client, Margot also experienced powerful relational benefits from positive therapeutic relationships that created space for her to commune with her inner sense. Through therapy she developed frameworks for understanding her experiences and increased her awareness of available resources. Margot's most valuable therapy experiences occurred when the therapist understood her previous challenges and resources, reminded her of her inner sense, and provided both challenge and support. Margot has believed in therapy's effectiveness and her work as a psychologist.

**Perspective on Resilience as a Psychologist**

Resilience experiences have also been part of Margot's life as a psychologist. Her journey to become a psychologist has had several inherent challenges such as balancing
her roles (e.g., mother, partner, student, employee) and dealing with oppressive elements in her environment (e.g., sexism, heterosexism, homophobia). Margot witnessed and directly experienced sexism during her training and early career path. For example, many of the mainstream psychology graduate programs in the 1970s-1980s required women to sign agreements that they would not have children. Margot, of course, refused to sign these type of agreements. Another example of sexism from her early doctoral career experience was being called Ms./Mrs. while her male colleagues were referred to by first name. During her career development, heterosexism and homophobia also created obstacles (e.g., lack of representation in theories, invisibility due to others not inquiring about her personal life, sabotage of her efforts to advance professionally by attempting to block her tenure and promotion due to her LGB focused research agenda).

Throughout her experiences of professional challenge, Margot has engaged in the same process of harnessing internal and external resources. She has strived to work hard, follow her ethical beliefs, advocate for others, and stay determined to meet her goals despite resistance and, at times, outright sabotage of her progress. She has developed supportive relationships to buffer the stress and contribute to her development. Margot has learned increased flexibility in managing and balancing her roles professionally (e.g., researcher, consultant, teacher, supervisor, clinician). She became more vigilant and intentional about relating to others. Depending on the context and issues, she has used the power in her anger to strongly push back or used restraint to diplomatically address professional politics through relationships. Margot has been active as a psychologist in various roles such as leadership, teaching, policy-making, supervising, and researching. She has stayed professionally and politically engaged with national and international issues. She has passion for working to help create change in the individual client, student,
profession, and society.

As a practicing clinician, Margot believes that her own challenges and resilience have made her a more "layered" therapist. For her, being a layered therapist has meant having a depth in clinical skills and flexibility that allow for her being able to use different skills to match client needs, being able to work with clients at different levels of change, being able to work with varying degrees of client distress, being able to work complexly, and being able to work with difficult emotional experiences. She approaches her clinical work with patience, curiosity, intelligence, and emotional availability.

Valuing self-reflection and continued development, she has established relationships with professional colleagues. As a feminist oriented clinician, Margot believes that she connects with the client and holds onto a larger picture of the client’s life, abilities, and external limitations. She uses empathy to communicate understanding, hope, caring, and validation of the client. Her empathy emerges from compassion developed through her own adversity. From her own life, she “knows in her bones” that change is possible and therein has a deep reservoir of hopefulness for positive change regardless of a client’s situation. She affirms, supports, and challenges the client as change occurs. In addition to relational support for the client, Margot provides guidance for skill development (e.g., goal setting, meaning making, developing healthy relationships). Because of her self-containment (e.g., ability to manage her emotions and needs), she is capable of modeling courage in the face of overwhelming emotional difficulties. She can teach clients about establishing boundaries, creating buffers from painful experiences, and maintaining hope even when filled with fear. Margot’s most significant resource for her clinical work is her reliance on hope. She communicates to clients, sometimes indirectly, her hope and belief that life will be difficult at times but
choosing to be dedicated to survival or growth despite the challenge is possible.

**Overall Current Meaning Making and Perspective on Life**

At her current midlife stage, Margot’s overall meaning making and perspective on life have been formed through her cumulative experiences. Throughout her life, Margot has made meaning of her resilience and has developed a multifaceted midlife perspective on life. Her midlife perspective includes valuing relationships as central to her well being, appreciating her self-definition, and having more humility. She has a renewed interest in spirituality and the meaning of her life. She understands the role of difficult, powerful emotions (e.g., anger, fear, sadness) in life. She uses humor to help analyze emotional struggles within a larger framework. Margot refers to her perspective as the “long journey” perspective that involves trusting her abilities to cope and trusting that everything changes with time. The long journey perspective reflects Margot’s beliefs that mistakes are not final and that the goal of life is not to “have it together” but rather to do her best in an on-going process. In midlife, she has learned to struggle less to control life and to practice being more “in the moment”. She has increased her ability to enjoy what she has in life while still attending to challenges. Her ability to dialectically hold onto both the positives and negatives of a situation has matured throughout adulthood and into her midlife.

Margot has experienced midlife as a time for intentional living, especially with regard to balance, self-care, and enjoyment. She has maintained passion for living that manifests in joy as well as fiery indignation. At times, Margot has felt a sense of deep tiredness related to her clinical work and to her life journeys through the resilience process. She finds clinical work intrinsically rewarding and mutually benefits from witnessing people overcome struggles. However, she has needed to take more vacation
time in order to re-energize. Margot schedules more time for loved ones and activities such as reading, hiking, traveling, quilting, meditating, singing, or joining a “year left to live” group. She smiles at some of the simple “vices” and “luxuries” that she has used for comfort over the years such as home improvement projects, tea, chocolate, or women’s music.

In midlife, Margot also values sharing her life lessons and her daily living reflects her wisdom. She gives to others professionally through activities such as peer consulting, networking, teaching, and mentoring younger professionals. Her participation in this study was part curiosity of what might be learned, part interest and belief in resilience as a construct, and part wanting to give something to a younger generation of lesbian psychologists. One truth resonates from Margot’s life wisdom and can be summarized as follows.

In challenging situations, don’t be paralyzed by fear; feel the fear and understand it’s validity but choose to act. You do not know what’s going to happen but you don’t need to know; just make a decision, act, stay flexible to changes, and make something out of whatever happens next. Trust your decisions and your ability to act knowing that you might have to use every available resource to get through the challenge. Focus on hope and remember your ability to overcome past challenges.
CHAPTER IV
DISCUSSION

In this chapter, I provide a discussion of the findings from this study as they relate to resilience theory and to lesbian psychology. Because of the depth of information discovered in this study from the very articulate participants, there are numerous and fascinating aspects that could be discussed from this study’s data. I have focused the discussion in this chapter on the findings that illustrate the major contributions of this study to the psychological literature reviewed in Chapter I. It is my hope that the reader will discover compelling discussion points within this chapter and through direct experience with the results presented in the previous chapter.

As a phenomenological inquiry into the lived experience of resilience in the lives of midlife, lesbian psychologists, the findings from this study provide in-depth, descriptive information about the essence of resilience as experienced by these women in their contexts. The findings from this study provide a deeper level of detail for understanding resilience as it is experienced in the everyday lives of the participants. While these findings cannot be removed from the context from which they emerged and generalized, these findings can offer information about the phenomenon of resilience that could transfer to other contexts and other populations. I have organized this discussion chapter into seven major sections: (a) application of study’s findings to the extant understanding of resilience in the psychological literature; (b) application of study’s findings to psychological literature on individual-environment interactions in resilience; (c) application of study’s findings to literature in lesbian psychology; (d) general summary of the current study’s contributions to understanding resilience; (e) parameters
of the research study's design; and, (f) researcher's reflections about the design and implementation of this study.

**Application of Study's Findings to the Extant Understanding of Resilience in the Psychological Literature**

The general structural description of resilience captured the essence of the lived experience of resilience in the lives of midlife, lesbian psychologists who participated in this study. The general structural description of resilience that emerged from this study described resilience as a complex, dynamic and interactive process. The general structural description contained the structural elements of the process and the process's cumulative nature as they were lived in these women's lives. This general structural description of resilience emerged as similar to other process definitions of resilience identified in the psychological literature on resilience (e.g., Masten, Best, & Garmezy, 1990; Richardson, 2002; Richardson, Neiger, Jensen, & Kumpfer, 1990). In this section, I have focused the discussion on how the current study's findings relate to the resiliency model and theory proposed by Richardson and colleagues.

I have organized this part of the discussion into two subsections: (a) general stages of the resilience process and (b) cumulative experience of the resilience process. Within each of these subsections, I begin with describing Richardson's theoretical conceptualization of resilience as a process. I then discuss the current study's findings in relationship to Richardson's conceptualization of resilience, including direct comparisons with Richardson's theory and additional information from this study's findings that could add to Richardson's conceptualization. I also discuss this study's findings regarding meaning making aspects of resilience in relationship to Kegan's (1982) constructive theory of psychological development.
General Stages of Resilience Process

Richardson and colleagues (1990; Richardson, 2002) defined resilience as a process of adapting to disruption that results in the individual developing additional coping methods. According to this description, resilience was conceptualized as a process based on the fundamental tenet that individuals seek to maintain psychological balance and homeostasis. In the current study, a description of resilience as a process with general and overlapping stages emerged. Richardson’s description of the resilience process and the current study’s description of the resilience process are discussed in the following subsections.

Richardson’s Stages of Resilience Process

Richardson and colleagues (1990) formulated a resiliency model that had three stages: (a) disruption to homeostasis, (b) disorganization of the self and the need for adaptation, and (c) engaging in one of four reintegration processes that lead to different outcomes. In the first stage, disruptions to homeostasis are predicted to result in unwanted emotional responses such as hurt, loss, guilt, fear, and confusion that bring into the individual’s awareness the need to take action. The second stage of Richardson’s process emerges from the first stage and involves an increased intensity in disorientation and disruption. The third stage of Richardson’s process involves individual actions and coping that lead to engaging in four possible reintegration processes. A reintegration process can best be described as a meaning making process of assimilation and accommodation. The four integration processes that each result in different outcomes are: reintegration back to homeostasis, reintegration with loss, dysfunctional reintegration, and resilient reintegration (Richardson, 2002). The reintegration process related to resilience as an outcome is the resilient reintegration process.
Resilient reintegration is the process that results in adaptation, growth, and development (e.g., increased self-efficacy, increased motivation, increased ability for introspection and choice). Resilient reintegration results from the interplay among several factors located within the individual and environment. These factors are conceptualized as individual characteristics (e.g., achievement orientation, social competencies), environmental characteristics (e.g., family support, constructive outlets for time), and spiritual characteristics (e.g., purpose in life, internal locus of control, creativity). The resilient reintegration process produces outcomes including successful coping with challenge, returning to homeostasis, and experiencing additional development (resilience). Resilience reintegration is also posited to result in other developmental outcomes such as the strengthening of resilient qualities (e.g., self-efficacy, ability to problem solve, motivation, creativity). The resilient reintegration process and the associated outcomes of Richardson’s (2002) theory align with the findings from this current study.

Current Study’s Description of Resilience Process

In this study, the general structural description of resilience provided support for the basic process of resilience proposed by Richardson and colleagues (1990; Richardson; 2002). The general structural description of resilience added more depth in identification and description of the resilience process as a lived experience. The overall general structural description of resilience in this study contained 10 structural elements. The first eight structural elements are related to describing the resilience process and can be grouped together into three general stages of resilience: experience of disruption from challenge, response to challenge, and integration through meaning making. These stages in relationship to Richardson’s conceptualization of resilience are discussed in the
following paragraphs.

Current study’s general stage one of the resilience process. In the current study, the first general stage of resilience, experience of disruption from challenge, encompassed the first structural element of the general structural description, an individual experiences a significant challenge that causes a change in her/his life path or life perspective. This general stage is similar to Richardson’s first two stages in the resiliency model, disruption of homeostasis and disorganization of the self and the need for adaptation (Richardson et al., 1990). The women in this study experienced disruption from several challenges that prompted them to take action toward resilience. This was described in Margot’s Story:

She experienced adversities from within herself (e.g., health concerns, self-doubt, exhaustion), her relationships (e.g., death of parents, loss of friendships), and from her contexts (e.g., work environment, homophobic communities, sexist environments). She became more developed as a result of experiencing the resilience process. The most difficult challenges are referred to as “life shifts” because they forced Margot to change in fundamental ways (e.g., life path, identity, goals) in order to persist.

Kathleen described the disruption challenge as “so disorienting that you’re not really functioning in your head that much. You can’t, because you don’t have the frame for doing that.” In the midst of this disorientation, participants described experiencing additional confusion and disruption as they tried to figure out how to adapt and re-establish their life trajectories. Similar to Richardson’s theory, the findings from this current study support that disruption from significant challenge initiates resilience.

Current study’s general stage two of the resilience process. The second general stage, response to challenge and resultant outcomes, encompassed the next six structural elements of the general structural description: (a) an individual responds to and overcomes the challenge through internal and/or external actions; (b) in responding to the challenge an individual relies on internal resources; (c) in responding to the
challenge an individual relies on external resources; (d) an individual emerges from the challenge with positive outcomes; (e) an individual also emerges from the challenge with some negative outcomes; and, (f) an individual's actions result in changes related to the environment. This general stage is similar to the third stage in Richardson's resiliency model, engaging in one of four reintegration processes (Richardson et al., 1990). The findings from this current study provide more detail and depth as to the types of responses to challenge and the outcomes associated with these responses within the resilience process. The additional detail and depth from this study's findings might be useful and transferable, either as a whole or in significant parts, to understanding resilience in other populations and contexts.

The first area of added depth concerning response to challenge in the resilience process is the emphasis on active responding and discovery of several types of actions taken. Richardson's description of the resilient reintegration process was focused on the outcomes and factors (individual, environment, spiritual) rather than a description of how the process is experienced. In this current study, the participant data illustrated how the resilience process requires action and application of resilience factors (individual, environment, spiritual) as internal and external resources. The use of the resilience factors was critical to the women in this study experiencing resilience. For example, the women in this study responded to challenges with internal actions (e.g., trusting inner sense, analyzing, managing emotion) and external actions (e.g., verbally confronting oppression, getting support from relationships). Several participants described an automatic type of response to challenge that was based on trusting their inner sense and using actions from previous experience of resilience. This active responding to challenge was described in Margot's Story:
The most difficult challenges are referred to as “life shifts” because they forced Margot to change in fundamental ways (e.g., life path, identity, goals) in order to persist. Instead of resisting challenges, Margot found ways to actively respond. She used external resources such as relationships to validate and encourage her. She used internal resources such as her inner sense, self-reflection, analysis, and creativity in order to problem-solve, choose actions, and eventually make meaning of the experience. She relied heavily on being able to tolerate a degree of ambiguity, which helped her to hold onto both positive and negative aspects of a situation. By doing so, she was able to continue moving through an experience without being overwhelmed by the challenge. She also learned that exhibiting patience can sometimes be the best action in situations where immediate response would be less effective.

The active responding and specific actions discussed by participants in this study provide concrete examples of how an individual “engages in the resilient reintegration”. These examples and the description within the common themes and Margot’s Story provide examples that allow the resilience process to “come alive” in a way that illustrates the interplay between resilience factors as participants take action. These types of illustration allow for readers to witness the active, dynamic nature of the resilience process.

The second area of added depth concerning responses to challenge in the resilience process is the discovery and description of positive individual outcomes from responding. Similar to Richardson’s conceptualization of resilient reintegration, the resilience process identified in the current study resulted in outcomes for participants related to personal growth and development. These positive individual outcomes were noted within the general structural description of resilience and also described in Margot’s Story:

Each life shift facilitated Margot’s growth and she became more flexible, patient, and compassionate. She used resources and developed skills that she otherwise might not have unless challenged.

Participants in this study did not only identify the positive outcomes from the resilience process but described them in detail. The data regarding positive outcomes also revealed
a cumulative effect from the resilience process as positive outcomes built upon each other throughout time. Consideration of the positive outcomes from the resilience process could increase the depth of understanding resilience and how adversity fosters positive growth; especially how positive outcomes foster growth, development, and resilience across the lifespan.

The third area of added depth concerning responses to challenge in the resilience process is the discovery and description of negative individual outcomes from responding. Increased understanding about the lived experience of resilience can be gained through consideration of the possible negative individual outcomes from navigating the resilience process. It was important for the participants in this study to acknowledge that their experiences with resilience had some negative outcomes due to the challenge and engaging in the resilience process. This was described and illustrated in Margot's Story:

Each life shift also presented significant negative outcomes as well by disrupting Margot’s cognitive, emotional, and spiritual constructions of herself and the world. During these transitions, she suffered through anger, confusion, numbness, fear, and depression. She experienced several layers of loss including self-image, ideology, relationships, and health... She acknowledged paying a clear price in demonstrating resilience (e.g., midlife health concerns connected to prolonged stressful experiences).

This particular finding resonated strongly with participants during the initial interviews and follow-up interviews. The importance of acknowledging both the positive and negative outcomes that result from the resilience process seemed to reflect both their dialectical processes and their realistic perspectives that it requires energy to engage in the resilience process. This could be an important addition to conceptualizations of resilience because it acknowledges that the resilience experience is not free from struggle. Previous literature on resilience has often ignored or minimized the discussion of
negative outcomes or the “price to pay” associated with navigating the resilience process. Consideration and increased understanding of the negative and positive outcomes associated with the resilience process can increase understanding of the complexity of resilience and facilitate empathy for those who succeed despite adversity.

The fourth area of added depth concerning responses to challenge in the resilience process is the discovery and description of possible environmental outcomes from responding. Consideration of the environmental outcomes that result from the resilience process could be useful in adding depth to understanding the lived experience of resilience. Outcomes for the environment and the impact of an individual’s resilience process on the individual’s environment were not mentioned in Richardson’s (2002) resilience theory. The women in this study were active in responding to adversity in their lives, in the lives of their clients, and in their social contexts. While the impact of the resilience process on the environment was not directly investigated, there were several examples of ways that the participants’ engagement in the resilience process resulted in environmental outcomes. For example, Jean confronted a sexist colleague at work and her confrontation resulted in the removal of objectifying pictures and calendars from the counseling center. Kathleen’s immediate family environment was altered by her coming out process and subsequent divorce. In challenging heterosexism and homophobia, Kate’s research has been used to create LGB affirmative practice and to train others in social justice activism. Emmee created political activist groups for women in her community as a resilience response to her experiences of sexism as a member within the male-dominated groups. Participants acted to overcome oppression and adversity on sociocultural levels and many of these actions resulted in environmental changes, as previously noted. Margot’s Story provided a description of the types of social activism
reported by participants that were intended to impact the environment:

The sociopolitical events of the 1960s and 1970s were extremely powerful in shaping her social context. Margot became increasingly cognizant of the events around her through the media and relationships with others. Aware of the world and devoted to justice, Margot became involved in civil rights issues... She was apt to write letters to Congress, participate in demonstrations, join political groups, and/or confront colleagues and supervisors in response to injustice and oppression...

Participants' engagement in the resilience process also resulted in other environmental outcomes such as changes in relationships. Relationships were significant aspects of participants’ proximal environments and were often the contact point between the participant and her environment. Responses to challenge in the resilience process sometimes resulted in changes within participants’ relationships. For example, depending upon the nature of the adversity encountered, a participant’s actions within the resilience process disrupted, created, deepened, or ended relationships with other people. Mond’s resilience process during her experience of depression resulted in her creating relationships with supportive others at her new college. The results from this study that describe the impact on the environment through relationships add context and examples that bring to life one way that the individual impacts the environment during the resilience process. This level of description and examples has not emerged in prior research and further supports theoretical understandings (RCT) of mutual influence and bi-directional interactions. In examining these types of environmental outcomes that result from the resilience process, we move closer to understanding the bi-directional interactions between individual and environment.

Current study’s general stage three of the resilience process. The third general stage, integration through meaning making, encompassed the eighth structural element, an individual forms a new system of meaning or perspective on life as a result of the
This third general stage was identified as an outcome of the resilience process but emerged as a distinct element within the general structural description of resilience from this study; whereas in the resiliency model by Richardson, meaning making is conceptualized as part of resilient reintegration. The nature of this current study as a phenomenological inquiry provided rich information about meaning and its significance to these participants' resilience throughout their lives.

Participants described meaning making as an important part of the resilience process. Their descriptions temporally located the meaning making stage of resilience as beginning after movement or action was started in response to adversity. For example, in describing her challenging experience of coming out, Jean shared that “it was later looking back and saying, ‘well, that was pretty courageous’”. Participants’ descriptions of the meaning making stage also noted that this stage within the resilience process continues beyond the immediate experience of adversity. All participants discussed ways in which they continued to reflect upon their life challenges and to discover new angles of meaning. Kathleen pointed out that the interview process had encouraged her to make meaning in the here and now of the interview. She noted that the study participants were unique because:

> We’re psychologists; we’ve gone to school forever. You know that’s one of our strengths that we think and we reflect a lot. So, we’re going to draw on that while we’re going through the process. Am I going to be integrating already as soon as we sort of start to move? So, I don’t think it’s a, during and after. It’s like the initial, like, “Oh my God! I don’t know what the hell I’m doing!”, until you’re more reacting on, you know, a gut level. And you have to take action before you really know... and once you’re sort of through it, then it’s like a looking back and continuing that process.

As noted by Kathleen’s comments, integration and meaning-making from the resilience process can continue indefinitely as subsequent challenges occur and life events are
reflected upon in the context of an individual’s life.

Participants’ descriptions of meaning making related to the resilience process also provided information about *how* they created meaning. The process for making meaning was not described in Richardson’s (2002) theory of resilience. The women in this study made meaning from the resilience process by using their self-reflective and analytical abilities to interpret experiences within the context of their relationships and life histories. Participant relationships with herself and with others shaped the interpretation of her experience of resilience. For example, participants shared that many of their decisions and actions in response to challenge felt like they did not have a choice because the option of not responding would have compromised their internal values and authenticity. These women demonstrated what Greene (2000) called “psychological integrity” or the ability to maintain psychological independence from negative life events. They chose to respond to challenge with authenticity and with guidance from an inner sense. All of the women had an interest in their internal life and spirituality, which also seemed to function as a framework for interpreting their experiences of resilience in relationship to an inner life and a community of others also interested in the inner life. Participants also made meaning of their experiences through knowing and being connected to the experiences of other people.

Participants’ descriptions of the integration and meaning making stage of the resilience process often contained interpretations that had been created from their cumulative life experiences. This was interesting and reminded me of Kegan’s (1982) theory of psychological development that focused on how meaning is constructed throughout life and why meaning making is important for the individual. Kegan based his constructive theory of psychological development on the assumption that the defining
power of reality exists in the interactions between people and the larger systems around them.

As a constructivist theory, Kegan has focused on the centrality of meaning making in the psychological development of a self-actualizing “self”, which is a person’s style of interpretation and meaning making. The conceptualization of the self as a dynamic, dialectical self in movement from stability to change over the course of a person’s life further describes the psychological self as adaptable. The person engages in meaning making through assimilation of information from experience into the dynamic, dialectical self. A person continues to assimilate everyday experiences into the self’s current meaning structure until a significant challenge (resilience initiating challenge) disrupts the current meaning structure. The disruption in the meaning structure creates disorientation for the person and prompts the person to accommodate and create new meanings. Thus, if the person is successful in creating new meanings then the person also emerges more psychologically developed (e.g., increased cognitive complexity, increased moral complexity, new perspectives, better prepared to act on environment).

Kegan’s emphasis on the role of meaning making throughout psychological development helps to interpret the current study’s findings and also has some support from this current study’s findings, as well as from Richardson’s (2002) resilience theory. The results of this study provide rich, descriptive examples of the developmental process from the participants’ perspectives. Furthermore, the results of this study provide elaboration upon the meaning making process hypothesized by Kegan as a response to challenge. For example, many of the women altered their identity or sense of self by incorporating the fact that they overcame adversity. Over time, women in this study had developed an understanding of themselves as “flexible” and sometimes as an “everyday
hero”. The women in this study also demonstrated developing new perspectives on life that assimilated and accommodated life experiences. As explained by Kathleen, the resilience process “not just maintains the self, but creates the self”. This creative and meaning-making aspect distinguishes resilience from merely surviving. In the next section, I discuss the cumulative meaning making and other cumulative aspects of resilience as a process.

Cumulative Experience of Resilience

Throughout a lifetime, a person is most likely to experience more than one significant challenge that requires engagement in the resilience process. In the current study, I used the interview guide to prompt the women in this study to discuss resilience in three specific types of experience in their lives (early life experience, coming out experience, educational/professional experience). What emerged from the participant responses to these three types of experiences was data describing a cumulative experience of the resilience process. Resilience was experienced more than one time in the participants’ lives and participants built upon the skills and strategies used from one challenge to the next.

The general structural element, an individual experiences the resilience process across the lifespan with cumulative effects, represented the description of resilience as cumulative. This finding is consistent with other resilience research conducted with adult samples (e.g., Higgins, 1994; Miller, 2002; Werner & Smith, 2001). For example, Miller’s study discovered that college students with learning disabilities described past experiences of overcoming academic challenges and remembered those previous resilience experiences when encountering new challenges. One cumulative effect from those students’ prior resilience experiences was an increase in self-efficacy for
overcoming future challenge. The cumulative experience and effects of experiencing resilience are also accounted for in the resiliency model (Richardson et al., 1990; Richardson, 2002).

Richardson's Description of the Cumulative Nature of Resilience

Richardson and colleagues (1990) created the resiliency model with a premise that the process of resilience results in an increased ability to have resilience in the future. They hypothesized that this increased ability for future resilience results from previous resilience processes when the individual experiences “challenges, stressors, and risks, becomes disorganized, reorganizes his or her life, learns from the experiences, and surfaces stronger with more coping skills and protective factors” (p. 35, Richardson et al.). The resiliency model and resilience theory acknowledge the cumulative effects from the resilience process and frame those effects as typical of healthy psychological development. However, they do not describe the cumulative effects other than in noting the outcome of strengthened “resilient qualities”, self-understanding, and growth.

Current Study’s Description of the Cumulative Nature of Resilience

The findings from this study describe the cumulative nature of the resilience process as experienced in participants’ lives. As noted in the prior discussion about meaning making within the section on this study’s general stage three of the resilience process, the cumulative nature of resilience emerged as participants’ described how they were impacted by their resilience experiences. Participant descriptions within the common themes expressed several cumulative effects from engaging in the resilience process. The women in this study described new and different perspectives about themselves and their lives that resulted from interpreting their resilience experiences over time. For example, participants identified themselves as active, flexible, “everyday heroes” capable of
overcoming adversity through the resilience process. Participants also identified with developing a long journey perspective on life as a result of cumulative experiences of resilience. The long journey perspective was described in Margot’s Story along with other cumulative effects from resilience experiences:

Throughout her life, Margot has made meaning of her resilience and has developed a multifaceted midlife perspective on life. Her midlife perspective includes valuing relationships as central to her well being, appreciating her self-definition, and having more humility...Margot refers to her perspective as the “long journey” perspective that involves trusting her abilities to cope and trusting that everything changes with time. The long journey perspective reflects Margot’s beliefs that mistakes are not final and that the goal of life is not to “have it together” but rather to do her best in an on-going process. In midlife, she has learned to struggle less to control life and to practice being more “in the moment”.

The women in this study resonated with the patience and trust that are part of the long journey perspective. The participants also described using the cumulative meanings derived from personal experiences of resilience to assist their clinical work.

As described in the common themes, participants believed that their resilience experiences had increased their understanding of struggle and their clinical skills (e.g., compassion, empathy, emotional availability to clients, ability to tolerate difficult emotions). This transfer of meaning and skills from the personal to the professional was illustrated in Margot’s Story:

Margot believes that her own challenges and resilience have made her a more “layered” therapist...She approaches her clinical work with patience, curiosity, intelligence, and emotional availability... As a feminist oriented clinician, Margot believes that she connects with the client and holds onto a larger picture of the client’s life, abilities, and external limitations. She uses empathy to communicate understanding, hope, caring, and validation of the client. Her empathy emerges from compassion developed through her own adversity. From her own life, she “knows in her bones” that change is possible and therein has a deep reservoir of hopefulness for positive change regardless of a client’s situation... Margot’s most significant resource for her clinical work is her reliance on hope.
This description from *Margot’s Story* represented the cumulative effects from personal experiences of resilience being applied to fostering resilience in her clients.

A final cumulative effect from the resilience process described by participants was developing an understanding of life that has more humility and gratitude for achieving despite challenge. Participants were able to describe both their unique individual efforts that resulted in resilience and the important role of environmental aspects. Participants used words like “lucky” or “blessed” in acknowledging that their resilience was facilitated by responsive and supportive environments. This was described in *Margot’s Story*:

Margot viewed her life as “blessed” because she was able to keep moving, responding, reformulating goals, achieving and having relationships. She attributed her survival to her inner sense, determination, and supportive relationships.

Over time, the women in this study have developed perspective that honors both their individual abilities to survive and their environment’s abilities to either facilitate or hinder survival. The participants described understanding the importance of considering individual and environment interactions in their lives and their clients’ lives. The interactions between participant and her environment emerged as significant to her experience of resilience. Since the interactive nature of the resilience process is an important focus in resilience theory (Richardson, 2002) and Relational-Cultural Theory perspectives on resilience (Jordan & Hartling, 2002), I focus the next section in this chapter on discussing individual-environment interactions.

The results from this study contribute information about the cumulative meanings made from the resilience process that few previous studies on resilience have examined. The results from this study provide details and description of the cumulative experience
of resilience that reveal aspects of resilience that warrant further investigation.

Consideration of the cumulative nature of resilience could increase our understanding about how to access, increase, and foster resilience in people across the lifespan.

Application of Study's Findings to Psychological Literature on Individual-Environment Interactions in Resilience

The phenomenological design of this study facilitated the investigation of the role of context and individual-environment interactions in the resilience experience. Phenomenological inquiry values the contextually bound nature of human experience that encourages examination of individual-environment interactions while investigating human phenomena. Feminist and multiculturally responsive approaches to researching human experience also emphasize consideration of environmental aspects when interpreting the nature of human phenomena (Hartling, 2003). I designed this study to intentionally explore aspects of the environment that were part of participants' experiences of resilience. In following the interview guide, I prompted participants to describe environmental factors if they did not mention or elaborate upon them in their stories of resilience. In this section, I focus the discussion of this study's findings on the information discovered that provides depth to understanding individual-environment interactions in the resilience process. I have organized this section into two subsections (a) research and theoretical conceptualizations of individual-environment interactions in resilience and (b) additional understandings of individual-environment interactions in resilience from the current study.

Research and Theoretical Conceptualizations of Individual-Environment Interaction in Resilience

In this subsection, I discuss the individual-environment interactions identified in contemporary resilience research and theoretical conceptualizations of resilience. I also
discuss the contributions from this study on understanding individual-environment interactions in the resilience process. There are two categories within this subsection (a) research findings related to understanding individual-environment interactions in resilience and (b) theoretical conceptualizations related to understanding individual-environment interactions in resilience.

Research Findings Related to Understanding Individual-Environment Interactions in Resilience

Contemporary resilience research has investigated some of the contributions from the environment and individual-environment interactions that are part of the resilience experience. Historically, the examination of the role of the environment in the resilience process included identifying risk factors, challenges, and protective factors related to an individual's experience of resilience (Arbona & Coleman, 2008; Luthar, 2006; Luthar & Zelazo, 2003). The majority of this research has examined resilience in children and the salient environmental factors for children at risk due to social disadvantage (e.g., childhood poverty, parental mental health concerns, childhood abuse, oppression). Research of environmental risks and challenges has been integral to the identification and construct development of resilience (Arbona & Coleman; Luthar & Zelazo, 2003; Richardson, 2003). The role of environmental protective factors (e.g., nurturing parents, positive school environment) for at risk children has also been investigated and the findings have been integral to the identification and construct development of resilience. Reviews of the history of risk factors and protective factors can be found that summarize the research findings and historical development of the construct of resilience (see Luthar, 2006; Luthar & Zelazo, 2003).

The findings from resilience research on environmental risk and protective factors
are important because these findings have helped to identify the locus of adversity within the environment and not within the disadvantaged child. The findings from this line of research have also been important in creating interventions for increasing resilience-fostering environments that provide an individual with care and nurturing, high expectations, limits to behavior, support, one or more trustful person, felt sense of love from at least one person, access to basic services, and opportunities for constructive activities (Henderson & Milstein, 1996; Masten, 1994; Nomran, 2000; Richardson, 2002; Werner, 1991).

While contemporary resilience research has identified and classified environmental factors based on their roles within the resilience process, this research has not resulted in a clear understanding of how these factors and the individual interact during the resilience experience. In fact, researchers have difficulty with investigating the salience and significance of individual-environment interactions from a positivistic scientific paradigm, mostly due to methodological and statistical analysis limitations. For example, researchers have noted, what was also discovered in this current study, that many of the identified protective factors are also outcomes of the resilience process (Arbona & Coleman, 2008; Luthar & Zelazo, 2003). This confounds the ability to clearly distinguish interactive effects through statistical analysis. Additional concerns have been raised within resilience research about the generalizability of protective factors from one population or context to another (Arbona & Coleman). For example, some studies have resulted in contradictory findings that suggest that environmental protective factors identified for one group of children in one context do not impact resilience for other groups of children. In fact, the only environmental factor that consistently correlates with resilience is the presence of supportive, close relationships (Jordan & Hartling, 2002;
Luthar, 2006; Luthar & Zelazo, 2003). Thus, what is lacking in examining and interpreting findings from resilience research is an understanding of *how* individual-environment interactions contribute to resilience.

Contemporary reviews and commentary on expanding research into other populations (e.g., adults, socially oppressed individuals) have emphasized the importance of examining individual-environment interactions when investigating resilience. (Arbona & Coleman, 2008; Brown, 2008; Greene, 2000; Hartling, 2003; Jordan & Hartling, 2002). The findings from the current study provide additional information and depth to understanding the individual-interactions experienced by participants in their experiences of resilience. For example, the results from this study identified and described how the experiences of sexism and heterosexism influenced participants’ lives and experiences of resilience. The ability of this study to explore the rich descriptions, meaning, and salience of the participant’s interaction with her environment provides a snapshot of the possible complexity inherent in individual-environment interactions.

Increased depth of understanding about complex interactions in the resilience process could transfer to people from other sample groups. The findings from this current study could also provide a framework for further exploration of how individual-environment processes facilitate resilience. For example, grounded theory could be used for focused examination of the interactions between external and internal resources in a resilience process. In the next subsection, I briefly discuss two theories that acknowledge the role of individual-environment interactions and then discuss the current study’s findings related to individual-environment interactions.
Theoretical Conceptualizations Related to Understanding Individual-Environment Interactions in Resilience

Two theories provide information relevant to understanding the significance and predicted outcomes from individual-environment interactions in resilience. Richardson’s resilience theory and the associated resiliency model provide a cursory description and conceptualization of individual-environment interactions (Richardson, 2002; Richardson et al., 1990). Relational-Cultural Theory provides a more expansive description and conceptualization of individual-environment interactions in resilience. In the following paragraphs, I discuss these two theories in relation to individual-environment interactions.

Richardson’s theory of resilience has acknowledged the interactions between an individual and the environment in several aspects of the resilience process (Richardson, 2002; Richardson et al., 1990). For example, the environment has been conceptualized as the locus of several challenges and disruptions that initiate an individual’s adaptive responses. The environment has also been conceptualized as facilitative of resilient reintegration through “environmental factors” in the resilience process. Environmental factors are described as the external characteristics or opportunities available to the individual (e.g., positive school climate, nurturing relationship with adult, family support, constructive outlets for time, knowing boundaries and expectations of environment). These environmental factors are important influences on the resilience process by acting directly or indirectly, proximally or distally, on the person’s reintegration experience. However, as published and available for scholarly review, Richardson’s actual descriptions of individual-environment interactions are cursory and vague. Richardson alludes to complex and deeper understandings of resilience but in reading the published presentations of the resilience theory, the reader is left wondering the level and extent of
complexity and description that have been excluded in order to meet publication standards. More detailed descriptions of individual-environment interactions related to the resilience process can be discovered from Relational-Cultural Theory.

A Relational-Cultural Theory (RCT) perspective for understanding resilience is centered on individual-environment interactions, especially those interactions in relationships (Jordan & Hartling, 2002). Jordan (1992) described relationships as a source for overcoming adversity, for protection, and for promoting creative growth. Thus, RCT posits that resilience can be developed and strengthened in all people through relationships. The centrality and salience of relationships (e.g., connection to parents, connection to other adults) has been consistently supported by research throughout the historical investigation of resilience (see Hartling, 2003; Spencer, 2000).

RCT has defined the relationships associated with development and resilience as growth-fostering relationships. Growth-fostering relationships are defined as relationships that foster the following characteristics within individuals: (a) increased zest or vitality; (b) empowerment; (c) increased clarity about one’s self, the other, and the relationship; (d) increased sense of worth; and, (e) a desire to develop more relationships (Jordan & Hartling, 2002; Miller & Stiver, 1997). Zest has been described as vitality for life or an increased sense of energy, “aliveness”. Empowerment has been defined as increased ability to take action. Increased clarity about oneself, others, and one’s environment refers to an overall increase in understanding. Increased sense of worth has been defined as a person feeling known and valued by others. The final characteristic of growth-fostering relationships is the desire to develop more relationships.

RCT has framed individual-environment interactions (i.e., relationships) as critical to the development of resilience-fostering individual characteristics identified
from research. Temperament, intelligence, mastery, internal locus of control, self-esteem, and social support are six individual characteristics from resilience research that RCT posits are developed through relational interactions with others and systems within the environment (Jordan & Hartling, 2002). For example, RCT attends to cultural variability inherent in defining and evaluating the role of temperament. With regard to intelligence as an individual characteristic associated with resilience, RCT emphasizes the research findings that consistently support that cognitive development occurs in relation to an individual’s context (e.g., economic status, educational opportunities) and relationships (e.g., parents, teachers). RCT also highlights the interaction between an individual’s internal locus of control and the responsiveness of the environment to the individual’s efforts. They consider examining aspects such as mutual influence and mutual empowerment because oppression limits environmental responsiveness (Jordan & Hartling, 2002). RCT also encourages examining the roles of social esteem, (feeling good about one’s social belonging) and of sense of worth (feeling valued in relationships). Both of these qualities are developed through relationships. One’s sense of worth is developed through engagement in relationships where one feels known, valued, and therefore significant to the other (Hartling, 2003; Miller, 1986).

The Relational-Cultural reframing of individual and environmental characteristics identified in resilience research informed the development of this study. Jordan and Hartling (2002) suggest that connection, mutual empathy, and empowerment are even more important for women who tend to respond to stress through relational behaviors and not by fight or flight behaviors. These relational behaviors are quite different from the set of characteristics typically discussed as important with traditional research that has been focused on individual characteristics such as hardiness. RCT theorists have encouraged
investigation of resilience in the lives of women and investigation into the underlying processes within resilience-fostering relationships. In the next subsection, I discuss the current study’s findings in relationship to RCT and the conceptualization of the significance of individual-environment interactions.

Additional Understandings of Individual-Environment Interaction in Resilience from the Current Study

The findings from the current study provide information that can foster additional and deeper understandings of individual-environment interactions in the lived experience of resilience. This study identified several challenges within the environment (e.g., relationship challenges, sexism, homophobia) that were critical catalysts for initiating the resilience process. The types of challenges reported by participants were described in Chapter III within the common themes and in the collective, analytic narrative (Margot’s Story). The environment and context were more than sources of challenge in resilience; other aspects of the environment facilitated the resilience process.

In this subsection, I describe and discuss how the women in this study experienced the influence of individual-environment interactions in resilience experiences. I present this discussion in four subsections: (a) identification and description of resilience-fostering environmental factors or external resources; (b) description of individual actions that engage the environment during resilience; (c) descriptions of individual-environment interactions; and, (d) current study’s findings in relationship to RCT.

Identification and description of resilience-fostering environmental factors or external resources. The findings from this study identified several aspects of the environment that participants used in the resilience process. In Chapter III, I provided a
list of external resources in Figure 7 and also described the salient external resources in
the common themes. Supportive relationships, communities of belonging (i.e., feminist
groups, lesbian groups), and opportunities for meaningful activity were some of the
external resources described by participants. These external resources were similar to the
resilience-fostering environmental characteristics identified in previous research (e.g.,
Henderson & Milstein, 1996; Masten, 1994; Norman, 2000; Paton, Voilanti, & Smith,
2003) and by resilience-related theory (Jordan & Hartling, 2002; Richardson, 2002).

Instead of “environmental characteristics” or “aspects of the environment”, I labeled
the resilience-fostering aspects of the environment as “external resources” because this
label connotes a critical, yet subtle, distinction from participant data that the environment
had to be engaged by, interacted with, and used by participants in order to facilitate the
resilience process. For example, an environment could be rich in available support and
resilience-fostering characteristics but the presence of these resources would be
meaningless to the individual who does not use them. The women in this study were very
curiously engaged with their environments, even early in life, and were apt to act on
opportunities as they arose. The role of the individual engaging and interacting with the
resilience-fostering external resources is discussed in the next subsection.

Description of individual actions that engage the environment during resilience.
The findings from the current study provide descriptions of the participants being an
active part in responding to the environment. The importance of an individual being an
active participant who brings forth and uses all of the resources available to them when
encountering adversity was described well by Kate’s comment: “how you [overcome
adversity] is that you use everything around [you]”. This active approach to overcoming
adversity and engaging in the resilience process has been identified in other
phenomenological studies of resilience (e.g., Higgins, 1994; Miller 2002).

For example, Higgins (1994) noted that her adult participants had “recruited” nurturing others to form relationships that compensated for the lack of nurturing from their abusive families. In Miller’s (2002) phenomenological study of resilience in college students with learning disabilities, he discovered that the students demonstrating resilience described knowing how to get encouraging support from their teachers and actively confronting their limitations with compensatory behaviors and strategies. The action-oriented, engaging nature of the participants in this current study was illustrated throughout Margot’s Story. For example, participants described themselves early in life as curious and engaging:

Margot had the internal resources and access to external resources necessary for resilience. Her story as it relates to resilience begins with her childhood temperament and internal resources. She was a curious child with a natural energy to engage her environment... She was an opportunist with the courage to take risks but only after evaluating them through inner reflection (e.g., inner sense, intuition, cognitive assessment, emotional response).

In this current study participants used the external resources in responding to adversity and to develop additional external and internal resources. The interactions between the participant and her environment were shaped by individual abilities and environmental limitations. For example, the individual had to be aware of supportive relationships (external resource) and connect to those relationships during times of adversity in order to receive encouragement needed for the resilience process. The environment and the relationships had to be responsive to the individual’s efforts to seek encouragement. The following paragraphs provide more detailed descriptions of the individual-environment interactions discovered from this current study.

Descriptions of individual-environment interactions. The findings from this study
provide illustrations and descriptions of how individuals and environments interact
during the resilience process and what types of individual-environment interactions were
experienced by participants. The information from this study could increase
understanding about how the interactions between environment and individual shape the
experience of resilience. The individual-environment interaction emerged as mutual and
bi-directional for participants’ lived experiences of resilience. For example, the women in
this study developed their intellect through opportunities to interact with their
environments. All participants grew up in families that valued education and had
expectations for academic achievement. *Margot’s Story* provided a description of the bi-
directional nature of individual-environment interactions related to academic achievement
and development of resources for the resilience process:

> [Margot] had inherent characteristics and applied them to her academic
work; the academic environment acknowledged her success and offered
more challenge; she internalized the recognition and increased her skills.
This pattern of mutual influence has been present in many aspects of
Margot’s life, especially her interest in sociopolitical activism that further
developed in her early adulthood.

However, as previously discussed, the environmental opportunities were there for
learning and academic achievement but success and development of resources depended
upon the participant taking advantage of these opportunities. Academic achievement and
educational advancement created a “cascading effect” (Werner, 2001) in which more
educational achievement led to more opportunities for career development and ways to
impact their environments (e.g., through teaching, clinical practice, leadership, political
activism). The bi-directional relationships between the individual and environment were
illustrated in every aspect of the resilience process from challenge, to responsive actions,
to use of internal and external resources, to meaning making, and to interest in fostering
resilience in the environment.

One way that participants frequently described individual-environment interactions in the resilience process was through using external resources to navigate the resilience process. This was described throughout Margot’s Story:

As Margot grew older, she began to experience resources outside of her immediate family. The most significant of these external resources were relationships with adult figures and peers. Some of the adult figures (e.g., teachers, grandparents) encouraged and believed in her abilities. These relationships were crucial for Margot, especially when her more immediate family’s support was limited or absent. It was often Margot’s experience of various encouraging adults that provided the support necessary to balance the challenges that she encountered. She flourished in relationships that gave her emotional and physical space to explore her own ideas.

Three participants indicated that they did not fully resonate with the “richness” of support described in Margot’s early life interactions. These participants noted that many of the interactive supports were there but not consistently, and it felt more difficult for them than for others to access resilience-fostering external resources. Participants discussed the role of early childhood contextual influences on the degree of accessibility to external resources. The individual differences experienced were related to sociocultural variables, such as the emotional climate of a participant’s family context and the degree of social disadvantage within the family.

The differences regarding access and availability of external resources were noted in the feedback from Jean, Mond, and Kate. For example, Jean expressed a lack of feeling basic security because she often felt alone until college and lacked emotional support from those around her (e.g., parents, peers). Mond also lacked emotional support from her parents and experienced sexism, as well as emotional abuse within her family context. She described her family of origin as lower middle-class and experienced limited access
to external resources due to her family's valuing of deprivation. Kate described her experience of growing up in poverty as more salient to her identification with resilience than her childhood health condition, her coming out as a lesbian, or any of the other challenges that initiated resilience in her life. Kate observed that the pervasive passivity of people around her (family and community) had imprinted the power of poverty to diminish initiative and the zest for life. She reported knowing as a child that she had to escape that toxic environment or she would psychologically lose herself. Kate acknowledged that her childhood illness actually protected her from worrying about survival and buffered her in a way that facilitated her ability to maintain zest for life, curiosity, and academic focus. These individual variations are important to discuss because they illustrate another level of complexity in understanding individual-environment interactions and resilience when an individual encounters more than one level of oppression (Greene, 2000; Hartling, 2003).

In the current study, the three women who had expressed more difficulty accessing resources compensated with using internal resources and eventually were able to access external resources later in life. All of the women experienced common external resources as useful. For example, participants' relationships with others in their early contexts shaped the development of internal resources used in the resilience process. This was illustrated in Margot's Story:

Margot's family context provided the earliest environmental resources and challenges. For example, family involvement with religious groups gave Margot experience with community and service, which increased her interest in internal resources (inner life) and strengthened her morality (justice). An example of challenge from her context was a family climate of restricted emotion that contributed to a sense of emotional separateness. Contexts outside of the family also provided external resources that participants used in
shaping their resilience experiences. This was illustrated in Margot’s Story:

As Margot grew older, she began to experience resources outside of her immediate family. The most significant of these external resources were relationships with adult figures and peers. Some of the adult figures (e.g., teachers, grandparents) encouraged and believed in her abilities. These relationships were crucial for Margot, especially when her more immediate family’s support was limited or absent. It was often Margot’s experience of various encouraging adults that provided the support necessary to balance the challenges that she encountered. She flourished in relationships that gave her emotional and physical space to explore her own ideas.

The unique historical and social context in which these women grew up also influenced the accessibility of particular external resources. One aspect of the social climate that these women experienced as adolescents was that educational and career opportunities for women were just beginning to be encouraged within the mainstream, social climate. This was illustrated in Margot’s Story:

[Margot’s] childhood during the 1950s through 1960s occurred within a social climate that had begun to create more opportunities for female students in education, activities, leadership, and sports. She received support for academic achievement from significant adults, such as family members, teachers, and other adults... In this era, girls were beginning to be encouraged to continue their educations if they had the ability and Margot dreamed of education beyond high school.

Participants actively engaged in opportunities within their environments and used the encouragement they received to achieve and develop self-efficacy.

As participants entered adulthood, they interacted with the environment around sociopolitical issues that defined their generation. Many of the participants became involved in the African American Civil Rights movement and protesting the Vietnam War. These types of sociopolitical-based individual-environment interactions were described in Margot’s Story:

The sociopolitical events of the 1960s and 1970s were extremely powerful in shaping her social context. Margot became increasingly cognizant of the
events around her through the media and relationships with others. Aware of the world and devoted to justice, Margot became involved in civil rights issues. She became disillusioned and angry at society and felt compelled to participate in anti-war, anti-racism, and/or feminist movements. Related to her early childhood sense of justice, Margot possessed a strong sense of righteous indignation that motivated her to take several internal and external actions.

As illustrated in *Margot's Story*, the women in this study were motivated to join social justice movements by their values and desire for belonging. Participants found, joined, or established communities of like-minded people (e.g., feminist communities, lesbian communities, spiritual communities). In addition to emotional support, membership in these communities contributed to participants developing ways of confronting social oppression and demonstrating resilience despite personal experiences of oppression (e.g., sexism). The following description from *Margot's Story* illustrated the influence of community involvement with sociopolitical change-oriented groups:

> In these change-oriented communities (e.g., radical psychiatry, civil rights activists, anti-war activists, feminist activists), Margot formed relationships with others who shared similar beliefs and values. She felt like she was part of something larger than herself and found a sense of belonging, especially within the women's movement.

Participants’ involvement in change-oriented sociopolitical groups, especially involvement in feminism, provided a framework for navigating the resilience process after coming out as lesbians and experiencing the challenges of homophobia and heterosexism. The women’s movement of the 1970s and feminist communities greatly influenced all participants and their understanding of themselves as individuals embedded within an oppressive social structure. The impact of the women’s movement and feminism was illustrated in *Margot’s Story*:

> The women’s movement and feminism opened up new cultural and psychological opportunities for Margot. Sexism was defined and validated as an obstacle for women. Gender differences were acknowledged.
Feminism allowed for women to assert themselves, express their anger, and acknowledge their needs. Margot, who had felt increasingly self-confident, became empowered and energized by the collective experience with other women. Feminist consciousness and rhetoric stimulated her natural abilities for analysis and self-reflection. She experienced feminism through relationships with feminist women and activities such as reading, consciousness-raising groups, and/or leadership in women’s issues. She developed strong social and emotional connections with other women. Not surprisingly, Margot experienced an overlap of feminist activism and coming out as a lesbian.

As noted in the previous illustrations from *Margot’s Story*, membership in groups and communities provided opportunities to develop additional external resources (e.g., supportive one-on-one relationships, intimate dating relationships, professional networking relationships). Supportive relationships were the most consistently described external resource relied upon by participants during the resilience process. Several types of supportive relationships were identified and described by participants. The following paragraphs provide a focused discussion that integrates this study’s findings about relationships as external resources in resilience with the RCT perspective on relationships in resilience.

*Current study’s findings integrated with RCT perspective on relationships.* The findings from the current study provide information that adds depth to understanding resilience from an RCT perspective (Jordan & Hartling, 2002). The findings from this study illustrate mutuality within individual-environment interactions and the centrality of relationships in the resilience process. Examples of individual-environment interactions discussed earlier in this chapter and in the previous chapter contain depictions of mutuality between a participant and her environment. These findings support previous research conclusions about the importance of mutuality and bi-directional individual-environment interactions during the resilience process (Balsam, 2003; Greene, 2000;
The current study’s findings have also provided information that adds depth and description for understanding individual-environment interactions that occurred within participants’ relationships. Illustrations of relationships as important external resources during participants’ resilience experiences were included within the common themes section of Chapter III. The influence of relationships on the resilience process was described in *Margot’s Story*:

Relationships – from the adult figures in her childhood to current day colleagues, friends, and partners - have been central in supporting Margot’s resilience. She has always valued relationships and community. She established long-term friendships (for some this includes long-term life partners). She developed intimacy and mutuality by being more open to others and becoming less self-contained. Margot shared that there has been nothing more powerfully life-giving than when she has felt seen, known, understood, and cared for by another person. Nurturing relationships reminded her of her ability to overcome, her achievements, her values, and her courage. Through these relationships, she has increasingly learned to acknowledge and validate her accomplishments.

The women in this study also demonstrated that positive, nurturing relationships developed later in life (after adolescence) were particularly salient as external resources in fostering resilience. For example, Kate described how the relationships she established through her involvement with feminist women’s communities opened many possibilities. These new possibilities increased her zest for life and provided her energy for engaging in the resilience process as a response to sexism. Another example of the powerful support from nurturing relationships formed in adulthood was Mond’s description of the encouragement she received from feminist psychologists on the faculty of her graduate program.

Supportive relationships discussed in this study as important external resources in the resilience process met the criteria of being *growth-fostering* relationships. The women
in this study discussed ways in which their supportive relationships: increased their zest; helped to empower them toward action in the resilience process; helped facilitate their meaning making in the resilience process, which resulted in new understandings about themselves and relationships; increased their sense of worth, which also increased their efficacy; and created a desire to establish more growth-fostering relationships. The various elements of support from growth-fostering relationships were described in

Margot’s Story:

Particular relationships were especially important in fostering Margot’s growth and resilience. For example, romantic partners provided intimacy through which she discovered additional aspects of herself (e.g., internal resources). Relationships with her children (for those who are mothers) presented unique challenges but also significantly motivated her to persevere and work hard in order to care for them... As a client, Margot also experienced powerful relational benefits from positive therapeutic relationships that created space for her to commune with her inner sense... Margot’s most valuable therapy experiences occurred when the therapist understood her previous challenges and resources, reminded her of her inner sense, and provided both challenge and support.

Specific descriptions from participants also described the impact of growth-fostering relationships in increasing zest and sense of worth that were relied upon during the resilience process. For example, Kathleen’s story about deciding to return to finish her doctoral degree contained relationships with feminist women who helped empower her to return to school after the rejection from her first graduate program. Mond’s description of the “stuff of relationships” clearly aligns with the RCT conceptualization of growth-fostering relationships that increase one’s sense of worth:

It’s just affirmation of your worthiness to be on the planet. It’s encouragement to continue going. It’s saying that you’re okay. It’s blessing you and the work you’re doing whatever that is, how little that is, how much that is doesn’t matter. Having somebody that you’re feeling you’re in connection with, on the journey with, on the path of life with, growing older with – whatever. I don’t know affirmation or just support. Those words still seem not quite the right ones...
As described in Mond’s quote, participants often experienced validation from relationships that increased their “worthiness to be on the planet” or, according to RCT, their sense of self worth. Relationships also provided a place or existential context from which participants made meaning from their resilience experiences and from their lives overall.

The findings from this study also described the presence and development of social esteem in participants through their interactions with others. The women in this study discussed the importance of belonging, of having opportunities to collaborate, and of having connections with others. These important elements of being connected to others have been grouped together and defined as social esteem by RCT (Jordan & Hartling, 2002). Social esteem and group identity were proposed to increase an individual’s ability to adapt to adversity, especially in the presence of oppression (Hartling, 2003; Jordan & Hartling, 2002). Group identity has been defined as acknowledging and identifying oneself as a member of a particular group of people, often based on defining aspects of identity (e.g., feminist, lesbian).

Sense of worth, social esteem, and group identity were discussed as important internal resources for participants in the resilience process. These three constructs identified within this study’s findings and conceptualized by RCT have also been identified as important elements of the resilience experience for other lesbian women (Bowleg et al., 2003; Selvidge, 2001). In the next section of this chapter, I focus the discussion on the experience of resilience in lesbian women as presented in the literature and in the findings of this current study.
Application of Study’s Findings to Literature in Lesbian Psychology

The results of this study add depth to understanding previous scholarship related to the experience of resilience for lesbian women. The women in this study shared stories of being lesbian psychologists that contain similar elements to narratives from other lesbian counseling professionals (e.g., Adams, 2005; Douce, 2005; Dworkin, 2005; Gallor, 2005; Wiebold, 2005). As noted in Chapter I, there is a paucity of research directly examining resilience in the lives of lesbian women and the absence of research specifically examining resilience in the lives of lesbian therapists. In this section, I discuss the findings of this study in relationship to the extant literature on resilience within lesbian psychology. I frame this discussion in a more integrated way than the other major sections of this Chapter. I have focused and organized the discussion into subsections: (a) descriptions of challenges encountered by lesbian women; (b) internal resources used in the resilience process by lesbian women; and (c) meaning making for lesbian women as part of the resilience experiences.

Descriptions of Challenges Encountered by Lesbian Women

The findings from this study identify and illustrate, with conceptual description, some of the significant challenges encountered by lesbian women. The results of this study as presented in the common themes and in Margot’s Story provide examples of these challenges as lived experiences. I discuss the findings of this study related to specific challenges experienced by lesbian women into the following subsections: bias and victimization experiences, challenges in coming out as lesbian, minority stress and resilience in lesbian women, and multiple oppression and resilience in lesbian women.
Bias and Victimization Experiences

The women in this study experienced challenges related to heterosexism and homophobia. Similar to the findings reported in other research on lesbian women (e.g., Morris & Balsam, 2003; D’Augelli, 2003; Sang, 1991; Selvidge, 2001), the women in this study experienced challenges from homophobia that manifested in: (a) discrimination and sabotage of their education; (b) career discrimination; (c) exclusion from social interactions; (d) verbal and/or written anti-gay sentiments; (e) physical attacks to property; and, (f) an overall sense of vigilance for potential anti-gay violence or sabotage. For example, Sandy overtly encountered heterosexist and homophobic comments and actions by her colleagues that rejected her tenure application even though she was more than qualified to receive tenure status. These challenges in relationship to career development as psychologists were illustrated in Margot’s Story:

During her career development, heterosexism and homophobia also created obstacles (e.g., lack of representation in theories, invisibility due to others not inquiring about her personal life, sabotage of her efforts to advance professionally by attempting to block her tenure and promotion due to her LGB focused research agenda).

More detailed descriptions of participants’ experiences of these challenges are provided in the common themes section within Chapter III. The results of this study illustrate in real life some of the experiences of bias and discrimination related to heterosexism that has been discussed in the literature.

Morris and Balsam (2003) reported that a majority of the lesbian and bisexual women in their study had encountered bias and victimization specifically related to being lesbian or bisexual. The types of bias and victimization reported were: (a) verbal assault; (b) loss of employment, (c) property damage, and (d) physical attack. The findings from this current study illustrate these experiences and also describe additional types of bias...
experienced by lesbian women. For example, being excluded from social interactions if one disclosed her lesbian identity during a class, workshop, or conference was described in this study. The participants also reported specific experiences of bias related to aspects of being a psychologist. For example, Emmee and Sandy both experienced receiving negative comments from student evaluations of their teaching that were related to sexism (e.g., “didn’t like men in the class”) and heterosexism (e.g., “talked about personal life too much”). The women in this study had strong emotional reactions when describing their experiences of heterosexism. Many of the women fought back tears as they told stories about more recent encounters with heterosexism and homophobia; other women became flushed with anger. However, the women did not stay too long within the intensity of their emotions and were able to continue describing their responses to the heterosexist events.

The results of this study showed that many of the participants at one time in life or another were vulnerable to anxiety and depression connected to experiencing oppression related bias, victimization, and/or the lack of an affirming environment. These results are similar to other studies that have consistently found higher presence and risk for mental health symptoms in lesbian, gay, and bisexual people (e.g., Balsam et al., 2005; Cochran, 2001; Cochran et al., 2003; Cochran & Mays, 2006; Mays & Cochran, 2001). The challenges identified in this study and in other research document and provide information about how living as lesbian women in a homophobic society requires resilience. Coming out was the initiation into direct, personal challenges related to identity and to experiences of oppression from heterosexism.
Challenges in Coming Out as Lesbian

Coming out as a lesbian was one of the challenges that required resilience from the women in this study. The findings of this study suggest that coming out initiated resilience in a few different ways. For some women the challenge was due to trying to figure out and understand their emerging sexual identities. For many of the women, coming out also involved the challenge of confronting internal and external homophobia. Attempting to understand the confusion and disorientation related to an emerging lesbian identity was a challenge for the women in this study. Many of the women described an internal feeling that something about being heterosexual "just didn't fit". For example, Kathleen believed herself to be asexual while in her heterosexual marriage because she lacked sexual attraction toward her husband (and other men as well). Sandy attended therapy because she wanted to discover why she couldn't find the "right guy". In addition to the intrapersonal challenges of trying to interpret an emerging identity, coming out for many of these women was made more difficult due to the particular historical era in which they were coming out.

Mond, Tasha, and Emmee all experienced profound depression after coming out due to environmental characteristics and responses (e.g., lack of visible lesbian role models or opportunities to meet other lesbian women, rejection from friends, rejection from religious affiliation, rejection from romantic partner). Their experiences match the findings that environmental reactions to same-sex sexuality are the primary causes for higher levels of depression and suicide risk for LGB youth after their coming out (McDaniel, Purcell, & D’Augelli, 2001). This finding also matches the research on midlife lesbians that has identified specific challenges encountered by midlife lesbian women who came out at the cusp of LGB people becoming more visible (Kimmel &
Sang, 2003; Sang, 1991). Tasha was particularly impacted during her coming out by the lack of visible lesbian role models, information about being lesbian, or communities of other lesbian women. She struggled to understand what being attracted to women meant and should look like in her life’s context.

Most of the women in this study encountered challenge in coming out due to trying to figure out how to incorporate their new awareness of sexual orientation into their lives. This was an especially salient challenge for the participants who were married during the time of coming out. The women who were married when they came out experienced additional challenges related to fears about the welfare of their children, fears about the relationships with their children, and financial concerns.

_Minority Stress and Resilience in Lesbian Women_

The results of this study support the application of a minority stress model (e.g., Meyer, 2003) to the lesbian women in this study. The women in this study experienced psychological distress as a result of the interplay between themselves and their environments that were mostly heterosexist. They adapted to the challenges from being lesbian women in hostile environments but continued to have vigilance, concerns about career, concerns about personal safety, and the need to fight for civil rights. These types of challenges were described in the common themes section of Chapter III and are illustrated in Margot’s Story:

Margot continues to feel somewhat vulnerable at times depending on her context and occasionally deliberates about the potential negative impact from heterosexism on her clinical practice (e.g., reactions from clients, being pigeon-holed as an LGBT therapist only) that could result in emotional and/or financially difficulties...She has learned to live with a chronic sense of vulnerability and vigilance. Margot has also increased her valuing of the environmental contexts in which she does not feel as vulnerable (e.g., progressive cities, women’s festivals, professional conferences, and other all-women events).
As described in *Margot’s Story*, all of the women in this story have endured some degree of chronic stress and adversity due to heterosexism. This type of adversity and challenge has required its own resilience process that has been prolonged due to the chronic nature of societal oppression.

Models of minority stress have been developed to explain the major risk factors to psychological health and functioning in LGB people (Brooks, 1981; Meyer, 1995; 2001; 2003). Models of minority stress conceptualize the locus for psychological distress within the interplay between an individual and her environment. Meyer (2003) described “minority stress” as having three distinct characteristics: a unique stressor experienced in addition to other life stressors; the stress is chronic due to underlying social and cultural structures that maintain it; and, the stress is socially based through interactions with the environment and with others. The four major processes involved in minority stress for LGB people have been identified as: external, objective stressful events and conditions; expectations of stressful events and vigilance; internalization of negative societal attitudes; and disclosure/concealment of sexual orientation (Meyer, 2003). In this study, the presence of sexism and heterosexism both contributed as sources of minority stress for participants, particularly during their education and training to be psychologists. For example, Kate’s experience as a predoctoral intern resulted in her becoming more closeted and vigilant about protecting herself in the homophobic, hostile internship site environment. Mond and Jean also described experiences of increased vigilance due to anticipating possible challenges related to sexism and heterosexism. The findings from this study contribute to adding depth to understanding the experience of challenge from multiple levels of oppression (e.g., sexism, heterosexism).
Multiple Oppression and Resilience in Lesbian Women

The findings of this study add contextual depth for understanding and supporting the perspective (e.g., Greene, 2000; Selvidge, 2001) that lesbian women experience multiple levels of oppression that require them to navigate the resilience process. For some participants, certain cultural identities were salient in childhood and provided early opportunities to respond to adversity due to oppression (e.g., Kate’s childhood poverty; Jean’s ethnic awareness). The participants in this study encountered challenging experiences due to sexism prior to experiences due to heterosexism. One common experience of sexism for participants was illustrated in Margot’s Story:

Margot witnessed and directly experienced sexism during her training and early career path. For example, many of the mainstream psychology graduate programs in the 1970s-1980s required women to sign agreements that they would not have children. Margot, of course, refused to sign these type of agreements. Another example of sexism from her early doctoral career experience was being called Ms./Mrs. while her male colleagues were referred to by first name.

All participants experienced adversity and challenges that were related to encountering both sexism and heterosexism. In moving through the resilience process when challenged with sexism, the women then learned active strategies for responding to heterosexism and other forms of oppression (e.g., Sandy asserting her rights as a person with a disability). Participants described using these active strategies and experiences of resilience learned from encountering sexism to navigate the resilience process related to encountering heterosexism.

The ability to transfer strategies for coping with one level of oppression (e.g., sexism, racism) to use when encountering another level of oppression (e.g., heterosexism) has been conceptualized as an important and positive outcome for people experiencing multiple levels of oppression (Brown, 1989; Greene, 2000). Other studies have reported
that lesbians experience multiple levels of oppression and transfer coping strategies and approaches back and forth as they act toward having resilience despite chronic adversity (Bowleg, Craig, & Burkholder, 2004; Bowleg, Huang, Brooks, Black, & Burkholder, 2003; Selvidge, 2001). For example, the women who participated in Bowleg and colleagues’ studies reported learning how to cope with heterosexism by first demonstrating resilience from adversity due to racism and sexism. In fact, the model of active coping was developed by Bowleg and her colleagues (2004) and emphasizes the role of proactive responses to stressful life events in a way that facilitates positive outcomes. This model of active coping and other ways in which participants responded to heterosexism are discussed further in the following subsection focused on responses, resources, and outcomes used by the lesbian women in this study.

Internal Resources Used in the Resilience Process by Lesbian Women

This study contributes to the understanding about the internal resources that were important for participants in their experiences of resilience related to challenges from heterosexism. The women in this study reported using several of the same internal resources as they had used in creating resilience when facing challenges other than heterosexism (e.g., sexism, relationship, career). In this subsection, I discuss the following resources that participants used and that were associated with responding to heterosexism: (a) internal resource of “feeling different”, (b) internal resource of holding opposing emotion and tolerating ambiguity, (c) internal resource of inner sense, and (d) internal resources of self-reflection and analytic abilities.

Internal Resource of “Feeling Different”

The women in this study recounted early experiences of feeling “different” from the peers around them but not having a sense of how they were different. Participants did
not have a clear sense of what was the source of their feeling different. This feeling of being different contributed to them having challenges (e.g., isolation) but also seemed to be an internal resource that motivated them to self-reflect and seek out others with whom they could belong. Laura Brown (1989) posited that feeling different was a common experience of lesbian women because the experience of growing up places lesbian development in the margins of the dominant discourse. Developing within and living within the margins of mainstream culture allows the lesbian woman to know and understand the pressures of the culture from both an insider and an outsider perspective. This was true for the women in this study and how they were able to navigate and counter aspects of the mainstream culture that are taken “unquestioned” by those completely within the dominant group. By being outside of the dominant mainstream, the women in this study were able to use “normative creativity” (Brown, 1989) to define their cultural experiences and to be aware of opportunities within their environments.

*Internal Resource of Holding Emotion and Tolerating Ambiguity*

The participants also described the importance of their internal capacity to hold opposing emotions and tolerate ambiguity during the resilience process. The participants described being able to tolerate ambiguity in difficult situations. It could be posited that these particular internal resources (ability to tolerate dialectic tension, ability to tolerate ambiguity) are the result of lesbian women’s experience of belonging to at least two different cultures at the same time (Brown, 1989; Greene, 2000). Laura Brown (1989) posited that the bicultural experience of lesbian women results in the “experience of having both self and other within one’s identity development” that creates a powerful model for self-understanding. Lesbian women have had both the experience of feeling different and of feeling the “pull” to the dominant culture by even their families of origin.
Accordingly, lesbian women have learned to hold the dialectic tension between their bicultural identities (Brown). This appeared to be true for the participants in this study who experienced an increase in their ability to tolerate difficult emotions and more deeply examine their own realities separate from the dominant, heterosexual culture.

Internal Resource of Inner Sense

As described in the common themes and in Margot’s Story, women in this study became increasingly self-aware and connected to their inner sense of self as a way of anchoring the authenticity of their minority sexual orientations despite a hostile and homophobic society. Beverly Greene (2000) has discussed resilience with an emphasis on an oppressed individual relying on her own experience to inform life choices instead of mainstream labels and information. This notion is an application of Laura Brown’s “normative creativity” to the resilience experience and was described by participants in this study. The women in this study were pioneers and had to rely on their inner sense because mainstream society contained oppressive information that could have derailed their positive development. These women used “normative creativity” (Brown, 1989) to create the guidelines for living their lives as lesbian women when the mainstream culture lacked models. The women in the study by Bowleg and colleagues (2004) reported that not allowing others to define their reality was a significant facilitator of their resilience.

The ways in which the women in this study used their inner senses to guide them through coming out and the resilience processes resulted in maintaining “psychological integrity”, or psychological independence from negative life events (Greene, 2000). Greene has posited that psychological integrity is developed through challenges (e.g., oppression) and as the person maintains her psychological integrity, she also increases her personal strength, competence, and preparedness to cope with other adversity. The results
of this study support Greene's conceptualization wherein psychological integrity is the result of bunkering off the inner sense from outer challenges and using it to guide responses in the resilience process. From the results of this study, participants located their lesbian identification within the core of inner sense. Once the lesbian identity was assumed as part of the protected core identity, participants reported knowing that they would withstand external oppression (e.g., heterosexism) without compromising. The women in this study also described an absence of internalized homophobia, perhaps due to the process of incorporating lesbian identification into their bunkered inner sense of who they authentically are in the world.

Internal Resources of Self-Reflection and Analytic Abilities

Another finding from the current study concerning how participants used internal resources and actions in the resilience process related to heterosexism and homophobia was the use of self-reflection and analytic abilities. The participants used these internal resources in their coming out processes and also during their on-going decisions about disclosing sexual orientation to others. Many participants commented on how being self-aware is required by the process of coming out as lesbian because they have had to know themselves enough to understand that they do not fit the mainstream cultural norm of heterosexuality. Kathleen commented during the follow-up interview that her partner is not all that self-reflective but had to become self-aware and learned to self-reflect in order to identify as a lesbian. The women in this study also used self-reflection and analytic ability when assessing the environment for determining the environment's responsiveness to the disclosure of their sexual orientations. This process of assessing the environment and oneself has been described by other researchers examining the experiences of lesbian women as "self-monitoring" (Bowleg, Craig, & Burkholder, 2004; Selvidge, 2001). This
process of identity management is flexible and responsive to the nature of the context and situation.

Meaning Making for Lesbian Women as Part of the Resilience Process

The findings from this study provide additional information about the meaning making that occurs for lesbian women as a result of the resilience process. The particular results referenced in this section are described in the common themes in Chapter III. In this study, participants attributed encountering challenges from both sexism and heterosexism with further motivating them to: (a) develop additional skills, (b) develop efficacy about their ability to engage in the resilience process, and (c) develop the ability to locate what was functional for them within themselves and not within the mainstream society. These findings are similar to the results reported by other researchers where lesbian women made meaning of their challenge and resilience in response to heterosexism (e.g., Bowleg, Craig, & Burkholder, 2004; Kulkin, 2002). For example, the women in Kulkin’s study also attributed meaning to their experiences of coming out in positive ways (e.g., increased sense of well-being because true to self; more self-reliant; contributing to overall strength and resilience) that fostered resilience. The women in the study by Bowleg and her colleagues also indicated that they had made meaning from their experiences of resilience and attributed positive life outcomes that resulted from increased ability to cope with racism, sexism, and heterosexism. The meaning making outcomes from resilience experienced due to heterosexism, coming out, and living as lesbian women were also described as positive outcomes in this study that added to the quality of participants’ lives.

Participants in this study used internal resources and actions to interpret their challenges due to sexual orientation and their resilience experiences as assets. This
finding is similar to recent research that has identified positive aspects experienced due to being a lesbian or gay man (Riggle et al., 2008). In fact, the findings from this current study that describe the participants and common themes bear remarkable similarity to the results from the Riggle study. Several of the common themes identified in the Riggle study are familiar in description or essence to those discovered in this study. The common themes from the Riggle study that describe the positive aspects of identification as a gay man or lesbian were: (a) belonging to a community, (b) creating families of choice, (c) forging strong connections with others, (d) serving as positive role models, (e) developing empathy and compassion, (f) living authentically and honestly, (g) gaining personal insight and sense of self, (h) involvement in social justice and activism, (i) freedom from gender-specific roles, (j) exploring sexuality and relationships, and (k) enjoying egalitarian relationships.

General Summary of the Current Study’s Contributions to Understanding Resilience

In this section, I provide a general summary of the major ways that this study contributes to resilience literature. There are eight major ways that this study’s findings contribute to the resilience literature. The first seven of these major contributions were previously discussed in this chapter with more detail. The first way that this study contributes to advancing understanding about resilience involves the results that describe the essence of resilience as a process that occurs across time. The general structural description expressed the essence of resilience as it emerged from the participants’ lived experiences and is consistent with conceptualizations of resilience presented by other researchers and scholars (e.g., Garmezy, 1990; 1994; Masten, Best, & Garmezy, 1990; Richardson et al., 1990; Richardson, 2002). However, the general structural description of
resilience from this study clearly and concisely highlights the necessary elements (ten structural elements) of resilience as described by participants’ lived experiences. The general structural description of resilience also provides a way to organize and conceptualize with more depth the factors, processes, and outcomes from the resilience process as discovered in this study, as well as in prior resilience research.

The second way that this study contributes to advancing understanding about resilience involves the identification and description of several individual characteristics that were important internal resources in the resilience process (see Figure 5). These internal resources are many of the same individual characteristics of the “resilient”, which have been consistently reported as correlates of resilience for over 30 years (Benson, 1997; Garmezy, 1991; Henderson & Milstein, 1996; Higgins, 1994; Masten, 1994; Rutter, 1979; 1985; Werner, 1982; Wolin & Wolin, 1993). However, while previous research identified the individual characteristics correlated with resilience, the emphasis from this study’s findings was on the use of these resources and the salience of an internal resource as indicated by participants. Participants were clear about how they took action to use their internal resources and that these resources were not merely stagnant individual characteristics. They used and applied their internal resources in order to overcome adversity and navigate the resilience process. This second major contribution represents a proposed shift from discussing individual characteristics to discussing internal resources in the resilience process. The significance of reframing this discussion relates to the practical application of resilience research. For example, referring to individual resources in the resilience process recognizes the potential inherent in all people to develop and use resources to engage in resilience. This could be useful for the clinician or educator working toward fostering resilience in others.
Part of this second major contribution is the consideration of which internal resources are the most important for people. Because this study explored the meanings that participants made of their experiences of resilience, this study’s findings also provide information about two internal resources that were most salient for participants. For example, an action orientation was the internal resource most often described by participants and seemed to be the most salient internal resource. The choice to not respond to challenge or not take action is an option for any person, but a very less likely choice for the person who is action oriented and has other resources to use. Another internal resource described and interpreted by participants to be salient in their resilience experience was an inner sense of self and the associated reliance on an inner sense for guidance. Consistent with women’s ways of knowing, these women also described intuition as a guiding force that emanated from an inner sense of self. The reliance on an inner sense has been posited as healthy coping for oppressed individuals because it anchors the individual within herself instead of the mainstream expectations that contribute to the oppression (Greene, 2000). Consideration of the importance of the internal resources identified in this study (e.g., action orientation, inner sense) could contribute to deeper understanding of resilience in the lived experiences of resilience for others in addition to this study’s participants.

The third way that this study contributes to advancing understanding about resilience involves the results that provide information about how the interactions between individual and environment shape the experience of resilience. Previous resilience research has identified individual-environment factors that are related to the experience of resilience. However, the results from this current study provide specific illustrations about how bi-directional interactions play out in lived experiences related to
resilience. The bi-directional relationships between the individual and environment were illustrated in every aspect of the resilience process, including the three general resilience stages from this study. This study’s findings support the notion from prior research and scholarship that emphasize mutuality and bi-directional interactions between individual and environment during the resilience process (Balsam, 2003; Greene, 2000; Jordan & Hartling, 2002; Luthar & Zelazo, 2003; Richardson, 2002).

The fourth way that this study contributes to advancing understanding about resilience involves the results that support and elaborate upon aspects of the relational-cultural theory of resilience (Jordan & Hartling, 2003). Specifically, this study’s results identified relationships as central to both participants’ challenges and to their abilities to overcome challenge through the resilience process. The findings from this study highlight how internal resources (e.g., individual characteristics) of resilience were developed and strengthened in relationships with others, especially early relationships with family. The women in this study also demonstrated that positive, nurturing relationships developed later in life also strengthened the internal resources associated with resilience. The participants also discussed the importance of belonging, having opportunities to collaborate, and maintaining connections with others. The relationships that participants discussed in this study as central external resources in the resilience process met the criteria of being “growth-fostering” relationships (Jordan & Hartling, 2002). The women in this study discussed ways in which the supportive relationships increased their zest, helped to empower them toward action in response to challenge, facilitated increased understanding about themselves and themselves in relationship, increased their sense of worth, and created the desire to establish more growth-fostering relationships.

The fifth way that this study contributes to advancing understanding about
resilience involves the results relevant to Kegan’s developmental model (1982) and Richardson’s resilience theory (2002). For example, this study’s results support Kegan’s hypothesized progress of an individual toward developing and becoming more cognitive and emotionally complex. This progress toward more complexity was posited as part of response to disruption and challenge in both Kegan’s developmental theory and Richardson’s resilience theory. The meaning making process discovered in this study was similar to that posited theoretically. The results of this study provide information that could increase understanding of how meaning is made through resilience and of what types of meaning are common.

Also related to the contributions of this study to Richardson’s resilience theory, the results of this study support and elaborate upon the conceptualization of resilience as a process involving individual, environmental, and spiritual factors. In this study, participants responded to challenge and disruption with a variety of coping actions that resulted in what Richardson called “resilient reintegration” or adaptation to challenge with growth. The participants in this study described using several internal resources (individual factors) and external resources (environmental factors) in the experience of resilience. Some of the internal resources identified by the participants in this study could be considered “spiritual characteristics” as conceptualized by Richardson (2002). Richardson conceptualized that an individual’s spiritual characteristics (e.g., purpose in life, locus of control, belief in higher power, creativity, humor) interacted with other individual and environmental characteristic in a way that resulted in resilient reintegration through the resilience process. These spiritual characteristics are posited to provide motivation for an individual to engage in the resilience process and to persist toward resilient reintegration. In this study, participants described motivating internal resources
that could be classified as spiritual characteristics. The internal resources or spiritual characteristics that the participants in this study described were an interest and valuing of inner life; interest in others and valuing of relationships; empathy; creativity; humor; passion; and, valuing authenticity and justice. These spiritual characteristics were enhanced through growth-fostering relationships with others in the environment. In this study, participants also emphasized the role of hope and the importance of having a hopeful attitude when navigating the resilience process. Hope could also be conceptualized as either a spiritual factor in Richardson’s model or as a separate resilience factor associated with the interplay among individual, environmental, and spiritual factors.

The sixth way that this study contributes to advancing understanding about resilience involves the results that provide information about unique experiences of resilience related to the clinical practice of midlife, lesbian psychologists. The results of this study provide further information that could assist understanding resilience in therapists (e.g., psychologists, counselors, social workers) and lesbian therapists specifically. This study’s results provided support for and descriptive examples of several sources of distress in the participants’ professional lives that are risk factors for therapist adversity (e.g., burnout, impairment). Relationship difficulties, health concerns, financial concerns, business related concerns, and balancing activities between work and recreation emerged from participants’ stories. These sources of distress are similar to those identified in previous research (e.g., Deutsch, 1985; Kramen-Kahn & Hansen, 1998; Mahoney, 1997; Sherman & Thelen, 1998). However, the sources of distress for participants’ in this study were identified as they emerged from participant data and not from participants’ endorsing a pre-set grouping of potential sources of distress that are
often used in investigating therapist well-functioning. In fact, the results of this study identified and described novel sources of professional distress experienced by the participants as lesbian women. The women in this study discussed encountering sexism and heterosexism that impacted their professional lives. For example, most participants expressed concern at one time or another about the potential increase in professional related difficulties due heterosexism and homophobia. Most of the women in private practice had worried if being out as lesbian psychologists would result in homophobic or heterosexist reactions from clients who would quit or decide not to work with them and, in turn, this would result in financial struggles.

The seventh way that this study contributes to advancing understanding about resilience involves the results that add depth to understanding previous scholarship related to the experience of resilience for lesbian women. This study was one of the first to directly investigate resilience in the lives of lesbian women and the findings support and elaborate on previous scholarship. For example, the results of this study support the application of a minority stress model (e.g., Meyer, 2003) to the lesbian women in this study. The results of this study also provide support and elaboration of lesbian experiences with multiple levels of oppression, mainly sexism and heterosexism. The participants in this study were first aware of encountering sexism and responding to those challenges with active responses. This is similar to the findings from other research (e.g., Bowleg, Craig, & Burkholder, 2003). In moving through the resilience process when challenged with sexism, the women then seemed to learn active strategies for responding to heterosexism. From the cumulative development of resilience, this suggested that the women used skills they developed in challenging sexism to also respond to oppression as lesbian women. For some participants, earlier cultural identities also provided a
fundamental basis of skills/responses to adversity (e.g., childhood poverty; Jewish ethnic awareness).

Another aspect to the seventh major contribution of this study involves the results that provide descriptive information about some of the unique types of adversity that lesbian women might encounter. Mond, Tasha, and Emmee all experienced profound depression after coming out due to environmental characteristics and responses (e.g., lack of visible lesbian role models or opportunities to meet other lesbian women, rejection from friends, rejection from religious affiliation, rejection from romantic partner). Their experiences match the findings that environmental reactions to same-sex sexuality are the primary causes for higher levels of depression and suicide risk for LGB youth (McDaniel, Purcell, & D’Augelli, 2001). Other types of adversity encountered by the women in this study included career discrimination, verbal assaults, and damage to physical property. Discrimination in careers and high rates of victimization, including verbal and physical assaults, have been reported in lesbian women (D’Augelli, 2003; Morris & Balsam, 2003).

Another aspect to the seventh major contribution of this study involves the results that provide information about the experience of resilience specific to midlife lesbian women. The results of this study discovered that the participants’ common historical cohort and context provided specific external resources used in the resilience process. For example, most participants used feminism as a significant external resources used in the resilience process related to coming out. The accessibility of attending college and advancing education was one external resource available to these women as an alternative to traditional roles such as becoming married and a housewife. The emergence of feminism and the women’s movement provided these women with access to other strong,
goal directed and action oriented women. The women’s movement provided them with opportunities to become outspoken about sexism while also developing close, intimate relationships with other women. These women have also intentionally sought out groups and contexts that are LGB affirmative. These findings are similar to those of other research (e.g., Kimmel & Sang, 2003; Sang, 1991; 1996). However, the findings from this current study provide depth and description of the meaning made through participants’ reflections related to resilience and across the lifespan.

The eighth way that this study contributes to advancing understanding about resilience involves the results that provide information relevant to the experience of functioning as therapists in clinical practice. This study’s results identified and described several resources (internal and external) that fostered the participants’ resilience as therapists. The women in this study used internal resources such as self-care; self-awareness and reflection; meaning-making of their encounters with clients; spiritual activities aimed at letting go and creating meaning from suffering; a larger perspective of change that incorporates an individual’s life narrative; and wisdom accumulated from their lived experiences of resilience. The results from this study provide examples and illustrations of how these internal resources were used and the meaning that the participants’ attributed to using the resources. For example, an interesting finding with regard to the meaning made from understanding resilience was that participants described themselves in ways that attributed their personal experiences of resilience with strengthening their abilities to cope in other areas, such as in professional experiences as therapists. They interpreted their resilience experiences as allowing them to know how to be buffered from vicarious traumatization because they have been able to place client trauma into a larger perspective. The participants’ also interpreted their resilience
experiences as providing hope for others and increasing their ability to tolerate intense emotions while still acting and moving toward progress.

The use of personal experiences of resilience and meanings that emerge from those experiences as a coping activity or method of informing clinical practice has not been identified in the previous therapist well-functioning research literature. Consideration and further examination of the interactions between therapists' personal experiences of resilience and professional functioning (i.e., well-functioning, clinical practice) could increase the depth of understanding therapists' lived experiences and development. For example, the participants in this study drew wisdom from their personal experiences and applied their understanding to facilitate their clinical work. As a result, the participants in this study were able to maintain attitudes that also helped them to cope with resilience in their professional clinical work. For example, participants described being hopeful and believing that people could change. They were also patient and adopted the long journey perspective, which allowed them to not take on stress from feeling pressured to fix client problems quickly.

Parameters of the Study's Research Design

The parameters for the current study's research design, including implementation, are discussed in the following section. I present six parameters and not the strengths and limitations that are associated with each parameter. One parameter of the current study's phenomenological design was the intended focus on obtaining data that could provide depth and description to further understanding of resilience. The strength inherent in this parameter was that the data fostered a depth of information about resilience as a phenomenon. The limitation inherent in this parameter was that the data did not result in a breadth of information.
A second parameter of the current study’s phenomenological design was the goal of obtaining data that could lead to examination of the contextual aspects of participants’ experiences. The strength inherent in this parameter was that the data allowed for examining the individual-environment interactions that participants experienced specific to their common contextual factors (e.g., generational cohort, lesbian identification, work as psychologists). As a result of attending to contextual and environmental influences (e.g., oppression, political climate), the results of this study provide a rich description of resilience in midlife, lesbian psychologists that had not yet been explored. Elements within the common themes and the collective, analytic narrative, *Margot’s Story*, provided an illustration of how the context influenced resilience in the participants’ lives. The limitation inherent in this parameter was that the data about the individual-environment interactions is bound to the specific, generational cohort from which these women share membership.

A third parameter of the current study’s phenomenological design was that the participants represented a fairly homogenous sample with regard to certain individual demographics (e.g., generational cohort, race, level of education, degree of being out s lesbians, years practicing as psychologists). The strength inherent in this parameter was that the data provided a depth of information about the commonalities experienced in the resilience process. For example, *Margot’s Story* represents a very specific and detailed common story that was possible to create due to the homogeneity of the sample. The limitation inherent in this parameter was that the data might not accommodate the experiences of a more diverse sample of participants. Participants from different racial statuses, age cohorts, or stages of their career development could have provided additional information about the experience of resilience.
A fourth parameter of the current study's phenomenological design was that the participants were all doctoral level psychologists whose careers have focused on people's growth and psychological development. The strength inherent in this parameter was that participants were easily able to articulate their experiences of resilience through concrete examples and philosophical ideas. The participants were also able to reflect and analyze their own experiences during the interview process, which resulted in rich data. The examples and insights discussed by these participants were more "processed" than those examples that might be shared by participants who were not psychologists or specifically psychologists in clinical practice. The limitation inherent in this parameter was that the women had already framed an understanding of many of their own life experiences based on their clinical training, practice, and own use of psychotherapy.

A fifth parameter of the current study's phenomenological design was that, as the primary researcher, I conducted all of the data collection and the majority of data analysis. The strength inherent in this parameter was that I became intimately immersed within the data and was able to use my direct experiences of interacting with participants during data collection to facilitate the analysis process. The limitation inherent in this parameter was that I viewed and interpreted the data from a particular viewpoint that could vary from other possible viewpoints. Important aspects of the data and interpretations of the data could have been missed even though I used several intentional strategies (see Chapter II) to minimize the impact of this limitation.

A sixth parameter for the current study's phenomenological design, related to the fifth parameter, is that myself as researcher and my auditor share some of the social group identities with the participants (e.g., White, lesbian women, psychologists) and do not share other social group identities (e.g., age, extent of professional experience). The
strength inherent in this parameter was that the similarities facilitated an "insider" approach to investigating resilience in the participants. This insider approach allowed for empathic attunement, the ability to formulate questions specific to the participants, and to come formulate interpretations of the data through use of similar experiences (e.g., coming out, training and education). The limitation inherent in this parameter was that the similarities could have created interference with fully detecting and exploring nuances of differences that the participants described. I attempted to use the consultation with my doctoral chairperson (an out gay man) and the feedback from participants to limit this potential limitation. For example, a change in the results occurred after participants shared during the follow-up interviews that the initial analysis results over-emphasized the cognitive aspects of the resilience process. The emphasis on the cognitive aspects had emerged from my own tendency to rely heavily on cognitive processes in many areas of life, especially when challenged.

Researcher's Reflections on Study's Design and Implementation

The final major section of this chapter discusses my experience of conducting this study. As recommended in phenomenological inquiry, this section allows the reader to access the researcher's lived experience of the study. The design and implementation of this study resulted in several unexpected events, some positive and some negative. As the researcher, I have reflected upon these events and the overall process of implementing this research design. Overall, this study resulted in my experiencing positive and interesting outcomes as well as some challenging outcomes. The next subsection discusses my researcher reflections from this study.

With regard to positive events and outcomes, first and foremost, I learned from and experienced a synergistic co-discovery process with the women who participated in
this study. Conducting the first interviews in person allowed for a different type of connection to form between researcher and participant. For example, I experienced the women in their environments and was privy to observations that are not captured in voice recordings. These observations gave me a sense of who these women are in their day-to-day lives. All of the women started their interviews with offers to get me tea or water; one woman even offered me lunch because our interview was during the lunch hour. I declined the meal but did accept to join the participants in enjoying tea. This felt like a symbolic interaction between the more experienced lesbian women and myself, the younger lesbian woman. I had a sense that this was perhaps a cultural ritual for these feminist women versed in forming connections and relationships. I felt respected, attended to, and welcome as the researcher.

The most important aspect of conducting the interviews in person was the development of rapport. These women all demonstrated witty, often dry, and spontaneous humor. I was surprised by the openness from which many of the participants shared stories from their most challenging experiences. I was also aware of the participants freely experiencing emotions as they shared their stories. I also experienced more of the affective elements of the experience of resilience by listening to these women’s stories and questioning their experiences. As a clinician, I am used to using empathic listening to understand clients but this was a different experience as the researcher. Not only did I participate in the participant interviews but I also spent many hours immersed in participants’ stories while transcribing, reading, analyzing, synthesizing, and writing.

Another positive outcome from the research process has been my own learning about the historical journeys of some of the women who have been in the forefront of the second wave of feminism and its proliferation into psychology and LGB psychology. It is
a different type of learning experience to have a history narrated to you directly from someone who lived it than to read the history from written sources. I experienced more of an emotional impact and deeper understanding about the real humanity, energy, and fullness of experience that was involved in the history. I also experienced gratitude for these women and the other women who have gone before me in creating a visible lesbian history that has been a backdrop for and has shaped my current life. There have been many benefits to having a sense of belonging and a shared history with other lesbian women.

Another positive outcome from this research process is that I strongly believe that I grew as a person and clinician through vicarious learning from the participants' experiences. For example, I have observed myself to be more patient and hopeful when even small difficulties arise. I have also been more action oriented and able to view different aspects of my current situation in the larger context of my life. Some of these characteristics were already part of my perspective on life but listening to these women’s stories has reinforced them. As a clinician, I have also experienced an increase in my patience, flexibility, and hopefulness. I noticed myself listening to clients’ stories and comparing their experiences of resilience with this study’s results. I also noticed myself more deliberately emphasizing the internal and external resources and actions to help clients navigate their own challenges.

Another positive outcome from this study was the participants’ response to the topic and to the study’s results. I was surprised by the encouragement and investment that these women had in the topic of resilience. In the follow-up interviews, almost all of the participants expressed gratitude for receiving their individual summaries and the collective summary. They shared that it was a welcome reminder of something that they
so often consciously forget about themselves. For example, Mond shared that during the financial troubles that are facing the nation she had started to feel more worn but when she received the summaries to review, she had a “booster shot” experience of “I am resilient because Melissa says so!” I felt honored that I could touch or impact these women in a positive way. I also felt respected for the work I had done and the effort I had put into trying to really capture each individual participant’s story of resilience and the collective story of resilience.

Another positive outcome from conducting this research was that I experienced an increased depth in my understanding about resilience and about living authentically as a lesbian woman. This learning and reflecting continued throughout the process. Participants had also experienced a continued interest in what emerged from the first interviews. Some of the participants had continued to reflect on their experiences of resilience and the construct of resilience between interviews. Many of them requested a copy of the results after they are finalized and encouraged me to finish my degree.

With regard to negative events and outcomes from this study, first and foremost, I learned about the immense amount of time and energy (cognitive and emotional) that is involved in conducting a qualitative study, specifically a phenomenological study. Time constraints related to completing this study in order to graduate resulted in several frustrations and compromises to my initial intent. For example, initially I had intended on selecting sample participants from diverse racial backgrounds. I had also wanted to have a large pool of interested participants from which to select 10-12 women. Participant recruitment was much more difficult than anticipated due to the restricted time frame and also to the narrow criteria for participant selection. Methods for accessing such a small demographic group of midlife lesbian psychologists were limited to those women known
by others and accessible by phone or email.

Another negative event during this study was that the timing of participant interviews fell during the winter when many people took holiday time off and were not available. It was also impactful to lose one participant in the follow-up interviews. I felt compassion and empathy for her personal crisis. The analysis process and writing of the results also took more time and emotional toll than anticipated. I really wanted to capture the “essence” of resilience for these women that also included the affective components of the experience. This is what led to my decision to present the essence of resilience with an emphasis on the collective, analytic narrative (*Margot’s Story*). My attempt was to increase the reader’s ability to “approximate the knowing” of resilience’s essence through cognitive and emotional reactions.

Another negative aspect to participating in this research process was that I became aware of the limitations of the methodological design. I am very curious about how the findings from this study might transfer to the experiences of resilience in people other than the participants in this study. This has ignited by interest in further investigating resilience and some of the other nuanced but intriguing findings from this study. For example, the themes of “everyday hero” and “long journey” perspective on life really resonated with the participants, my auditor, my doctoral chairperson, and myself. I am also extremely interested in the findings related to holding dialectic tension and managing affect when confronting heterosexism. This would build upon other areas of previous interest and work (Lidderdale, Lark, & Whitman, 2005).

Overall, my experience as the researcher of this study has left me feeling enriched. I have grown through this project in ways that will continue to emerge over time (just like any life transition requiring resilience would). I conclude this discussion chapter and this
dissertation with the cumulative wisdom quote from Margot's Story:

In challenging situations, don’t be paralyzed by fear; feel the fear and understand it’s validity but choose to act. You do not know what’s going to happen but you don’t need to know; just make a decision, act, stay flexible to changes, and make something out of whatever happens next. Trust your decisions and your ability to act knowing that you might have to use every available resource to get through the challenge. Focus on hope and remember your ability to overcome past challenges.
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Appendix A

Recruitment Guideline for Informants
Recruitment Guideline for Informants

{The following guideline contains the information to be covered when contacting one of the women identified as an informant. Contact may be made by phone, in person, or email. An informant is a woman who does not qualify to participate in the study due to exclusionary criteria (e.g., age, close personal relationship with researcher) but who otherwise could serve to provide names of potential participants or forward information regarding this study to potential participants.}

Key information to include during contact:

- Introduction including student investigator's name, doctoral student status working on dissertation, university affiliation (if not known), James Croteau as dissertation chair
- Introduction to study including focus of study, inclusion criteria, selection process, interview process
- Explanation of exclusion criteria and reason for contacting informant
- Request for informant to: provide names of potential participants, or forward information regarding the study, or refer the potential participants to contact me directly to inquire about the study. Informants will be notified that those they refer will be contacted for the study and that the potential participant would be notified that the informant was the referral source.
- Respond to any questions regarding the study
Appendix B

Announcement of Research Study
Announcement of Research Study

Invitation to participate in a doctoral dissertation research study entitled, “Resilience in the Lives of Midlife Lesbian Psychologists: A Phenomenological Investigation.”

My name is Melissa Lidderdale, and I am pursuing my doctoral degree in counseling psychology in the Department of Counselor Education and Counseling Psychology at Western Michigan University. This research study is part of my dissertation under the supervision of Dr. James M. Croteau. I am seeking potential participants who are lesbian clinical or counseling psychologists between the ages of 50 and 65 years old. I am interested in interviewing midlife lesbian psychologists who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced.

There has been a paucity of psychological research that has focused solely on the experience of resilience in lesbian women. By conducting this study, I hope to give voice to midlife lesbian psychologists’ experiences of resilience in their personal and professional lives. The meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in specific historical contexts. The meaning and understanding of resilience in their clinical work will also be a source of information for fostering resilience in clients. Their experiences of resilience could also be a source of support and empowerment for younger lesbian psychologists and, more generally, lesbians across contexts.

If you choose to participate, your responses will be held in the strictest confidence. If you are interested in learning more about participating in this study, please contact me by email (melissa.lidderdale@wmich.edu) or phone (269-384-6055, ext. 3) to receive additional information. Also, please feel free to share this announcement with colleagues who you think might be interested in participating in this study.

Thank you for your time and consideration.

Sincerely,

Melissa A. Lidderdale
Appendix C

Phone Recruitment Guideline for Potential Participants
Phone Recruitment Guideline for Potential Participants

Hello _______. My name is Melissa Lidderdale, and I am a doctoral student in Western Michigan University’s Counseling Psychology Program. I am conducting a dissertation research study on resilience in midlife lesbian psychologists. In this study, I am supervised by Dr. James Croteau. We identified you as a potential participant for this study. I am wondering if you have a few minutes to talk briefly about my study? [If the individual has time to talk, proceed with the script; if not, ask for a convenient time to call again.] I would like to invite you to participate in a study investigating experiences of resilience in the lives of midlife lesbian psychologists. I believe that this is an important area of research. I have both a professional and personal interest in resilience. There has been a paucity of psychological research that has focused solely on the experience of resilience in lesbian women. By conducting this study, I hope to give voice to midlife lesbian psychologists’ experiences of resilience in their personal and professional lives. The meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in specific historical contexts. The meaning and understanding of resilience in their clinical work will also be a source of information for fostering resilience in clients. Their experiences of resilience could also be a source of support and empowerment for younger lesbian psychologists and, more generally, lesbians across contexts.

I am seeking participants, between the ages of 50 and 65 years old, who identify as lesbians or as gay women and who are counseling or clinical psychologists. I am interested in interviewing participants who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced, as well as how they understand their impact on client resilience. I am looking for potential participants who currently work at least part-time as clinicians and have been working as psychologists for at least 15 years post doctoral degree. [Does this seem to fit for you so far? (If the individual says “yes,” continue with script. If “no,” then thank the individual for their time and follow script for recruiting additional participants].

Participation in the study involves two steps. The first step involves completing a contact form, an informed consent form, and a background information form, which should take about 10-15 minutes. This information will be used to select a diverse sample of participants. All information collected will be kept confidential and secure. If you are selected from among those who agree to participate, you will be invited to participate in the second step of this study. Step two of the study involves participating in two interviews, an initial interview and a follow-up interview. Both interviews would be
conducted at your convenience. During the interviews you will be asked questions about your experiences of resilience. I would like to send you the research packet that contains more information on the study and the forms for step one of participation. Do you think this is a study in which you might be willing to participate? [If “yes,” proceed with script for mailing research packet. If “no,” then thank the individual for their time and proceed with script for recruiting additional participants.]

Script for Mailing Research Packet

The research packet will contain an informed consent form to read in further considering whether or not you would be willing to participate in this study. The consent form contains my contact information so that you can reach me should any questions arise once you read the materials. I will also include the additional forms and a self-addressed stamped envelope to be used in returning completed research materials.

I am attempting to find participants from diverse racial and ethnic backgrounds in this study and am wondering if you know of anyone you believe would be interested in participating in this study? You can inform them of the study and how to contact me (via email or phone) or provide names and contact information to me directly. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them. [Respond to questions and collect information needed. Provide my contact information and offer to forward to them an email announcement of research study.]

Do you have any questions at this time? [Respond to questions] Thank you for your time and consideration of this study.

{If the individual would like to receive a research packet, then a mailing address will be obtained and the preferred method for follow-up contact (e.g., phone number, permission to leave a message, email address) will be established. The research packet will be mailed and follow-up contact made to the individual approximately one week after the forms have been mailed.}

Script for Recruiting Additional Participants

At this point I would like to ask you if you know of anyone you believe would be interested in this participating in this study? I am specifically interested in finding participants from diverse racial and ethnic backgrounds. You can inform them of the study and how to contact me (via email or phone) or provide names and contact information to me directly. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them. [Respond to questions and collect information needed. Provide my contact information and offer to forward to them an email announcement of research study (Appendix B).}
Appendix D

Email Recruitment Guideline for Potential Participants
Email Recruitment Guideline for Potential Participants

{The following text is intended to provide a standard guideline for use in explaining the study in more detail through email contact with potential participants.}

Hello _______. My name is Melissa Lidderdale, and I am a doctoral student in Western Michigan University’s Counseling Psychology Program. I am conducting a dissertation research study on resilience in midlife lesbian psychologists. In this study, I am supervised by Dr. James Croteau. We identified you as a potential participant for this study. I am writing to you to invite you to participate in this study. The following information provides you with summary information regarding the study. If you are interested in receiving additional information about the study, contact me. Please let me know if you are or are not interested in participating in this study.

If, after reading the study description, you know of someone else to recommend as a potential participant please forward this information to her as well. I am specifically interested in finding participants from diverse racial and ethnic backgrounds. You may also provide names and contact information to me so that I may directly contact them. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them.

Thank you for your time in reading and responding to this inquiry. I look forward to hearing from you. Please feel free to contact me with any additional questions.

Sincerely,

Melissa A. Lidderdale

Title: Resilience in the Lives of Midlife Lesbian Psychologists

- The qualitative research study is my dissertation under the supervision of Dr. James M. Croteau.
- I am seeking potential participants who are women between the ages of 50 and 65 years old, identify as lesbian, and who are clinical or counseling psychologists. Participants should also have at least 15 years professional experience as psychologists and currently working at least part-time in clinical practice.
- I am interested in interviewing midlife lesbian psychologists who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced, as well as how they understand the impact of their resilience on clinical practice.
- The hope for the study is that the meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in the contexts of a particular historical time.
- The meaning and understanding of resilience in the clinical work of midlife lesbian psychologists will be a source of information as to how to foster resilience in clients and could also be a source of support and empowerment for younger lesbian
psychologists and, more generally, lesbians in different contexts and ages.

Follow-Up Email

Hello ______. Thank you for responding and for your interest in receiving more information about the study. I will mail you a research packet that contains information on the study and the necessary documents. The research packet will contain an informed consent form to read in further considering whether or not you would be willing to participate in this study. The consent form contains my contact information so that you can reach me should any questions arise once you read the materials. I will also include the additional forms and a self-addressed stamped envelope for you to return the forms after completing them.

How would you like me to send you the research packet? Please provide an email address if this is your preferred method or a U.S. postal mailing address.

Please let me know if you have any questions at this time. Thank you for your time and consideration of this study.

Sincerely,

Melissa A. Lidderdale

{The research packet will be mailed and follow-up contact made to the individual approximately one week after the forms have been mailed.}
Appendix E

Cover Letter for Research Packet Mailing
Dear ___________________(fill in name of participant),

Thank you for expressing interest in participating in my study on midlife lesbian psychologists’ experiences of resilience. As mentioned in our previous contact, I have included in this mailing the participant consent documents, contact form, and the background information form. You will also find a self-addressed stamped envelope to be used for returning copies of forms to me should you decide to participate in this study. I have color coded the forms that are necessary for you to complete and return – the participant consent document (yellow), the contact form (green), and the background information form (blue).

Please take time to read the participant consent document. If after reading the document, you would like to participate in this study, please sign one copy and return it to me while keeping the second copy for your own records. Please complete both the contact form and the background information form. The information on the contact form will be used for future correspondence regarding the study and will be kept separate from the background information form and other research materials. These forms should take approximately 10-15 minutes to complete. Again, if you decide that you would like to participate, please send the signed participant consent form, completed contact form, and completed background information form to me in the enclosed self-addressed stamped envelope.

Please return all completed materials within 2 weeks of receiving them. All information will be kept confidential and secure as described in the participant consent document. From the group of participants who complete consent documents and demographic questionnaires, I will then invite a smaller group of participants to take part in the interviews. I will notify you phone or by email, depending on your preference, whether or not you have been invited to participate in the interview part of the study.

Please feel free to contact me by phone at (269)384-6055, extension 3 or by email at melissa.lidderdale@wmich.edu should you have any questions.

Thank you for your time and your consideration.

Sincerely,

Melissa A. Lidderdale
Appendix F

Participant Informed Consent
Participant Informed Consent

Western Michigan University

You are invited to participate in a dissertation research study being conducted by Melissa A. Lidderdale, M.A., in partial fulfillment of the requirements for the doctoral degree in Counseling Psychology at Western Michigan University. This study is conducted under the supervision of James M. Croteau, Ph.D. of Western Michigan University, Kalamazoo, Michigan. The purpose of this study is to understand how midlife lesbian psychologists have experienced resilience. We believe that this is an important area of research that will contribute to general psychological understanding of resilience and to psychological literature focused on lesbian, gay, and bisexual people. The meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in the contexts of a particular historical time. This knowledge could also be a source of information as to how to foster resilience in clients, other psychologists, and, more generally, lesbians in different contexts and ages.

Participation in the study potentially involves two steps. The first step involves completing a background information form, an informed consent form, and a contact form, which should take about 10-15 minutes. The background information form includes personal demographic information and professional information. This information will be used to select a diverse sample of participants. If you are selected from among those who agree to participate, you will be invited to participate in the second step of this study. If you are not selected for step two, you will be notified by mail or email, depending on your preference as indicated on the contact form.

Step two of the study involves participating in two interviews, an initial interview and a follow-up interview. The goal will be to complete these interviews in person at a private location. However, phone interviews may be arranged. As a participant, you will be asked to choose a location and time that is convenient for the interviews. I will travel to meet with you at the location that you designate (e.g., office). The initial interviews will last between 1 ½ to 2 hours and you will be asked questions about your experiences of resilience. Prior to the initial interview, you will be sent a guide providing general topics of interview questions on which to reflect in order to prepare for the interview. You will be asked to share personal stories and examples that illustrate resilience in your personal and professional life. The interview questions will cover the following general areas: (a) experiences of resilience in your personal life; (b)
experiences of resilience in response to sexism and heterosexism; (c) experiences of resilience in your professional life; (d) including education and early career; (e) ways in which you have professionally experienced resilience in response to sexism and heterosexism; (f) ways in which your resilience has impacted your clinical work; (g) your understanding of what fosters resilience; and, (h) your personal description or definition of resilience. These interviews will be audio recorded and transcribed for analysis.

The follow-up interviews will occur 1-4 months after the initial interviews and will last approximately one hour. I will contact you in order to schedule the time and location for the follow-up interview. Prior to the follow-up interview you will receive two narratives for review. The first narrative will be an individual summary designed to capture the meaning of your initial individual interview. The second narrative will be the collective narrative designed to describe the phenomenon of resilience as experienced by all participants in this study. These narratives will serve to prepare and focus you for the follow-up interview. During the follow-up interview, you will be asked questions about your responses, questions about your reactions to your individual narrative, questions about your reactions to the collective narrative, and questions regarding your thoughts on the conceptualization of resilience within psychological literature. These interviews will also be audio recorded and transcribed. The total expected participant time is five to seven hours across six months which includes reading and completing forms, preparing for interviews, and participating in interviews.

All of the information collected from participants is confidential. The following procedures will be followed in order to maintain your confidentiality. First, all research materials will be coded using the pseudonym provided by the participant. Pseudonyms will be used to identify the information form, interview audio recording, and interview transcript. Participant names will be replaced with pseudonyms as the audio recordings are transcribed, and other identifying information such as town names will be omitted from the transcripts. When writing the collective story and in presenting data, extended quotes may be used; however, any specific words, phrases, or information that could identify participants will not be used. All contact forms will be destroyed upon completion of the data analysis so that participants' identities will not be connected to their responses in any way. When results of this study are published or presented at professional conferences no information will be included that will reveal participants' identities.

Second, research materials (forms, recordings, transcripts) will be stored in a secure, locked location under restricted access. The contact forms will be securely stored separate from the data. The student investigator and principal investigator will be the only people with access to the contact forms and consent documents. Prior to the external auditor review of the transcripts and research results, all potentially identifying information (such as town or workplace names) will be removed from the transcripts. Access of research materials to the external auditor will be supervised by the student investigator.

Third, upon completion of the data analysis, the contact forms, consent forms, and the audio recordings will be destroyed. Through this procedure, once the contact forms are destroyed and the audio recordings erased, there will be no remaining record of who participated in the research. The de-identified transcripts and the other research materials will remain stored under
the supervision of the principal investigator in a locked file at the Department of Counselor Education and Counseling Psychology at Western Michigan University for seven years post publication. The student investigator will also securely store a copy of the de-identified transcribed interviews and data for a minimum of seven years post publication. After this time, all data will be destroyed.

Possible risks of participation in this study include manageable mild to moderate stress or emotional discomfort in recalling and sharing information about your experiences of resilience. Should you become significantly upset by the interview process or in preparation for the interview, your participation can be stopped at any time. Benefits of participation may include increased understanding through reflecting on issues pertaining to resilience and contributing to a study that has the potential to inform your own work with clients and supervisees. Likewise, you may benefit from the awareness that you are providing information that can increase historical understanding of a generation of women whose career paths were to become psychologists. You may also benefit by an increased sense of contribution through giving voice to lesbian women’s stories about resilience, stories that have often been silenced or neglected in the past and stories that could benefit future generations of lesbian women.

Your participation in this study is voluntary. You may decline to participate, decline to answer any question, change your mind about participating, or withdraw from the study at any time without prejudice or penalty. If you have any questions about this research project you may contact Melissa Lidderdale at (269)384-6055, extension 3 (email: melissa.lidderdale@wmich.edu) or Dr. James Croteau at (269)387-5111 (email: james.croteau@wmich.edu). You may also contact the Chair, Human Subjects Institutional Review Board at Western Michigan University at (269)387-8293 or the Vice President for Research at Western Michigan University at (269)387-8298 if questions or problems arise during the course of the study.

This consent document has been approved for use for one year by the Human Subjects Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Do not participate if the stamped date is older than one year. Thank you for your time and consideration!

Sincerely,
Melissa A. Lidderdale, M.A. James M. Croteau, Ph.D.

By providing a signature below, you are indicating that you have read the procedures described above, and that you agree to participate in this study, including completing a background information form and two interviews. Please return this signed form to the student investigator in the enclosed self-addressed stamped envelope. An additional copy of this consent document is enclosed for your records.

Participant’s Signature Date
Appendix G

Contact Form
Contact Form

This study will consist of in person or telephone interviews. The researcher will cover all expenses for travel or phone use. If you are interested in participating in this study please complete this contact form (green) and return it with both the background information form (blue) and signed informed consent form (yellow). This form will be kept separately from the Background Information Form in a secure location. The information on this form will only be used to contact you in order to set up interviews. After the analysis of the interviews has been completed, this form will be destroyed. If you are not selected for participation in the interviews, then this form will be destroyed upon completion of all first interviews.

NAME: _____________________________________________

TELEPHONE CONTACT:

Preferred phone number including area code: _________________________________

Best times to reach you at this number: ______________________________________

May I leave a message for you at this number on a machine? ___ Yes ___ No

May I leave a message for you at this number with another person? ___ Yes ___ No

MAILING ADDRESS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

EMAIL ADDRESS: _________________________________________________________

Preferred Method for Receiving Written Correspondence Regarding this Study:

_____ U.S. Mail       _____ E-mail
Appendix H

Background Information Form
Please complete this background information form (blue) and return it with both the contact form (green) and signed informed consent form (yellow).

A pseudonym will be used to assist in keeping your information confidential. Please select a pseudonym for this study.

Pseudonym: ______________________

Please respond to the questions below by filling in the blanks or circling the choices that best describe you.

Gender: ______________________

Age: ______________________

Sexual Orientation: ______________________

At what age did you identify as a lesbian or gay woman? ______________________

How would you describe your level of disclosing your sexual orientation to others? How "out" are you?

________________________________

________________________________

Race/ethnicity (please circle):

1. American Indian or Alaskan Native
2. Asian or Pacific Islander
3. African-American/Black, not of Hispanic Origin
4. Hispanic or Latina
5. Caucasian, European American, not of Hispanic Origin
6. Bi-racial/Multi-racial

Specify ethnicity: ______________________
Disability (please circle all that apply):
1. None—No Disability
2. Physical/Orthopedic Disability
3. Blind/Visually Impaired
4. Deaf/Hard of Hearing
5. Learning/Cognitive Disability
6. Developmental Disability
7. Serious Mental Illness
8. Other:__________________________________________

Social Class (please circle):
1. Lower class
2. Lower middle class
3. Middle class
4. Upper middle class
5. Upper class

Current Geographical Location (State): __________________________

Please circle and indicate which option best describes your current community:

____ Rural       ____ Suburban       ____ Urban

Relationship Status (please describe):
__________________________________________________________________

Highest educational degree obtained:______________________________

Year of Graduation: __________

Field of study (please circle):       Counseling Psychology       Clinical Psychology

Number of years working as a psychologist: ________

Number of years providing direct clinical services: _________

Current professional title: __________________________________________

State in which you currently work: ________________________________

Professional work setting: If you work in multiple settings, please circle all that apply.
College/University
Hospital/Medical
Private Agency

Community Mental Health Agency
Non-Profit Agency
Other (please describe):

Theoretical Orientation (please circle all that apply):

Behavioral
Cognitive Behavioral
Eclectic
Psychodynamic/Psychoanalytic
Humanistic/Existential
Other:

Integrative
Interpersonal/Relational
Feminist
Systems

Population served (please describe the population of clients to whom you currently provide services):

Thank you for taking the time to complete this questionnaire.

Please remember to return this form with both the contact form (green) and signed informed consent form (yellow).
Appendix I

Guideline for Detailed Study Explanation
Hello. My name is Melissa Lidderdale, and I am a doctoral student in Western Michigan University’s Counseling Psychology Program. I am conducting a dissertation research study on resilience in midlife lesbian psychologists. In this study, I am supervised by Dr. James Croteau. I was given your name as a potential participant by [fill in referring person’s name]. I am wondering if you have a few minutes to talk briefly about my study? [If the individual has time to talk, proceed with the script; if not, ask for a convenient time to call again.] I would like to invite you to participate in a study investigating experiences of resilience in the lives of midlife lesbian psychologists. I believe that this is an important area of research. I have both a professional and personal interest in resilience. There has been a paucity of psychological research that has focused solely on the experience of resilience in lesbian women. By conducting this study, I hope to give voice to midlife lesbian psychologists’ experiences of resilience in their personal and professional lives. The meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in specific historical contexts. The meaning and understanding of resilience in their clinical work will also be a source of information for fostering resilience in clients. Their experiences of resilience could also be a source of support and empowerment for younger lesbian psychologists and, more generally, lesbians across contexts.

I am seeking participants, between the ages of 50 and 65 years old, who identify as lesbian or as gay women and who are counseling or clinical psychologists. I am interested in interviewing participants who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced, as well as how they understand their impact on client resilience. I am looking for potential participants who currently work at least part-time as clinicians and have been working as psychologists for at least 15 years post doctoral degree. [Does this seem to fit for you so far? (If the individual says “yes,” continue with script. If “no,” then thank the individual for their time and follow script for recruiting additional participants].

Participation in the study involves two steps. The first step involves completing a contact form, an informed consent form, and a background information form, which should take about 10-15 minutes. This information will be used to select a diverse sample of participants. All information collected will be kept confidential and secure. If you are selected from among those who agree to participate, you will be invited to participate in the second step of this study. Step two of the study involves participating in two interviews, an initial interview and a follow-up interview. Both interviews would be conducted at your convenience. During the interviews you will be asked questions about
your experiences of resilience. I would like to send you the research packet that contains more information on the study and the forms for step one of participation. Do you think this is a study in which you might be willing to participate? [If “yes,” proceed with script for mailing research packet. If “no,” then thank the individual for their time and proceed with script for recruiting additional participants.]

Script for Mailing Research Packet

The research packet will contain an informed consent form to read in further considering whether or not you would be willing to participate in this study. The consent form contains my contact information so that you can reach me should any questions arise once you read the materials. I will also include the additional forms and a self-addressed stamped envelope to be used in returning completed research materials.

I am attempting to find participants from diverse racial and ethnic backgrounds in this study and am wondering if you know of anyone you believe would be interested in participating in this study? You can inform them of the study and how to contact me (via email or phone) or provide names and contact information to me directly. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them. [Respond to questions and collect information needed. Provide my contact information and offer to forward to them an email announcement of research study.]

Do you have any questions at this time? [Respond to questions] Thank you for your time and consideration of this study.

{If the individual would like to receive a research packet, then a mailing address will be obtained and the preferred method for follow-up contact (e.g., phone number, permission to leave a message, email address) will be established. The research packet will be mailed and follow-up contact made to the individual approximately one week after the forms have been mailed.}

Script for Recruiting Additional Participants

At this point I would like to ask you if you know of anyone you believe would be interested in this participating in this study? I am specifically interested in finding participants from diverse racial and ethnic backgrounds. You can inform them of the study and how to contact me (via email or phone) or provide names and contact information to me directly. Not all people referred will be contacted to participate but if contact were made then I would notify any potential participant that you referred them. [Respond to questions and collect information needed. Provide my contact information and offer to forward to them an email announcement of research study (Appendix B).]
Email Version

{The following script is intended to provide a standard guideline for use during the initial email contact with potential participants who were recommended by others.}

Hello __________. My name is Melissa Lidderdale, and I am a doctoral student in Western Michigan University’s Counseling Psychology Program. I am conducting a dissertation research study on resilience in midlife lesbian psychologists. In this study, I am supervised by Dr. James Croteau. I was given your name as a potential participant by __________ (fill in referring person’s name). I would like to invite you to participate in a study investigating experiences of resilience in the lives of midlife lesbian psychologists. I am seeking participants, between the ages of 50 and 65 years old, who identify as lesbian or as gay women and who are counseling or clinical psychologists.

The following information provides you with summary information regarding the study. If you are interested in receiving additional information about the study, contact me. Please let me know if you are or are not interested in participating in this study.

If, after reading the study description, you know of someone else to recommend as a potential participant please forward this information to her as well. I am specifically interested in finding participants from diverse racial and ethnic backgrounds. You may also provide names and contact information to me so that I may directly contact them. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them.

Thank you for your time in reading and responding to this inquiry. I look forward to hearing from you. Please feel free to contact me with any additional questions.

Sincerely,

Melissa A. Lidderdale

Title: Resilience in the Lives of Midlife Lesbian Psychologists

- The qualitative research study is my dissertation under the supervision of Dr. James M. Croteau.
- I am seeking potential participants who are women between the ages of 50 and 65 years old, identify as lesbian, and who are clinical or counseling psychologists. Participants should also have at least 15 years professional experience as psychologists and currently working at least part-time in clinical practice.
- I am interested in interviewing midlife lesbian psychologists who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced, as well as how they understand the impact of their resilience on clinical practice.
- The hope for the study is that the meaning and experience of resilience for midlife
lesbian psychologists will provide a unique contribution toward increased understanding of resilience in the contexts of a particular historical time.

- The meaning and understanding of resilience in the clinical work of midlife lesbian psychologists will be a source of information as to how to foster resilience in clients and could also be a source of support and empowerment for younger lesbian psychologists and, more generally, lesbians in different contexts and ages.

Follow-Up Email

Hello ______. Thank you for responding and for your interest in receiving more information about the study. I will mail you a research packet that contains information on the study and the necessary documents. The research packet will contain a consent form to read in further considering whether or not you would be willing to participate in this study. The consent form contains my contact information so that you can reach me should any questions arise once you read the materials. I will also include the additional forms and a self-addressed stamped envelope for you to return the forms after completing them.

I will contact you within a week of your receiving these forms to see if you have any additional questions about the study. At that time you may also indicate whether you continue to be interested in being considered for participation in the interview part of this study. How would you like me to send you the research packet? Please provide an email address if this is your preferred method or a U.S. postal mailing address.

Please let me know if you have any questions at this time. Thank you for your time and consideration of this study.

Sincerely,

Melissa A. Lidderdale

{The research packet will be mailed and follow-up contact made to the individual approximately one week after the forms have been mailed.}
Appendix J

Email Script for Responding to Study Inquiries
Email Script for Responding to Study Inquiries

{The following script will be utilized by this researcher if potential participants contact the researcher via email to indicate interest in the study. This script will be emailed to the potential participant in order to facilitate scheduling of an initial contact by telephone.}

Dear _______________________(fill in name of potential participant),

Thank you for expressing interest in my study investigating midlife lesbian psychologists’ experiences of resilience. I would like to arrange a time to speak with you by phone for about 5-10 minutes to tell you more about my study and to see if you would like to participate. I could also forward you additional information about the study via email. I would appreciate it if you could please email me, or call, with your telephone number and dates and times that would be convenient for me to call. I can be reached at (269)384-6055, extension 3. Thank you for your interest in this study. I will look forward to talking with you about it soon.

Sincerely,

Melissa A. Lidderdale
Appendix K

Phone Contact Script for Responding to Study Inquiries
Hello. My name is Melissa Lidderdale, and I am a doctoral student in Western Michigan University's Counseling Psychology Program. I am contacting you because you expressed interest in participating in a research study on midlife lesbian psychologists' experiences of resilience. I am wondering if you have a few minutes to talk briefly about my study? [If the individual has time to talk, proceed with the script; if not, ask for a convenient time to call again.] I am conducting this dissertation research study in partial fulfillment of my doctoral degree under the supervision of Dr. James Croteau. I believe that this is an important area of research. I have both a professional and personal interest in resilience. There has been a paucity of psychological research that has focused solely on the experience of resilience in lesbian women. By conducting this study, I hope to give voice to midlife lesbian psychologists’ experiences of resilience in their personal and professional lives. The meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in specific historical contexts. The meaning and understanding of resilience in their clinical work will also be a source of information for fostering resilience in clients. Their experiences of resilience could also be a source of support and empowerment for younger lesbian psychologists and, more generally, lesbians across contexts.

I am seeking participants, between the ages of 50 and 65 years old, who identify as lesbian or as gay women and who are counseling or clinical psychologists. I am interested in interviewing participants who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced, as well as how they understand their impact on client resilience. I am looking for potential participants who currently work at least part-time as clinicians and have been working as psychologists for at least 15 years post doctoral degree. [Does this seem to fit for you so far? (If the individual says “yes,” continue with script. If “no,” then thank the individual for their time and follow script for recruiting additional participants].

Participation in the study involves two steps. The first step involves completing a contact form, an informed consent form, and a background information form, which should take about 10-15 minutes. This information will be used to select a diverse sample of participants. All information collected will be kept confidential and secure. If you are selected from among those who agree to participate, you will be invited to participate in the second step of this study. Step two of the study involves participating in two interviews, an initial interview and a follow-up interview. Both interviews would be conducted at your convenience. During the interviews you will be asked questions about your experiences of resilience. I would like to send you the research packet that contains...
more information on the study and the forms for step one of participation. Do you think this is a study in which you might be willing to participate? [If “yes,” proceed with script for mailing research packet. If “no,” then thank the individual for their time and proceed with script for recruiting additional participants.]

Script for Mailing Research Packet

The research packet will contain an informed consent form to read in further considering whether or not you would be willing to participate in this study. The consent form contains my contact information so that you can reach me should any questions arise once you read the materials. I will also include the additional forms and a self-addressed stamped envelope to be used in returning completed research materials.

I am attempting to find participants from diverse racial and ethnic backgrounds in this study and am wondering if you know of anyone you believe would be interested in participating in this study? You can inform them of the study and how to contact me (via email or phone) or provide names and contact information to me directly. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them. [Respond to questions and collect information needed. Provide my contact information and offer to forward to them an email announcement of research study.]

Do you have any questions at this time? [Respond to questions] Thank you for your time and consideration of this study.

{If the individual would like to receive a research packet, then a mailing address will be obtained and the preferred method for follow-up contact (e.g., phone number, permission to leave a message, email address) will be established. The research packet will be mailed and follow-up contact made to the individual approximately one week after the forms have been mailed.}

Script for Recruiting Additional Participants

At this point I would like to ask you if you know of anyone you believe would be interested in this participating in this study? I am specifically interested in finding participants from diverse racial and ethnic backgrounds. You can inform them of the study and how to contact me (via email or phone) or provide names and contact information to me directly. Not all people referred will be contacted to participate but if contact were made then I would notify any potential participant that you referred them. [Respond to questions and collect information needed. Provide my contact information and offer to forward to them an email announcement of research study (Appendix B).]

Email Version
The following script is intended to provide a standard guideline for use during the initial email contact with potential participants who were recommended my others.

Hello ________. My name is Melissa Lidderdale, and I am a doctoral student in Western Michigan University’s Counseling Psychology Program. I am responding to your inquiry about my dissertation research study on resilience in midlife lesbian psychologists. In this study, Dr. James Croteau supervises me. The following information provides you with summary information regarding the study. If you are interested in receiving additional information about the study, contact me. Please let me know if you are or are not interested in participating in this study.

If, after reading the study description, you know of someone else to recommend as a potential participant please forward this information to her as well. I am specifically interested in finding participants from diverse racial and ethnic backgrounds. You may also provide names and contact information to me so that I may directly contact them. Not all people referred will be contacted to participate but if contact were made, then I would notify any potential participant that you referred them.

Thank you for your time in reading and responding to this inquiry. I look forward to hearing from you. Please feel free to contact me with any additional questions.

Sincerely,

Melissa A. Lidderdale

**Title: Resilience in the Lives of Midlife Lesbian Psychologists**

- The qualitative research study is my dissertation under the supervision of Dr. James M. Croteau.
- I am seeking potential participants who are women between the ages of 50 and 65 years old, identify as lesbian, and who are clinical or counseling psychologists. Participants should also have at least 15 years professional experience as psychologists and currently working at least part-time in clinical practice.
- I am interested in interviewing midlife lesbian psychologists who have experienced resilience in their lives and who would be willing to discuss the challenges that they have faced, as well as how they understand the impact of their resilience on clinical practice.
- The hope for the study is that the meaning and experience of resilience for midlife lesbian psychologists will provide a unique contribution toward increased understanding of resilience in the contexts of a particular historical time.
- The meaning and understanding of resilience in the clinical work of midlife lesbian psychologists will be a source of information as to how to foster resilience in clients and could also be a source of support and empowerment for younger lesbian psychologists and, more generally, lesbians in different contexts and ages.
Follow-Up Email

Hello ______. Thank you for responding and for your interest in receiving more information about the study. I will mail you a research packet that contains information on the study and the necessary documents. The research packet will contain a consent form to read in further considering whether or not you would be willing to participate in this study. The consent form contains my contact information so that you can reach me should any questions arise once you read the materials. I will also include the additional forms and a self-addressed stamped envelope for you to return the forms after completing them.

I will contact you within a week of your receiving these forms to see if you have any additional questions about the study. At that time you may also indicate whether you continue to be interested in being considered for participation in the interview part of this study. How would you like me to send you the research packet? Please provide an email address if this is your preferred method or a U.S. postal mailing address.

Please let me know if you have any questions at this time. Thank you for your time and consideration of this study.

Sincerely,

Melissa A. Lidderdale

{The research packet will be mailed and follow-up contact made to the individual approximately one week after the forms have been mailed.}
Appendix L

Follow-Up Contact Guideline for Potential Participants After Mailing the Research Packet
Follow-Up Contact Guideline for Potential Participants After Mailing the Research Packet

Email or Post Card Version

Hello __________. I am contacting you to find out if you received the research materials for the study we discussed on ___________ (date of previous contact). I have not received your returned research packet. If you have not already mailed the completed materials, I would like to encourage you to do so as soon as possible. The quality of this research study is dependent upon the unique contributions of potential participants. If you have decided to not complete the research materials, I thank you for your consideration of this study.

Please contact me if you have not received the materials or with any questions you might have about this study.

Thank you again for your time and consideration of this research.

Melissa A. Lidderdale

Follow-up contacts by participants in reply to this inquiry will be responded to and all questions addressed. If a participant has decided to withdraw from participation and notifies me, then I will thank them for their consideration of the study.]
Appendix M

Contact Script for Respondents Selected for Interviews
Contact Script for Respondents Selected for Interviews

{The following script is intended to provide a standard guideline for use in scheduling and arranging the initial interview.}

Hello, ___________(name of respondent), this is Melissa Lidderdale. I am contacting you because you previously responded with interest in participating in a study about midlife lesbian psychologists and resilience. Thank you for returning your completed research materials. I would like to invite you to participate in an interview regarding the experience of resilience in your life as a midlife lesbian psychologist. Are you still interested in participating at this time? (If yes – continue; If no – thank them for the time already invested in completing materials)

The next step is for us to schedule a time for a 1 ½ to 2 hours interview. I am prepared to travel to meet with you at a convenient location. When are you available for the interview? Where would you like to meet for the interview? [Ask for address and/or directions to location if needed] I will be sending you a reminder of our scheduled time and a list of the topics we will cover during the interview. May I mail or email that to you or is there another way to get this information to you prior to our meeting?

Thank you again and I look forward to meeting with you on ____________ (date and time of meeting) at ________________ (location of meeting). Please contact me in the meantime should any questions or concerns arise (give contact information).

{This script will be sent in the form of an email if the potential participant has indicated that this is the preferred method of contact.}
Appendix N

Letter Prior to Initial Interview
Letter Prior to Initial Interview

Dear ________________ (fill in name of participant),

I am looking forward to meeting with you on ______________ (fill in date, time, and location of interview) to interview you about your experiences of resilience. Prior to our interview, I am asking that you reflect on the following areas that will be discussed during our interview. During the interview I will be asking you to share stories and concrete examples that you believe will illustrate resilience with regard to the following:

• Your experience of resilience in your personal life
• Ways in which you have experienced resilience in response to sexism and heterosexism, as well as other forms of oppression
• Your experience of resilience in your professional life, including education and early career establishment
• Ways in which you have professionally experienced resilience in response to sexism and heterosexism, as well as other forms of oppression
• Ways in which your own resilience has impacted your clinical work with clients
• Your understanding of the elements crucial to fostering resilience in people
• Your personal description or definition of resilience from your experiences

If you find it helpful to take notes or write down key ideas as you are reflecting, please feel free to do so and bring those notes to the interview. Thank you for taking the time to reflect on these general topic areas.

Sincerely,

Melissa A. Lidderdale
Appendix O

Contact Script for Respondents to the Demographic Questionnaire
Not Selected for Interviews
Dear ____________ (name of respondent),

I am writing to you because you previously responded with interest in participating in a study about midlife lesbian psychologists and resilience. Thank you for returning the research packet and agreeing to participate in my study. Your time in completing the materials and expressing your interest are greatly appreciated. At this time, however, I will not be able to include you in the interviews. I have selected a small number of participants with diverse backgrounds, experiences, and characteristics. I regret that I cannot interview everyone who expressed interest, but am eager to complete the study so that I can share the findings with others. Again, thank you for your responses, for your time, and for your interest in this study.

Sincerely,

Melissa A. Lidderdale

{This script will be sent in the form of an email if the potential participant has indicated that this is the preferred method of contact.}
Appendix P

Interview Guide
Interview Guide

The following guide will focus the interview process. In addition to the specific questions and prompts for the participant to respond, the researcher will also facilitate the process and ensure collecting a detailed participant description by using interviewing skills such as active listening, reflection, clarifications, and probes. The beginning of the interview will include verification of the informed consent to participate and an overview of what will be covered during the time scheduled.

Personal

I hope that you have had a chance to prepare using the topics that I sent you. I would like you to begin by telling me a story that illustrates an early experience of resilience in your personal life.

- What factors within you were important in fostering your resilience during that experience
- What factors within your environment were important in fostering your resilience during that experience
- Describe how you were changed by the experience
- What do you think it has meant for you to have had that experience

Next, I would like you to tell me a story that illustrates an early experience of resilience in your experience of coming out as a lesbian

- What factors within you were important in fostering your resilience during that experience
- What factors within your environment were important in fostering your resilience during that experience
- Describe how you were changed by the experience
- What do you think it has meant for you to have had that experience

As you think about your developmental life transitions (such as from early adulthood to midlife), how would you describe the way in which you access your resilience?

Professional
Switching to a focus on your professional life, I would like you to begin by telling me a story that illustrates an early experience of resilience during your education to become a psychologist.

- How was your experience with resilience related to experiencing sexism?
- How was your experience with resilience related to experiencing heterosexism?
- What factors within you were important in fostering your resilience during that experience?
- What factors within your environment were important in fostering your resilience during that experience?
- Describe how you were changed by the experience.
- What do you think it has meant for you to have had that experience?

Have you experienced significant challenges as a lesbian psychologist and do you believe that you have demonstrated resilience in the face of those challenges? Please share an example with me.

Could you describe in as much detail as possible a clinical situation in which your experience with resilience impacted your work with a client?

- How does your own resilience impact your clinical work?

Conclusion

I'd like to know more about why you decided to participate in this study.

What does the concept of resilience mean for you?
Appendix Q

Contact Guideline for Scheduling Follow-Up Interviews
Contact Guideline for Scheduling Follow-Up Interviews

{The following script is intended to provide a standard guideline for use in scheduling and arranging the follow-up interview.}

Hello, ____________ (name of respondent), this is Melissa Lidderdale. I am contacting you because the first set of interviews on resilience has been completed and I am now scheduling follow-up interviews. The next step is for us to schedule an hour to complete the follow-up interview. These interviews are important so that we have the opportunity to talk about how accurately your own experiences are reflected in the research results. I am prepared to travel to meet with you at a convenient location. When are you available for the interview? Where would you like to meet for the interview? [Ask for address and/or directions to location if needed] I will be sending you a reminder of our scheduled time and two narratives for your review. One narrative is a summary of what I have written based on your interview. The other narrative is a collective summary that I wrote based on my initial interviews with all participants. These two narratives are the initial research results and will serve as the focus for this follow-up interview. Would you like me to email you these materials or mail them to you prior to our meeting?

Thank you again and I look forward to meeting with you on ____________ (date and time of meeting) at ____________, (location of meeting). Please contact me in the meantime should any questions or concerns arise (give contact information).

{This script will be sent in the form of an email if the potential participant has indicated that this is the preferred method of contact.}
Appendix R

Letter to Participant Prior to Follow-Up Interview
Letter to Participant Prior to Follow-Up Interview

Dear ________________ (fill in name of participant),

I am looking forward to talking with you on ____________ (fill in date and time of interview) for our follow-up interview about your experiences of resilience. Enclosed are two narratives. One is a copy of a narrative I have written based on your individual story and the other narrative is a collective story that I have written based on my initial interviews with all participants. It is important to me that we have the opportunity to talk about how accurately your own experiences are reflected in your individual narrative, as well as how inclusive the collective story is of your own experiences. I am also interested in your reactions to these narratives and whether they spark further thoughts about your own experiences and understanding of resilience. I appreciate your taking the time to read these stories, and I look forward to speaking with you soon.

Sincerely,

Melissa A. Lidderdale
Appendix S

Follow-Up Interview Guide
Follow-Up Interview Guide

The following guide will help focus the follow-up interview process. This is not intended to be a script but a document to provide the researcher with guidance in asking questions that will deepen the understanding of the data collected. The researcher will also facilitate the process and ensure collecting a detailed participant description by using interviewing skills such as active listening, reflection, clarifications, and probes.

Participant Check of Collective Narrative (general structural description)

- Discuss participant’s reactions to the collective narrative (including check for clarity)
- Discuss participant’s evaluation of how the collective narrative does and does not fit her personal experience of resilience
- Ask for specific feedback and changes that could clarify or alter the collective narrative to better reflect the participant’s story

Participant Check of Individual Narrative

- Discuss participant’s reactions to her individual narrative (including check for clarity)
- Ask for specific feedback and changes that could clarify or alter the individual narrative to better reflect the participant’s experience

Reactions and Discussion of Resilience

- The researcher will discuss conceptualizations of resilience found in the literature (e.g., Richardson’s theories; RCT; research findings, etc.). This will be an interactive discussion as it applies to the participant’s narrative and reactions. Participant’s reflection on the current resilience literature will be discussed in a context of how it fits with clinical practice.
- Discuss with participant how she views the collective narrative fits within resilience literature
- Discuss with the participant how her individual narrative and experience of resilience fits within the larger body of resilience literature
Appendix T

Approval Letters from Human Subjects Institutional Review Board
Date: October 8, 2007

To: James Couto, Principal Investigator
Melissa Lidderdale, Student Investigator for dissertation

From: Amy Nagle, Ph.D., Chair

Re: ISIRB Project Number: 07-08-02

This letter will serve as confirmation that your research project entitled
"Phenomenological Study of Resilience in Midlife Lesbian Counseling and Clinical Psychologists in Clinical Practice" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition, if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the ISIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: October 8, 2008
Date: September 26, 2008

To: James Croteau, Principal Investigator
Melissa Lidderdale, Student Investigator for dissertation

From: Amy Naugle, Ph.D.

Re: Extension and Changes to HSIRB Project Number: 07-08-02

This letter will serve as confirmation that the extension and changes (increase time between first and follow-up interviews; follow-up interviews to be conducted by phone; send results to participants who request them; minor changes to instruction instruments to reflect these changes) to your research project "Phenomenological Study of Resilience in Midlife Lesbian Counseling and Clinical Psychologists in Clinical Practice" requested in your memo dated September 15, 2008 have been approved by the Human Subjects Institutional Review Board.

The conditions and the duration of this approval are specified in the Policies of Western Michigan University.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: October 8, 2009