

# **Phenomenological Research Methods Psychology: A Comparison with Grounded Theory, Discourse Analysis, Narrative Research, and Intuitive Inquiry**

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This presentation grows out of a project that aims to demonstrate and compare five different qualitative research methods for studying human lived experience. Five leaders in the development and application of qualitative analysis in psychology each used their approach in analyzing the same in depth interview with a young woman (see Appendix I for the original data and interview transcript), “Teresa,” who, while training to be a successful opera singer, developed thyroid cancer that threatened her voice and career. As the cancer spread to her brain, she entered a struggle for her life and lost much of what was of value to her. She made an effort to live as fully as possible. The phenomenon of trauma and resilience is further exemplified in a second interview with an elite gymnast (see Appendix II for the original data and interview transcript), “Gail,” who suffered a serious injury in a fall from the uneven bars. This presentation will focus primarily on the phenomenological method of analysis as it has been developed for psychological research and will illustrate this method with reference to the analysis of the experience of Teresa and the more general phenomenon of trauma and recovery. The presentation will conclude with a comparison between this phenomenological method of analysis and those performed by the other 4 researchers, with the aim of highlighting the distinctive contribution of phenomenology to the field of human science research and comparing this method to grounded theory, discourse analysis, narrative psychology, and intuitive inquiry, methods that are currently involved in the growing qualitative research movement.

## **Background**

One of the great challenges facing the human sciences and service professions is the choice and application of research methods that respect the uniqueness, complexity, and meanings of human lived experience. Qualitative research methods have made seminal contributions to psychology over the past century by such eminent researchers as William James, Sigmund Freud, Jean Piaget, Lawrence Kohlberg, Abraham Maslow, and Herb Simon. However only in the most recent decades has a rich and diverse plurality of such methods become formalized and made available in the academic curriculum for training researchers. Since the 1970s, a confusing panoply of approaches to qualitative research have been developed and their growing presence in education settings, in funded research, and in professional conferences and journals has been characterized as “the qualitative revolution.” Although textbooks and graduate courses currently introduce various approaches to students and scholars, there has been little focused and systematic comparison of the application of the different methods. Students and even seasoned researchers seeking to expand their methodological competence to include qualitative methods are often baffled by similarities and differences of such methods and may be at a loss in choosing an analytic method that is most relevant for their purpose. Because the methods of qualitative research have built on each other and overlapped, traditions with relatively distinct and well formulated procedures for protocol analysis were selected for this project. Phenomenological psychology is a philosophically based approach, emphasizes description, and has been employed over the last century with clearly spelled out steps since the late 1960s. Grounded theory was developed in sociology in the late 1960s with an emphasis on theory building, has been used

across many human sciences, and also utilizes well delineated procedures. Discourse analysis emphasizes human language as performance and brings a socially critical lens to its study. Narrative research draws upon such humanities as literary study and emphasizes the interpretive power of stories to disclose human meaning. Intuitive inquiry was developed in the study of religious experience and uniquely draws on the researcher's personal and visionary capacities in scientific analysis and creativity.

In this paper, I will explore a phenomenological approach to research on trauma and resiliency. I will begin with a brief, historical introduction to phenomenological research in psychology. I will then describe the procedures I used in the current research project, which focused centrally on the analysis of Teresa's experience. Because my reflections and the findings are too extensive to be included in full, I will describe them and sample illustrative reflections and some findings from my summary account of the temporal structure of Teresa's experiences. I will also give some examples of findings from thematic analyses within the structure of Teresa's experience. Because phenomenological analysis typically attempts to move from individual experiences to more general insights, I will describe some of the generalizing procedures I used, including an analysis of a second experience, Gail's. I will touch on some characteristics of typical research reports will be mentioned. Finally, I will compare the phenomenological approach to this data with those of the other 4 qualitative research approaches in an effort to articulate the distinctive contribution of phenomenology and how each of these other methods is different from phenomenology.

#### The Phenomenological Approach

The phenomenological approach to qualitative research has its historical roots at the turn of the 20<sup>th</sup> century in the work of Edmund Husserl. Husserl (1913/1962) developed and employed the research method he called "phenomenology" for use in philosophy and the human sciences including psychology. As employed in psychology, this method is a descriptive and qualitative study of experience that attempts to faithfully conceptualize the process and structure of mental life including the meaningful world that is lived through experience. Phenomenological method does not begin with pre-existing theories, nor does it test hypotheses, and it does not explain human experience with reference to neurological or environmental causes. Instead, phenomenology aims to describe "what the experience (under investigation) is," including the modes of apprehension and the significance of the lived situations.

In order to understand the attitude adopted by the phenomenological researcher, it is necessary to consider two negative procedures developed and elaborated by Husserl (1939/1954): the *epoché of the natural sciences* and the *epoché of the natural attitude*. These are essentially prohibitions that delineate what the phenomenological researcher does *not* do. They are important because they distinguish phenomenological research from mainstream and contrasting methods in the human sciences. The first procedure involves simply putting aside pre-existing scientific theories and research about the topic. More broadly, this involves abstaining from explanations that have been or could be postulated regarding the phenomenon under investigation. The purpose of this procedure is to engender a fresh attentiveness to concrete *examples* of the phenomenon in question, or, as Husserl famously called it, to "return (from theories) to the things themselves." The second epoché, that of the natural attitude, is also called the "phenomenological reduction." Whereas the natural tendency of consciousness is to naively posit the existence of its objects—the world, the phenomenologist abstains from this positing, from this belief in the existence of what is experienced, for the purpose of examining the process and sense of experience. The phenomenological attitude is a reflective one that

focuses exclusively on experiential process and meanings as such without sharing the natural tendency to posit reality independent of the experience. The world is studied as only *as experienced*. The full transcendental phenomenological reduction used in philosophy is not employed in psychological research, for the psychologist continues to posit the existence of the person and experience itself, this partial epoché being called the *psychological* phenomenological reduction (Husserl, 1925/1977 & 1939/1954). It is important to note that these epochés do not imply doubt or disbelief concerning natural science (or any) theories, explanations, or the existence of what is experienced. These procedures are *methodological*, vocational attitudes similar to the “bracketing” that occurs on the part of the physical scientist whose subject matter requires setting aside subjectivity and personal meanings concerning what is researched. These procedures allow the psychological researcher to focus on lived experience as it is itself given.

The two main positive procedures Husserl (1913/1962) developed are called *intentional analysis* and *eidetic analysis*. Intentional analysis is the process of describing and gaining insight into the how and what of experience-- how experiential processes proceed and what is experienced. Phenomenology finds that consciousness, or experience, is “intentional,” that consciousness is always consciousness *of something* (beyond consciousness itself). Psychological processes relate meaningfully *to the world*. For instance, I perceive a black bird, I open the door, I imagine a centaur, I remember my childhood home, I anticipate a lunch appointment with a friend, and so on. Experience involves an “I,” that is a center of passivities, activities, possibilities, and habitualities; various ways in which objects may be given (perceiving, behaving, imagining, anticipating); and the meaningful situations and worldly affairs encountered through these processes of experiencing. In focusing on the person’s ways of being-in-the-world, phenomenology descriptively elaborates structures of the I (“ego” or “self”), various kinds of intentionality (experience), and the constitution of the experienced world. Husserl and other phenomenologists emphasized that human experience is fundamentally an embodied, social, and temporal process that includes a practical and emotional presence, thereby illuminating the utilities and values that inhere in the world.

As a scientific undertaking, phenomenology uses a methodical rationality to achieve *general knowledge* on the basis of evidence. Its distinctive kind of knowledge is attained through what Husserl called *intuition of essences* or *eidetic analysis* (Wertz, 2009). Phenomenological research always begins with and constantly holds in view concrete examples of the experiences under investigation. It aims at knowledge of their essence, that is, what these experiences are, what they are examples of. In thematizing *what the matter under investigation is*, phenomenology is a qualitative discipline par excellence. Phenomenology explicates experiential phenomena not in their empirical individuality but in their *eidōs* or *essence*, which involves a distinctive form of ideation that grasps the invariant structure and characteristics of experience as manifest in a potentially limitless extension of examples. For instance, the phenomenology of perception views the seeing of a sea gull, the hearing of the ocean, the smell of shellfish, and the feel of sand underfoot as examples of limitless imaginable variations of “what perception is.” Eidetic analysis draws not only on the examination of empirical or factual examples of the phenomenon under investigation but employs the procedure of free imaginative variation of examples which enables the researcher to recognize what makes individual experiences examples of perception, that is, the invariant, essential or universal features that make perception, or any topic of research, what it is. Phenomenological knowledge, by way of this distinctive form of rationality, can grasp its phenomena at various levels of generality,

ranging at the lower limit from a particular *individual's experience*, say, of the trauma, to *types* or typical configurations of traumatic experience, to the most *highly general* characteristics of traumatic experience that would be necessary to qualify any experience as trauma.

Husserl's phenomenological analyses yielded both philosophical and psychological knowledge. For instance, he analyzed perception, time consciousness, imagination, emotional life, social experiences such as empathy, ego habitualities, and many other intentional processes. Husserl's work gave rise to a movement that spanned the 20<sup>th</sup> century and has continued with vitality in the 21<sup>st</sup> century in both philosophy and psychology (Halling and Dearborn Nill, 1995; Wertz, 2006). Many seminal phenomenological philosophers have addressed disciplinary issues in psychology and have performed psychological analysis, including, Heidegger (1927/1962), Sartre (1948/1939, 1948/1940, 1956/1943), Merleau-Ponty (1943/1962; 1942/1963), Marcel (1965), Schutz (1932/1967), Bachelard (1938/1964, 1958/1964), Levinas (1954/1969), Ricoeur (1974, 1981), and Gadamer (1960/1989). This Continental philosophy has broadened and enhanced itself through existential, hermeneutic, and narrative turns which have contributed both methodological developments and fundamental insights into a wide range of psychological processes including perception, emotion, physiology, imagination, thinking, language, human development, and many such complex phenomena as problem solving, athletic performance, leadership, marriage, family life, mental and disorders. Research has also been employed in order to serve education, medicine, organizations, and the full spectrum of professional practices. Phenomenology has had particularly extensive application in clinical psychology and psychiatry, for instance in the work of Jaspers (1913/1963), Scheler 1913/1954), Binswanger (1963), Boss (1963), May, Angel, and Ellenberger (1958), Straus (1966), van den Berg (1972), Laing (1962, 1963), Barton (1974) and many others. Phenomenology is an adaptable movement including many different topical interests, talents, sensibilities and unique styles of investigators even as it embodies the above characteristic methodological attitudes and procedures (Valle, 1998; Spiegelberger, 1972, 1982).

The long, rich, highly developed, and multifaceted history of phenomenology presents a great educational opportunity and also a challenge for those who seek to perform phenomenological research. Although familiarity with phenomenological philosophy is invaluable, fruitful employment of phenomenological principles and procedures may be undertaken without extensive prior philosophical study. Understanding these difficult philosophical and psychological writings, a lifetime task, is facilitated by formal education and expert teachers. However, researchers with varying levels of exposure to and mastery of the philosophical movement have been able to make valuable contributions. The writings of philosophers, many of whom discuss psychology and even conduct psychological research, offer researchers a philosophy of science that contrasts sharply with the positivist one in which many have been educated, and they help form a crucial foundation for research focused on the special characteristics of human experience. These writings also contain detailed elaborations and illustrations of methodological principles and procedures as well as a wealth of descriptive conceptual tools and terminology relevant to the rigorous investigation of human experience. Because these writings sensitively focus on human experience, with which we as human beings are intimately familiar from our own living, these writings often evoke an experience of immediate resonance and recognition on the part of human researchers who, as Merleau-Ponty noted, may experience phenomenology as "what they had been waiting for" (1962, viii). Merleau-Ponty characterizes phenomenology as a "manner or style of thinking" prior to a formal discipline, and therefore this approach may be quite immediately accessible and appropriated by

a researcher. Husserl (1925/1977) credited Brentano, who identified the intentionality of mental life, and Dilthey, who brilliantly enumerated many essential qualities of mental life, as achieving phenomenological insight prior to the formal specification of its methodology, demonstrating that phenomenology can be practiced without formal training. Examples of “protophenomenology” show that persons with no exposure to phenomenological methods can spontaneously and informally conduct excellent psychological research, for example the obstetrician Frederick LeBoyer, who studied the experience of birth from the infant’s point of view (Wertz, 1981). Phenomenology is not a doctrine or a contrived method but a diverse, pluralistic movement. The return to and rigorous conceptualization of lived experience is possible for those with the inclination and talent, which may be enhanced and refined by formal methodological education and training.

Phenomenological research utilizes the full sensitivity, knowledge, and powers of comprehension of the researcher and is consequently quite personal. Merleau-Ponty (1962) said that one learns phenomenology by making it one’s own. The flexibility of the method allows its creative adaptation to diverse topics, research problems, and styles of researchers. Examples of phenomena under investigation may be drawn from research participants in the first person, from research participants witnessing others, from the researchers themselves, from memoirs and letters, from media, from literature and art of all types, and from virtually every available manifestation or expression of concrete lived experience. Procedures used in describing and organizing data have also been quite varied, ranging from the informal and free-wheeling to the extremely systematic and methodical. Whether through interview or writing, descriptions are given verbally. The analysis of concrete instances of the research phenomenon—grasping of the essences of the experience under investigation, has ranged from the spontaneous and even playful to being quite stepwise and deliberate.

#### Empirically Based Psychological Research Method

Since the late 1960s, there has been an increasing attempt to formally specify workable procedures of psychological science that may be followed and used as a guide for novice researchers and a framework for scientific accountability (Wertz, 2005). Amedeo Giorgi has led the way in developing, articulating, and justifying phenomenological research methods that have been applied to the full spectrum of psychological subject matter (Cloonan, 1995). In keeping with phenomenology, Giorgi’s (1975; Giorgi & Giorgi, 2003) approach to psychological research involves the collection of concrete examples of psychological subject matter and the analytic reflection on their processes, meanings and structures. Giorgi (1985) has delineated the various phases of phenomenological psychological research, including the formulation of the topic and research problem, the constitution of research situations, the various sources of description, the steps of analysis, and the formulation of results.

Giorgi has made the procedures of phenomenological psychological research explicit, methodical, deliberate, systematic, and fully accountable in contrast to the informal and less systematic way phenomenological research in psychology had been done by the earlier pioneers. For instance, Giorgi’s has delineated the steps of protocol analysis—1) openly reading the description, 2) differentiating the description into meaning units, 3) reflecting on the psychological significance of each meaning unit, and 4) summarizing the essential psychological structure of the phenomenon in response to the research question. Detailed attention has been given to the crucial third step of *reflection*, in which the following attitudinal constituents and active operative procedures have been identified (Wertz, 1983a):

Constituents of basic attitude:

1. Empathic immersion in the situations described
2. Slowing down and dwelling in each moment of the experience
3. Magnification and amplification of the situations as experienced
4. Suspension of belief and employment of intense interest in experiential detail
5. Turning from objects to their significance

Active procedures of reflection on an individual example of the subject matter:

1. Identification of the “existential baseline” or temporal background of the experience
2. Reflecting on the relevance of each moment of the experience, what is revealed about the phenomenon.
3. Exploring of the implicit horizons and meanings
4. Distinguishing the various constituents that make up the entire experience
5. Understanding the relations among constituents and their roles or contributions to the whole experience.
5. Thematizing recurrent modes of experience, meanings and motifs
7. Interrogating opacity—pushing the limits of comprehension
8. Imaginatively varying constituents in order to identify its essential, invariant structures
9. Formulating psychological language for descriptive knowledge (using everyday parlance, received scientific terms, or philosophical discourse)
10. Verifying, modifying, and reformulating findings after returning to data
11. Using received concepts as a heuristic to guide descriptive reflection

Procedures for achieving general findings

1. Identifying potentially general insights in individual structures
2. Comparing individual examples of the experience for common, even if implicit, commonality
3. Imaginative variation of individual examples to identify generally invariant features and organization.
4. Explicit psychological description in general language.

The general procedures formalized by Giorgi and the moments of reflection articulated by Wertz have been operative, without being explicit and transparent, in the work of the wide diversity of phenomenological psychological research and also in such other research traditions as psychoanalysis (Wertz, 1983b & 1987). It may even be argued that these moments of method are ideally constitutive of all descriptive psychological analyses. In psychological analysis, the researcher describes the person’s intentionality with respect to their situation and holistically explicates the organization of constituent processes and meanings, including the person’s embodied selfhood, emotionality, agency, social relations, and temporality as evident in examples of the subject matter under investigation. When conducted methodically, this approach is characterized by meticulous and thoroughness description that achieves fidelity to flowing psychological life by explicating its processes and meaningful general structures.

Phenomenological psychological researchers have studied the full spectrum of topics in psychology (see Colaizzi, 1973; Fischer, 1974 & 1985; Aanstoos, 1984; Davidson, Stayner, Lambert, Smith, and Sledge, 2001; Giorgi, Von Eckartsberg, & Fischer, 1971; Giorgi, Fischer & Murray, 1975; Giorgi, Smith, & Knowles, 1979; Giorgi, Barton & Maes, 1983; Pollio, Henley, & Thompson, 1997).

I am personally attracted to phenomenological methods by my desire to move from abstract theories, experiments, and pseudoscientific propositions that are remote from life toward the experiences lived through by persons in actual life situations. My own characteristic attitude

of wonder in the face of human experience, my fascination with its complexities, intricacies, multiple dimensions, depth, and ambiguities draws me to phenomenology. I experience research as a form of *love* in which I immerse myself in other people's lives and experiences, which I find surprising and even astonishing as I think more carefully about it. I am sensitive to the dark sides of human experience, and I am drawn to the precious value and dignity of actual human lives. I would characterize my individual reflective style and analytic contributions as fascinated and meticulous. I value the tiniest details of experience enjoy opening them up, relating various moments of human life together with searching and expansive reflections on their meanings, context and interconnections within the holism of experience. In this way, my reflections on protocols are much longer and more involved than many of my phenomenological colleagues, and it is a terrible challenge for me to share my findings in the usual short report. My style of description, and the knowledge I have gained through research, can be viewed as verging on the poetic. My own conviction is that knowledge of highly implicit meanings requires a researcher's own uniquely personal thinking and evocative use of language in order to faithfully reflect the psychology of the experiences under investigation. I find that accurate description of human experience is, in important respects, poetic, and therefore in psychology such language is objective. However, I am not a poet; my aim is knowledge, and I seek systematic, progressive knowledge that answers scientifically posed questions about human psychological life.

In this way each research project I have undertaken is unique and responds to the particular problems of the research. The current project contrasts, for instance, with my research on perception (Wertz, 1982), which addresses problems in the psychology of perception by systematically distinguishing the constituents and structures of everyday perceptual process, enumerating various types of perception and detailing the relationships of perceptual processes to the various non-perceptual psychological processes such as remembering, anticipating, thinking, and so on. In that work, the language, tables and diagrams used to present my findings are quite different from the descriptions below. My analysis and findings of trauma and resilience are more dramatic inasmuch as they aim fidelity to life and death struggles of the human being not found in ordinary perception. Phenomenological research shapes itself in conformity with its phenomena as well as engaging the distinctive presence and psychological sense of the researcher. The findings of a phenomenological analysis are presented in the researcher's voice, for they expression of scientific, psychological knowledge even as it is based on, dependent on, and refers to evidence by means of the relatively unreflective descriptions of experience offered by participants. Phenomenological knowledge, in articulating and offering insight into implicit and unknown characteristics of human experience, does not passively repeat the discourse of research participants, draw on common sense interpretations, or test prior psychological explanations but aims for original knowledge that reflects disciplined psychological knowing.

#### Method and Sample Findings of Teresa's Experience of Trauma and Resilience

In approaching Teresa's experience, I used the method developed by Amedeo Giorgi and that I have used elsewhere (Wertz, 1985). The overall attitude I adopted in this work was first to put aside my knowledge of scientific theories and research on trauma and resilience in order to focus the concrete instance in Teresa's life. Rather than being concerned with the existence of inexistence of what Teresa experienced, or attempting to explain it by means of references to her brain or her environment—without referring to anything existing outside of or apart from her experience itself, I reflected on the process of Teresa's experience and the world meaningfully presented to her in the course of her psychological life and summarized my findings.

#### Organizing the Data: An Individual Phenomenal Description.

Because there were two sources of data--the participant's written description and an interview, and because the interview moves from one topic to another and back, I reorganized this data by merging the written description and interview material into one, first person, master narrative organized in paragraphs ranging up to 15 sentences and guiding the reader through the temporal sequence of Teresa's experience. This is a variant of what is called an Individual Phenomenal Description. It contains 55 paragraphs or meaning units, totaling about 15 single spaced pages. My intention in constructing an Individual Phenomenal Description is to organize all available relevant data in a manner that renders Teresa's original experience as readily accessible as possible. As we see below, this involves the inclusion of context—for instance familial and cultural, which may at first appear somewhat remote from the topic of trauma and resilience but which may turn out, when analyzed, to have significant bearing on the psychology of trauma. The description begins with background information taken from the interview.

Meaning Unit #1. My mom's a worrier by nature. She's always been very timid and skittish. I think that my dad being such a tyrant made her very nervous all the time. I remember her getting in trouble all the time for doing things wrong. Like the coffee was too hot or too cold, ridiculous things like that. So I always saw her as this cowering person, despite the fact that she really is a very strong individual, but I saw her throughout my childhood as cowering under the shadow of this overbearing presence of my dad. She's always attributed this attitude to her ethnic background, being Filipino, and being raised in a very dogmatic, Catholic understanding of wifely duties to one's husband, being a good, subservient wife. And that the wife's duty is to the husband first, and to the children second, and she told me that, a lot. So, needless to say, that didn't do good things in terms of my animosity towards my dad, nor did it help things in terms of my religiosity. That's probably my biggest thing with the Catholic Church--the position of women.

An example of two later paragraphs in the Individual Phenomenal Description follows. This material is taken from Teresa's initial written description of the situation that immediately follows the doctor informing her that she has thyroid cancer.

Meaning Unit #16. I froze. I couldn't breathe, couldn't move, couldn't even blink. I felt like I had just been shot. My gut had locked up like I'd been punched in it. My mouth went dry and my fingers, which had been fumbling with a pen, were suddenly cold and numb. Apparently picking up on my shock, the surgeon smiled a little. "We're going to save your life, though. That's what counts. And you know what? The other surgeon working with me is a voice guy. We're going to do everything we can not to be too intrusive." I started to breathe a little, very little, and I felt myself trembling. I tried to say something meaningful, expressive; all that I could manage was, "Man." I was actually pretty good.

Meaning Unit #17. Then, all of me let loose. I was sobbing, but there was no sound; just a torrent of tears and the hiss of crying from my open mouth, pushing through the pressure from the accursed mass. The surgeon hastened to my side, armed with a tissue and a firm, reassuring hand on my shoulder. I heard him speaking softly from beside me as I heaved in my silent wailing. "You're going to beat this. You're young, and you're going to beat this thing. And you'll get your voice back, and you'll be singing at the Met. And I want tickets, so don't forget me."

Reflection on Meaning Units.



The first step of my analysis was to reflect on each one of the 55 meaning units in the Individual Phenomenal Description in order to understand what it expresses about Teresa's psychological life, and then to focus more particularly on what it reveals about her experience of trauma, resilience, recovery, and the preselected themes of social support and spirituality. In such reflections, I aim to grasp the sense of each meaning unit in context, in relation to the others and to the experience as a whole. I try to conceptualize what each meaning unit reveals as well as the distinctive role it plays, what it contributes to the overall psychological process Teresa lived through. I wrote these reflections as they occurred, in their original free flowing, spontaneous form, including questions and expressions of my uncertainties, after each paragraph/unit of the Individual Phenomenal Description. These reflections undergo a critical process and may be revised as the analysis proceeds. Some of these reflections are considerably longer than the original description, up to four times longer, while others are relatively brief, depending on the relevance of the unit and the extent to which layers of significance and multiple meanings require explication. The document containing both the description and my reflections, with the meaning units in italics and the reflections in regular font, is in this case 33 single spaced pages.

This is my reflection on the first meaning unit, sampled above, involving Teresa's family and cultural background. In the first paragraph, I reflect on the meaning of the situation described in general. In the second paragraph I attempt to thematize its relevance for Teresa's experience of trauma and recovery.

Reflection on Meaning Unit #1. As a child in her family, Teresa experienced her father as a tyrant who unfairly diminished the status of and controlled her mother and put her in the lowest relational position. Teresa experienced her mother as an anxious, subservient person with little self-confidence who underestimated her own strengths and capabilities as prescribed by her husband's cultural and religious values, which legitimized the relative power of family members. Although it's not possible to trace the development of Teresa's stance toward her parents, she appears to have opposed the order of the family, in particular the unquestioned authority of the father (and its legitimation by the church) as well as her mother's fearful subordination. At least implicitly, Teresa was angry at her father as she had come to believe her mother was stronger and more capable than she appeared when cowering under the father's overbearing presence. It is as if, in her experience, "my childhood situation was all wrong: My father dominating power is unfair, my mother is strong, and I am opposed to these injustices as well as to my being placed at the bottom of the family order."

These meanings are developmentally significant in the traumatic and resilience situations wherein Teresa is in the process of coming of age, of establishing her own order in the world, her career and eventually her own marriage and family. She is in the process of righting and repairing, creating a relational configuration in which she is more empowered and gender roles are fair. Perhaps the potential disempowerment imposed on her by cancer is existentially akin to the disempowered position her father imposed on her in the family, undoing the progress she had made in her music education and emerging career. Cancer throws Teresa back into her previous powerless position of suffering that echoes her childhood family trauma. Recovery involves finding her way up and out of this state of disempowerment. Teresa's adulthood trauma-recovery repeats the earlier trauma-recovery that had begun as she strived to emerge from the unjust interferences of

the family during her childhood-youth by becoming a professional singer. Her illness places her back in the dependency of her childhood, subject to her father's cruelty and her mother's overly nervous but competent care. The childhood background is the original contingency of the participant's life, and although she began the process of transcending it, the traumatic illness is a second contingency that throws her back into her parents' hands and requires a second upsurge of transcendence. Resilience in this situation is therefore more than a battle with thyroid cancer; it is a battle with the oppressive social structures surrounding Teresa as she attempts to establish her position as a powerful adult successfully choosing her own direction in life.

We will now move forward to the reflection on next sample paragraph above in which Teresa describes her initial response to the physician's news of her cancer.

Reflection on Meaning Unit #16. As she stops breathing, Teresa's life comes to a screeching halt, to a cessation, to a kind of death. She is paralyzed and becomes cold and numb. The strong sense of movement and transcendence that characterized the high velocity engagements of her singing career, and her more recent practical efforts to remedy her medical problem, all cease. She feels assaulted and the basic qualities of life—her moisture, her movement, her sentience, cease. Teresa then experiences the doctor responding to her life-cessation with counter-assurance, the hopeful anticipation that Teresa will not die: he will save her life. In a dramatic and profound statement, her physician addresses the primary concern of the possibility of her death and the secondary concern about the possible destruction of her voice by strongly proclaiming his commitment to preserving her life and to protecting her voice. His statement is an appeal to Teresa, inviting and urging her to join with him in this basic life-saving project. He tells her that he will save her life and preserve her life as much as is possible, assuring her of his technical competence and capacity for success, thereby inviting her to rise from her paralysis and resume her previous alliance with rational, practical, and competent medical practice. The doctor appears to Teresa not merely as an expert technician but as one who understands her as a person (a singer) and one with an allied helper who has special skill at caring for the human voice, thereby affirming Teresa's central and highest value as a person, her potential as an opera singer. This is a wonderful, moving and very powerful dialectical interchange, because in response to the physician's invitation to live and his assurance that her life will be saved with great care for her voice, Teresa begins to come back to life, to breathe again, first tentatively and trembling in fear. The situation is so primal that Teresa is quite unable to express its meaning by speaking, though she tries in a micro-heroic effort. The meaning of the phrase, "Man." is difficult to articulate, but it would seem to be an expression not only of shock and horror but of great wonder, awe, and possibly also of remaining alive, resuming life in the face of possible death. I am not sure if it is a retrospective evaluation or a description of what she felt at the time--probably both, but I do think that Teresa's expression of "goodness" (as she says, "I was good") is a deep reflection on herself at this moment, for she has risen from a descent nearing death, through an alliance with a person who was a stranger moments before but who invited her into an intimate and effective, life saving relationship. Teresa "was good" in that she was facing the truth (as given in the physician's diagnosis), absorbing its crippling emotional impact, opening herself to the full and unflinching realization of the meaning of this traumatic misfortune--the possibility of her own death, and beginning to return to life.

The following is my reflection on the next paragraph of the Individual Phenomenal Description, in which Teresa weeps and experiences the comfort of her physician. The second paragraph of this reflection focuses on the special theme of *social support*.

Reflection on Meaning Unit \$17. In response to Teresa's expression of overwhelming vulnerability, her physician joins her with a compassionate commitment to her well being. In weeping, Teresa lets her emotions flow in a global rhythm of life whose meaning is very difficult to articulate in words. I sense a certain duality, for it entails a strong life force, an affirmation of life, and yet a kind of reduction of life to a directionless, pulsing cry. So alone, so individualized, Teresa's is a cry of pain and despair, a cry in the face of death, and yet a cry that also embodies her expressive movement of returning to life. This cry also undoubtedly has a social dimension, a demand quality as a *call* to her surgeon. It is an unabashed response to the person who has committed himself to saving her life. Teresa is trustingly open to him and shares her most basic life impulse and need with him. It is so interesting and so apt that Teresa's life force, this expressive cry, pushes diametrically against and in opposition to the "accursed mass," the thyroid cancer that threatens her life. This forceful cry is understood and then modulated by the surgeon who comes close, hastening to her side. He is beautifully in tune with Teresa's life force, which is at first so elemental and dramatically trapped inside that it cannot even escape from her lips. As these waves flow through her body, her doctor intimately joins her, entering closely alongside her bodily space and providing firm resuscitation. He is "armed" with a tissue, has the strength and wherewithal to remove her tears, her suffering, her agony, and he does so reassuringly. He touches her with his hand, his capability, and she so palpably feels his firm reassurance on her shoulder (helping her "shoulder" the burden of cancer), reassurance conveyed through the very part of him that will remove the accursed tumor. His gestural softness is the same tenderness that promises to unintrusively remove the life threatening tumor. The physician speaks where Teresa is silent, almost speaking *for* her and yet ahead of her, as an ally who will not only save her vital life but will free her for the fulfillment of her highest personal aspirations. In this very expression of commitment to help her achieve success in her opera career, he also proclaims his dependency on Teresa to fulfill his desire to share in her personal triumph. This is an encounter of the most life-affirming and personally supportive kind, a profound testimony to and engagement in human interdependency: "I want tickets, so don't forget me."

Thematic Reflection on Social Support. We learn something here about the role of the other in the face of trauma. This physician's behavior is extraordinary in his hospitality to and affirmation of his patient's uniquely personal situation, to Teresa's expression of emotions that bursts beyond the pragmatic, rational problem solving mode in which he and Teresa had habitually been comfortable (and which Teresa had learned from her mother). Together at this moment, the physician-patient couple open themselves to a much fuller and deeper emotional-personal sharing and aspirational life. I am impressed by the surgeon's ability to shift among different modes—from authentic personal expression of his own emotions, to professional truth-saying and responsibility, to technical problem-solving rationality, to personal dialog, to emotional availability, to an integration of warmth and practical competence, to clear expressive life-affirming and creatively ethical speech, and to a humble recognition of relational (doctor-patient) interdependency—all this synchronous with and responsive to the dynamically flowing

presence and need of Teresa, his patient. Here she experiences *being in good hands*--the antinomy of trauma and the harbinger of recovery.

Summary of Findings: The Individual Psychological Structure.

After reflecting in this manner on each of the 55 meaning units in the 15-page first person narrative, I attempted to integratively summarize my findings in what is called an "Individual Psychological Structure." In writing this document, I gave Teresa's experience a tentative name, "Toward a Fuller Life in the Face of Death." My effort was express the knowledge I had gained about her experience of trauma and recovery as a whole, containing its various interrelated constituents--temporal and otherwise, in their overall organization. I began this summary with a brief, introductory sketch of the experience in order to highlight its overall character and structural unity. Because Teresa lived an extremely complex and changing experience, the body of this process is articulated in a series of dynamic restructurations. I distinguished the various eleven (11) temporal moments (substructures) of Teresa's resilient living through of trauma. Because this 16 single-spaced structural description is temporally organized, the presentation takes a narrative form with the following 11 headings, each naming a substructure:

- 1) Childhood/Distal Background: Emerging from Family Trauma.
- 2) Youth/Proximal Background: Singing as Initial Resilience.
- 3) Dawning Young Adult Trauma: Discovery of an Unknown Illness.
- 4) Determination of the Trauma: Voice-Destroying and Life-Threatening Cancer.
- 5) Initial Response to Misfortune: Averting Death with a Supportive Ally.
- 6) Facing Trauma Isolated and Alone: Cognitive, Practical and Social Intentionalities.
- 7) Bodily Submission and Collapse as a Condition of Regeneration: Being in Surgery.
- 8) Bodily Suffering, Constriction, and Beginning Recovery: Bedridden Hospital Life.
- 9) Failure, Loss, and Relinquishing Former Possibilities: A Pariah in Conservatory Can No Longer Sing.
- 10) Reorientation in the Face of Death: Discovering New Possibilities by Broadening Self-World Relations.
- 11) Sustaining Life, Meeting Ongoing Challenges, and Developing a New Wider Selfhood: Continuing Misfortune and Integrating Antinomies.

Space does not permit the inclusion of the entire 16-page Individual Psychological Structure. However, I will present several excerpts in order to illustrate how it is written. The introductory section, comprised of two paragraphs, offers a schematic overview of Teresa's experience.

1) Teresa's traumatic illness has the meaning of a destruction of possibilities so central to her high aspiring, personal life trajectory that it entails an existential death. Her previous vigorous yet narrowly focused, active involvements, social relations, and highest hopes for her singing career collapse. After undergoing a period of immobilization, recognition, horror and mourning a lost vocational world, Teresa accepts this "death" and rises from the ashes of her former existence. In the face of continuing trauma (recurrence and spread of cancer) with its meaning of the possible end of her life, Teresa actualizes diverse new possibilities that rebuild and broaden her world. In this process a wider, more variegated self and world become realized—habituated and inhabited. As traumatic illness continues to strike and challenge her in various ways, Teresa strives to integrate intentionalities of practical self-care with an expansive quest for a fuller, indeed complete life in the face of death. In this process, Teresa struggles for unity within several profound, paradoxical antinomies: Emotional surrender and practical action, dependency on others and individual agency, vulnerability and power, fate and

responsibility, and discontinuity and continuity in life.

2) The structure or essence of Teresa's living through misfortune can be described as a coming of age narrative. This narrative reveals Teresa's living through trauma as a life historical event and shows how the traumatic event, a serious life threatening and career ending cancer, disrupts the continuity of her upward trajectory from childhood into adulthood. This rise initially involved Teresa making a life of her own, actualizing her human potential by cultivating her greatest natural strength and value, her voice, in becoming an opera singer, a star in the opera world. However, cancer strikes to the very heart of her being--her throat, and annihilates her initial life trajectory, engendering a near total collapse of her self and world. Confronted with the end of her singing and possibly of her life itself, Teresa, with the help of doctors, her mother and later her fiancé/husband, rises from personal collapse and seizes life with a vengeance. Against all odds she appropriates a widening breadth of personal possibilities. Teresa discovers new potentials--talents, friendships, recreation, scholarship, and love in an expanding world that includes new forms of work, pleasure and social relations. Teresa's new life is not based, as before, on a divine but narrow gift--her voice, with which she had built the initial transcendence of suffering in her childhood and pre-traumatic youth. Her present adult resiliency--her post-traumatic transcendence, is a free and urgent striving for a much broader and deliberately complete life in the face of the continuing possibility of her non-being. Teresa's resiliency is spiritually animated--an intensely faith-based (grateful, charitable, and forgiving though cognitively agnostic) embrace of a widening range of life prospects in the face of threats and suffering entailed in her continuing illness. The outcome of her resilient living through trauma is an expansive process of striving to become a complete person and exploring the wider world. Teresa aims to integrate and unite effective practical-rational action with emotional vulnerability and depth, to combine singing and an array of other activities, to own suffering in passionate expression and yet strive toward joy. With love and in celebration of life, Teresa undertakes diverse and far ranging life projects aiming to make her mark on the world with significant others, in the continuing presence of the possibility of death.

Within each of the 11 sections of the Individual Psychological Structure, one temporal moment (sub-structure) of the experience is elaborated in detail. In order to illustrate this detail, a sample paragraph from the last (11<sup>th</sup>) substructure of the experience, "Sustaining Life, Meeting Ongoing Challenges, and Developing a Broader Selfhood: Continuing Misfortune and Integrating Antinomies," follows. This section offers psychological knowledge of Teresa's extraordinary adventure into a broader life which includes such activities as studying new subject fields, forming new friendships, traveling across the country, mountain climbing, and becoming engaged and married. This section also elaborates several psychological paradoxes within Teresa's life with which she struggles in these activities. Within Teresa's life, there remain incongruities that she attempts to integrate. The sample paragraph below (the 4<sup>th</sup> and final in this subsection) focuses specifically on her marital relationship.

One of the facets of Teresa's struggle with trauma is her effort, as a spouse, to function competently as her husband's equal and also to receive his care as a vulnerable and dependent partner in the relationship. This involves a significant change in Teresa's marital relationship. In her transformative response to trauma, she strives to integrate empowerment, thereby transcending the subordinate position of women in her childhood family, and society with personal vulnerabilities and dependencies. Teresa moves from

an initial suffering and solitary self-care in her continuing battle with cancer (not wanting to burden her new husband with a sickly wife) toward receiving the care from her husband. In their married life, Teresa and her husband encounter illness, suffering, and death not only on Teresa's part but also in relation to her mother-in-law. In this context, Teresa dramatically brings home to her husband, in the form of a song written for his mother after she dies from cancer, the possibility of Teresa suffering the same fate of death. This sharing of her husband's personal tragedy appears to be a turning point in the married couple's manner of coping with Teresa's suffering, and it initiates a structural transformation in the marital relationship. Perhaps based on an increasing success of her own efforts to integrate logical practicality and emotional vulnerability, Teresa is fully present to her mother-in-law's condition and shares this presence with both her mother-in-law and her husband. In reaching toward and appealing to her husband in this way, Teresa experiences her husband as shifting his stance toward greater emotional openness and presence to her, by increased acknowledgement of her suffering, collapse, and potential death. Teresa begins to experience her husband as caring for her in the face of the possibility of death and becoming a more reliable and dependable responder to her suffering without her giving up their important mutual commitment to power equality in the relationship and to a full, actively engaged life. Teresa begins to integrate "heavy" emotions, need and passionate dependency in her marital relationship, which comes to contrast significantly with other relationships Teresa describes. Teresa experiences her husband as seeing her more fully and deeply, including her horror of potential collapse, which even she is often inclined to deny and surpass in more rational, practical moments but which is nevertheless part of her continuing reality. Over a process of 6 years, Teresa's husband becomes more able to see her as both strong and weak/sick and to more fully accept the wide range of emotions, including vengeance, in her new existence.

#### Thematic Findings.

Because a number of interesting themes emerged in addition to the two deliberately researched—social support and spirituality, I developed summaries of these findings. To this end, I collected the reflections that addressed each of 5 themes and summarized each set of findings in 7 single-spaced pages.

- 1) The Meanings of Trauma.
- 2) The Varieties of Social Support.
- 3) Practical Intentionalities of Resilience and Transcendence.
- 4) Paradoxes: Life and Death, Reception and Creation, Dependency and Self Sufficiency.
- 5) The Role of Spirituality in Trauma and Recovery.

In order to illustrate these thematic findings, I include below a paragraph in which I summarize one of the forms of Teresa's resilience and transcendence, the practical-rational. In its immediate aftermath, the meaning of the traumatic situation has two protentions (futural horizons) for Teresa: emotional collapse and logical practicality. The emotions spontaneously arising in the course of traumatic experience are uncanny ones, that is, ones negating possibilities for action—anxiety, terror and horror. Passively experienced, these emotions present doom, involve extreme vulnerability and signify a hastening of Teresa's demise. Founded on these emotions and the possibility of collapse, Teresa engages a practical intention to avert worsening sickness, death and the collapse of life-furthering intentionality. Teresa experiences the frightening situation as a series of problems to be rationally assessed and solved by planned effective action that ensures her

life. Teresa throws herself into “logical overdrive” and strives to practically master the challenges to her health. For Teresa, if she does not engage in effective action, she will become “an emotional wreck.” This passionate emotionality and rational coping strategy is rooted in the past which continues to be lived in the present. Teresa has observed both emotional collapse and effective rational coping on the part of her mother and these horizons form part of the meaning of her current traumatic situation. Teresa’s mother is both emotionally threatening and practically resourceful to her, and with considerable success she capably engages with her mother, preventing/limiting her emotional panic and enlisting her functional alliance as much as possible. By steeling herself emotionally and engaging in the well-learned rational, problem solving habitual orientation, Teresa protects both her mother and herself, with whom she is paired as she achieves relative independence. Teresa learns everything she can about cancer and its treatment, seeks consultation with expert others who can best help her survive and recover from her illness, and engages in treatment situations and self-care practices that will best facilitate her recovery. One can only wonder if there is another more functional emotionality underlying these resilient forms of rational and practical action, some kind of hope or faith, an emotion that is life-affirmative in the face of possible collapse.

In order to demonstrate how phenomenological research can attempt to address difficult problems and opaque dimensions of experience, I will draw the final sample of findings from the section that addresses the assigned theme of *spirituality*. Phenomenological findings are not a passive summary of the interview but can involve a more searching and tentative adventure into unreflective, implicit meanings in order to forge original thinking about a theme identified as important for research. This exploration probes the meaning and role of “spirituality” in Teresa’s experience by drawing together all relevant reflections on meaning units and risking conclusions that remain tentative.

The role of religion and spirituality in Teresa’s experience of trauma and recovery is complex, difficult to understand, and challenges analysis. Although Teresa has not participated in religion as a formally committed participant and has difficulty conceiving of God with a certainty of belief (she considers herself an agnostic), Teresa identifies herself as a “spiritual” person and her experiences may be explored in their spiritual dimensions. Although Teresa’s spirituality appears to have little cognitive certainty (she is not a believer in God) and formal social engagement (she does not attend church), she embodies such emotional intentionalities as hope, faith, charity, humility, gratitude, redemption, and an ecstatic well being in the face of the most difficult threats and challenges of her life. She is a seeker who opens herself to texts and situations that implicate the *sacred*. This mode of resiliency, as all the others, has its roots in her childhood prior to her current calamity. Teresa states that singing, which she has done in many different churches, *was her “religion”* before she became sick. However, Teresa’s “spirituality” is evidently not limited to her voice, for in the current situation when Teresa loses her voice, she continues distinctively spiritual modes of experience in the course of suffering and in coming to terms with the possibility of tragic death. Hope and faith are involved as Teresa eventually accepts the loss of her voice, sees the narrow limits of her peer relationships, and seeks greater fulfillment beyond what is immediately actual and visible. Teresa embodies a life force, an affirmative emotional intentionality of well being that sustains her living through trauma, one that is not dependent on other people or anything particular in the world. She understands others generously and accepts them

even in their destructive fallibility. This presence may even be at the very core of Teresa's transcendent way of living through trauma and misfortune even in the absence of any believe in God or supportive religious community.

Teresa's spirituality may be grasped in various moments of her experience. The typical structure of these involves a widening intentionality, beginning with a presence to unfathomable inimicality that is accepted, experienced through faith, and thereby in some cases turned into a bountiful gift. For instance, Teresa's experiences the cancer itself as possessing a numinous quality of something other-worldly. Teresa comes to terms with her illness that, although threatening, destructive, and diminishing is also, less obviously but for her most importantly, *a divine gift*. This cancer, animated in a life of its own—a particularly “angry” almost supernatural form of cancer, becomes both foe and eventually also a friend as if from an unseen world. As much as Teresa gets to know the cancer, it continues to present itself as unobjectifiable, as unknowable, as mysterious—much as “God” does for her, and she develops a certain respect for its awesome wrathfulness. In a strange and paradoxical way, she accepts this cancer, even without being able to know or control it with certainty, and herself appropriates life “with a vengeance”.

Teresa's spirituality has roots in her childhood, as do all her habitual ways of coping resiliently with trauma. Feeling disadvantaged in her family and teased as a “fat kid” in school, Teresa's voice became her consolation and means of ascendance, salvation, transcendent fulfillment, her “religion” as she puts it. Her voice embodied a spiritual intentionality that could overcome the worldly adversity, abandonment, forlornness of her childhood. Teresa's spiritual center was her voice. Through singing, Teresa entered connectedness with the universe, and in this way she was graced with a gift, a means of consolation in the face of hardship, of transcendence of the slings and arrows of worldly misfortune. As a young adult, Teresa searched for consolation in religion and her intellectual exploration gave rise to insights, but when greater tragedy befell her, the loss of her voice--or more precisely her singing, she lost her connection with this source of being more powerful than life's threats. This is why she experiences the loss of her voice as the loss of hope, of self, of bountiful life itself. When Teresa loses her voice, she becomes spiritually lost, undergoes a spiritual crisis, even a spiritual death, because her sense of ultimate being and value is lost. One consequence of trauma, in its insurmountability, is a crisis and loss of faith. It is therefore understandable that Teresa emphasizes so pointedly the absence of God from her experience and reaffirms her agnosticism. However, her very “lostness” is a founding condition of faith. The way Teresa lives through the traumatic loss of her voice with faith teaches us that her life is not coextensive with her voice and she is able to find consolation even without her voice. Teresa learns that her voice, a worldly gift, is not sufficient to animate her life in its completeness, not sufficient to protect her from the greatest horrors that can befall her in the world. In this way the loss of her voice, and with it the loss of her limited faith based on her voice, becomes the occasion for the emergence of a greater consolation, a deeper faith, that embraces the world much more completely and eventually even the recovery of her voice itself, a gift regiven in time.

This experience of her cancer is a context for her equanimity toward the physicians who misdiagnosed her. Partly in view of the utter strangeness of this disease, which continues to manifest that original sense of the awesome, Teresa forgives them. In understanding them and accepting their fallibility, she adopts a kind of ultimate, beyond-this-world



perspective, a compassionate (one could think divine) grasp of life, even in its danger and fragility, and ugliness, as mysterious, not fully visible, not controllable. Teresa shows a similar attitude of forgiveness toward virtually all the partly deficient people in her life—her mother, her physicians, her schoolmates, teachers and even her father. As a habitual way of being with others, Teresa puts herself in their shoes and embraces them with a kind of faith lived as an attitude of respectful acceptance--love. This attitude is ego transcendent, sharply contrasting her rational-instrumental modes of relating to others in terms of what they have done or can do for her, which through much of her traumatic experience is *nothing*. This is an important part of how she gets along with others harmoniously and also how she transcends their impotence, indifference, and lack of support. Teresa's acceptance of others' failings is a crucial foundation for cultivating her own agency in the face of trauma while remaining engaged and connected with others. Also emerging from her encounter with possible demise, Teresa's spirituality is connected with thankfulness, being gifted with life. She mentions this thankfulness for being alive as a part of her post-surgery experience. Her gratefulness is not always complete or overflowing, and it vacillates with forlornness, bitterness and despair. This despair is a precondition of her gratefulness for life just as the destructive aspects of cancer and other people are the precondition for their acceptance and experienced value. That Teresa's thankfulness is not continual and can be shaken does not invalidate our recognition that it concerns not a part of her but life itself as a whole. This gratefulness is all-embracing and has an ultimate, transcendent quality that comes into even clearer relief when we see its discontinuity, its fragility, its relationship with what it is not. Teresa's spirituality seems essentially to arise out of her sense of abandonment—the opposite of being gifted with life—of life being taken from her and bound to become nothing. Teresa reads ultimate meaning through her life situation/ As her entire life is enveloped in the threat of cancer, she rises in opposition. In living her very forsakenness, with all its uncertainty, Teresa fights for, works toward affirming her life, her greater value. She embraces life as a blessing and a gift. Teresa's relationship with *the ultimate* is therefore ambiguous and embodies both the negation and affirmation of life. For instance, after being struck by cancer, she is initially thankful to be alive at all. When she begins to feel forlorn in an uncertain life betrayed, compromised, faulty, she battles to win a life redeemed. No doubt her anxious presence in the face of uncertainty and ongoing threats to her life is at times, many times bereft of grace. Yet recurrently, even after others have failed her, Teresa embraces her interdependency on them with hope. Teresa's relationship to God parallels her relationship to her voice and the redeeming world her voice opens up for her. Teresa feels more *abandoned by* than *angry at* God in this fateful loss, hence the very absence of God as a believable presence throughout her experience. If Teresa experiences God at all, she does so in the mode of God's abandonment, as an abiding absence. She does not experience a personal God credibly there for her. Her belief in God is suspended, and yet she expresses an openness to being moved by or recalled by God's presence. She is open and keeps searching through various texts and traditions. Perhaps in this we can identify a potential and a prethematic presence of God not yet proximate, not yet revealed in her life. Nevertheless a living spirituality appears to be taking place in Teresa's life below the level of any belief in a personal deity, and this Teresa calls "spirituality," which pervades life. This spirituality that has to do with how and how much she lives and loves in the

face of the bitterness and possible negation of her existence. What she calls “spirituality” may be the deepest force of Teresa’s life itself, its tendency toward completion and transcendence, embodied in her struggle with cancer, her generosity toward those who fail her, her fencing, her rock climbing, her new studies, her marriage, and eventually her return to singing. But this secret, mysterious process is not manifest in a conception of God proper. It is therefore intelligible that Teresa feels that she is being faithful even though she is not sure of the existence of God, that she imagines a final day of judgment when God will understand and accept her very lack of belief, her agnosticism. Within her lived experience, deep in its implicit core intentionality, Teresa is in tune with divinity even though God is only imagined in a hypothetical, final dialog. According to this tentative analysis, Teresa’s trauma and recovery involve God’s work. It is proclaimed that “God works in strange ways” when the tragic in life turns to serve a greater purpose, when such unwanted guests as cancer are not merely the harbingers of one’s demise but doorways to a wider, deeper, more fulfilling life. Teresa herself has denied any belief in God and described God’s absence from her “reality,” and so it might appear to be erroneous to describe the presence of God, or even the meaning, “God,” within her psychological life. Nevertheless, if we are correct in identifying, albeit implicitly, preobjectively and prereflectively, a mysterious presence, irreducible to any particular actuality in her world and yet an affirmation of the goodness of life in Teresa’s existence, then perhaps we would not be going too far to say that there is a divine presence in Teresa’s psychological life, at the very core meaning of her trauma and recovery.

#### Toward a General Psychology of Trauma and Resilience

Although the central focus of this chapter is the analysis of Teresa’s individual experience, phenomenological research aims at general knowledge beyond individual examples of phenomena. It is possible through the procedure of free imaginative variation, starting from one concrete instance of the topic under investigation, to transform this example into a virtually limitless series in which can be seen “what trauma is,” “what resilience is” generally. This procedure of eidetic analysis thematizes *what this empirical case is an example of* and thereby delineates its *eidōs*, its essence. Other empirical examples, accessed through additional written descriptions or interviews, may be studied as additional examples of the phenomena in question and may thereby also contribute to the identification of the invariant, constitutive structures. These too may be imaginatively varied, and the researcher may find and/or imagine yet other examples in the process of establishing general yet still highly descriptive knowledge. Although the sense and character of this movement toward eidetic generality has been clarified in the phenomenological literature, there is no formally specified stepwise procedure that researchers commonly use. For demonstration purposes in this chapter, I used a number of analytic procedures without completing the analysis or carrying it through to conclusions. Therefore this presentation does not to convey definitive findings about the topic of trauma and resilience but is intended only to indicate the kind of methods and thinking that is employed in achieving general knowledge.

First, general knowledge may be achieved in work with a single example of the phenomenon. In this case, provided that Teresa’s experience is one instance of the general phenomenon of “resilient recovery from trauma,” in principle all the general features of this experience-type can be identified *in this example*. All universal features are not necessarily evident in practice because our access to Teresa’s experience is limited by her description, by the

interview context, and by the researcher's powers of comprehension. However, even with these limitations, many general characteristics of this experience-type can be identified. My first procedure was to read through the Individual Psychological Structure of Teresa's experience and imaginatively vary its constituents, in order to identify those psychological processes and meanings that are invariantly present in all exemplifications of trauma and resilience. In this case I was able to describe 40 potentially general insights into the constitutive structure of this experience, though in some cases I had doubts and questions.

Second, as phenomenological researchers typically do, I turned to an additional empirical example of the phenomenon as accessible in another written description. Researchers typically use *at least three* such empirical examples along with additional ones from the researcher's experience, observations, and imaginative variations. For this demonstration, a second empirically collected protocol was utilized. The participant, named Gail, described her experience as a competitive collegiate gymnast who suffered a dislocated and broken arm in a fall from the uneven bars during a practice session (see appendix). Typically in phenomenological research, additional protocols are analyzed freshly and comprehensively in their own right. In the present study, I used a novel procedure in order to more briefly address issues of generality. First, I empathically read, became familiar with, and began to reflect on the psychological processes and meanings of Gail's injury and recovery. Next, I read through Gail's protocol and, on the list of 40 possibly general insights drawn from the eidetic analysis of Teresa's experience, I made note of 1) moments of Gail's experience in which general features of Teresa's experience are actually evident (all 40 constituents); 2) constituents of Gail's experience that involve processes and meanings not identified in the case of Teresa but implicit upon further analysis (4 constituents); and 3) aspects of Teresa's and Gail's experiences that are *different* and therefore concern either idiosyncratic constituents of the phenomenon or ones that are typical--present in other individual cases but not all examples of the phenomenon and therefore not general at the highest level.

Discovery through free imaginative variation of generally essential features of Teresa's experience. Teresa's lived experience may be viewed as an example of "what trauma is" in its most general sense. Although in her case, thyroid cancer destroyed her emerging career as an opera singer and threatened her life, these particular details of her experience are not present in every example of trauma. Experience can vary considerably and still be an example of "trauma." For instance, with regard to the traumatic event, *what is traumatic*--the cancer, could be liver cancer; another disease such as HIV+; an injured in a car accident; torture by terrorists; cruel verbal abuse, or a ravaging hurricane, and so on and on in an infinite series of potentially traumatic events. Invariant among these events is their meaning of inimicality, their destructiveness, their undermining of a personal life. Moreover, in similarly considering the intrinsically related issue of "what is being traumatized," we may imaginatively vary Teresa's experience further and see that trauma could vary beyond the destruction of a person's voice, for instance involving the destruction of sight, , movement, trust, self esteem, a significant other, or virtually any aspect of her personal intentionality or meaning that is of central function and value in a person's relations with the world. Trauma involves an event that destroys a person's centrally meaningful potential for engagement in their lifeworld. On the world side of the traumatic event, examples could include the horrors of war, natural disaster, death of loved ones, accidents, crime, stigma, food deprivation, and so many others. However, in themselves, without a person suffering destruction, these events are not traumatic, therefore equally essential to trauma is "what is suffered" through the trauma--the undermining of intentionality. The loss of

intentional world-relations covers a varied series of personally lived experiences involving, for example, not being able to go on fighting in a war, no longer inhabiting one's home destroyed in the hurricane, feeling unable to go on alone without a loved one, losing a limb in the car accident, being bankrupted by stock market crash, starving, and so on. What is invariant to these instances of "being traumatized" is that the very basis of one's life, what one lives from, what one depends on—whether one's own body, one's motility, one's necessary supportive others, one's possessions, one's sustenance—is negated, removed or destroyed. In short, trauma is the negation of human intentionality suffered through a worldly event that has the meaning of the annihilation of central and significant world relations. A person's agency, free engagement in the world is threatened, jeopardized, undone. Interestingly, if a war, natural disaster, crime or such events end a person's life, we do not consider the event an example of trauma, demonstrating that trauma concerns passive suffering in life, the living through destruction. The living through of trauma in all these variants shows itself to be quite complex involving bodily, social, and temporal horizons that can also be analyzed in their most general essence and in other less general but typical forms.

Without going into the imaginative variations of all the features of Teresa's experience or providing an elaboration of their interrelated meanings, I will select a number of constituents that I provisionally concluded are essential through many variations and therefore could be considered in many if not in all instances essential to the trauma experience.

1. Initially, trauma is passively experienced as cognitive shock and disbelief, followed by uncanny emotions such as terror, horror, dread, and anguish, for it does not fit with one's ongoing living and renders a previously active agent an acute sufferer.
2. The traumatic event is negative—inimical, destructive, reductive—overwhelming a core intentionality in the person's psychological life.
3. The traumatic is an Other, something alien and antithetical that is fundamentally opposed to Self.
4. What is destroyed or reduced is not only a person's actual existence, way of life, but one's *possibilities*, one's potentials for world relatedness.
5. Trauma is lived bodily by way of paralysis, diminishment, contraction, shrinkage, withdrawal in relation to the world.
6. In annihilating central intentionalities and world relations, being traumatized implies the possibility of one's demise, one's death; even if one's life is not literally threatened or in jeopardy, as trauma involves an existential death, negation in life.
7. The sufferer engages in a battle against trauma, an attempt to resume a free and preferred life, a way of life preferred to the traumatically reduced or lost life.
8. One typical though not universal aspect of trauma in Teresa's case and many others is the *persistence* and even *spread* of trauma, that the traumatic event does not end but continues, possibly expanding through time.
9. Trauma takes on meaning not as an isolated event but as a curtailment of a person's life historical or developmental progress, thereby undermining one's goal fulfillment and future.
10. The present and actual experience of trauma in part draws its personal significance from one's past, one's history of traumatic events whose meaning is retained and echoed in the current trauma, rendering traumatic experience in part a repetition.
11. One's stance toward trauma, and one's strategies of living through and coping with trauma are also continuations of the habitual ways in which a person has coped

with past adversity.

12. The person makes a concerted effort to transcend victimhood and possibly to engage new capabilities for empowerment.
13. The process of recovery from trauma changes one's life in significant ways.
14. One typical through not universal way of coping with trauma involves gathering knowledge about the unfamiliar situation and approaching it as a practical problem to be analyzed and solved.
15. Trauma is lonely and individuating.
16. Other people are viewed (feared and trusted) as potential harmers and helpers who are scrutinized and evaluated with regard to their tendencies to further traumatize and/or to help the person restore world relations that are relatively preferred to the reduced world of the traumatized person.
17. Stigma and shame (self-devaluation) are horizons of trauma inasmuch as it involves the diminishment and failure of one's personal existence; trauma carries with it the possibility of being rejected and abandoned, a loss of social security and self esteem.
18. Sharing trauma with others--disclosing the experience to trauma to other people is important but risky and admits of typical variations ranging from truth-telling to concealing and deceiving others regarding the traumatic experience.
19. Living through trauma challenges relationships within the horizons of fear and trust. Relationships are typically enhanced or dissolved. Trauma reveals others as one's true friends and/or enemies (uncaring, indifferent, betraying, antipathetic others).
20. Valued qualities of the supportive other include truthfulness, practical assistance, softness, recognition and understanding of the personal goals and resources, alliance, care, encouragement, and accompaniment into the future.
21. Weeping is an horizon or possibility of trauma as an expression of its agony and its uncanny emotions as well as of the mourning of lost actualities and possibilities. Weeping is also an expression of the vitality of life and a calling for the social recognition and help of an other.
22. Collapse and surrender are not merely testimonies to diminishment but are necessary moments of recovery, which requires acceptance of the reality of trauma.
23. Trauma and recovery have the meanings of death and rebirth.
24. Trauma involves a super-natural meaning in its unfamiliar, uncanny, and un(other)worldly qualities.
25. Because one's existence as a whole can be at stake in trauma, the experiential horizon is vast in scope, virtually ultimate in meaning and value. Some attempt to actualize this horizon may be made in prayer, humility, thankfulness, receiving grace, healing and the completion of life.
26. The spiritual dimension of trauma is lived through the acceptance of suffering and fallibility through broad, life-affirming intentionalities that may be called *faith*.

Empirical Confirmation of Actual Generality. Insight into the essence of a psychological phenomenon is corrigible and must be subject to evidence. In examining Gail's experience, all of the features identified in the imaginative free variation of the case of Teresa are evident. One example follows: *Trauma takes on meaning not as an isolated event but as a curtailment of a person's life historical or developmental progress, thereby undermining one's goal fulfillment and future.* The examples of trauma in the lives of both Teresa and Gail show

that trauma means an interference with biographical progress. Teresa's developmental progress involves her establishing a life independent of her parents as an opera singer. Cancer ends her progress toward becoming an opera singer and nullifies her fulfillment of that future goal. Gail's progress, in contrast, involves improving her athletic performance with each gymnastic practice and successfully contributing to her NCAA Division I team during her junior season. The terrible injury prevents her from fulfilling this goal. Immediately Gail realizes that her broken arm means that her entire competitive season may be ruined. As she attempts to move her fingers, Gail is evaluating whether she will need surgery, which to her means that her season is over. In both these examples, what is struck by the trauma is the participant's movement into the future; their life historical progress is curtailed. Gail had been recruited with high hopes on the parts of coaches, her family, her teammates and herself. She had been disappointed sitting on the bench during the previous season and was now rising up to help her team and fulfill expectations of success. Injured, she takes a place on the sidelines and again becomes a spectator watching others compete. Pursuing imaginative variation further within and beyond these two examples of trauma, we discover that other variations of misfortune also include disruptions of projected biographical progress and goal fulfillment, such as reaching a travel destination, winning a war, or completing such developmental tasks as an educational degree or getting married. A car accident, brain damage, the failure of comprehensive exams, and the death of a fiancé would be further examples of traumatic events because they undesirably short circuit the fulfillment of these significant life goals. What is general and without which an experience would not be an example of trauma, is the undesired curtailment of the person's life historical progress. The point here is that additional empirical examples, such as the case of Gail, with continuing imaginative variations, provide evidence of already grasped generality—eidetic law.

New general insight from further empirical exemplification. One reason phenomenological research requires more than one example is that additional descriptions allow extension and completion the eidetic analysis. Four constituents found in Gail's experience which had not been grasped in the analysis of Teresa's experience came to light. For instance, Gail described the experience of physical pain and also the vasilation between hope and despair in the recovery process much more explicitly and extensively than did Teresa. Moreover, one of the most striking features of Gail's trauma was her *fall*, not only from the parallel bars but from the pinnacle of her gymnastic competitiveness and from the great athletic heights to which she was aspiring. Viewed eidetically, the essential character of trauma as "fall" and the *vertical* meaning dimension of high and low in this experience came to light. Gail says she was in the best shape of her life and attempting the greatest and most challenging tricks of her gymnastic career before she fell. Gail says she "cried because she was really *down*"--another reference to the lowliness of the traumatized. Although not explicitly thematized in the case of Teresa, this vertical fall may be seen in the lives of both participants as trauma dethrones them from a position of relative height. The general meaning of *trauma as fall* with its metaphors of high to low, and rising back up, seem to take place in both instances and to be quite general. Further imaginative variation informs us that people can suffer trauma when they are not at the greatest height of their game/career trajectory. However, perhaps relative height and fall are very general dimensions of this experience, implicating the upright posture and human dignity as an upsurge of transcendence, which may be a universal precondition of trauma. Gail's example enables us to thematize and clearly see this essential dimension of the experience, thereby illuminating features of Teresa's experience, for instance the meaning of her lying on the surgical table and in bed, as a fall from the heights of opera roles and distinguished recitals. "Trauma as fall" also

relates to the possibilities of being *downgraded* by others and *lowering* one's head in shame, of rejection, stigma, shame, and loss of esteem as a *downfall*.

Differences between cases and the grasp of typical generality. There are differences between the two empirical examples that suggest features not present in all instances. On the basis of imaginative variation these are evidently typical in that a potentially infinite series but not all conceivable examples manifest these constituents. One of the insights that emerged in the analysis of Teresa's experience was that *trauma and recovery change one's life*. Imaginative variations of Teresa's experience provide ample evidence that wholesale restructuration is indeed a general possibility of recovery and is essential to the experience in many different cases, but is life *always restructured*, and more specifically *always broadened* as we find in Teresa's experience? Examination of Gail's experience leads to a negative answer. Gail's situation is different from Teresa's in that her intentional world relations are only temporarily destroyed. Her possibilities for biographical progress and the fulfillment of her long term aims are not destroyed. Gail can and does re-establish herself in her old position, and almost as soon as she is injured, she is planning surgery and her *return to competition*. Within that context, the focus of Gail's intentionality becomes more narrowed rather than broadened. She devotes herself relentlessly to retraining for competitive gymnastics. However, even though her self-world relations are not radically diversified as in Teresa's case, Gail's experience does involve transformation. There is a special sweetness to Gail's improved performance in her return to competition. She experiences this performance as "the most significant performance in 13 years," suggesting a life-change in which the recovery from her traumatic injury is essential. However, this change does not include a broad restructuring of her self-world relations. Gail's enjoyment, courage, strength and leadership as an athlete are developed. She is voted captain in the season following recovery. Her hard work and motivation "had not just gotten (her) back on the apparatus" but to a place she'd never been before. Her trauma and recovery were life-changing, but not broadly life restructuring. Her intentionality and self were less broadened than strengthened and heightened. The following year, her performance was her best to date, with her most successful event being the uneven bars--the very event in which she fell: "What had once been my weakness had now become my legacy."

The interrogation of differences between Teresa's and Gail's examples reveals not only idiographic but typical variations in the process of recovery. Continuing with our imaginative variation with regard to this issue, it becomes clear that although positive change like Teresa's and Gail's is no doubt quite meaningful in some cases, this possibility is not actualized in all cases. One can easily imagine a person dying of cancer or in surgery, even after a noble struggle, or suffering a life-ending athletic injury without any noble struggle at all. One can imagine a person being damaged and disabled--perhaps being traumatized repeatedly, increasingly embittered, and living an ever more constricted and narrowed life, even one ending in suicide. There are types of trauma-experience that involve a continuing diminishment, and recovery is not always an essential constituent or perhaps not even a generally inherent possibility of traumatic experience, whose outcome is not always for the better. One can imagine trauma that involves no change, a return to the previous way of life, "as if nothing happened," but whether this is truly an empirical possibility must be explored through further research. This series of variation also suggests that spiritual possibilities of resilience may not be actualized. The various typical meanings of trauma and recovery remain to be clarified and delineated through the comparative examination of further empirical examples and imaginative variations.

## Completing the Research

The completion of research depends on the nature of the problem. Particular theoretical issues and/or practical interests make demands on the direction of analysis and the completion of investigation. Typically in empirically based phenomenological psychology, additional cases (at least 3 to 12) would be analyzed in detail and perhaps others, sometimes more than 100 would be utilized in additional comparisons. In the process of comparing examples and seeing significant or essential/invariant psychological processes and meanings through their variations, researchers may draw on their own personal experiences and observations, additional examples of the phenomenon from media, art and literature. In this way the researcher would delineate with greater certainty and clarity various levels of generality ranging from the most far reaching constituents of trauma and recovery to very relevant typical psychological variations that take place in numerous but not necessarily all cases.

Although all findings are intended to be holistic and moments of the phenomenon are to be understood as inter-related constituents in a structure, research may thematize certain issues within this context and delve into them in greater detail. For instance, issues for deeper investigation suggested by the current findings include the vulnerability to trauma, developmental variations, varieties of coping strategies, the role of helpful social support, subsequent re-traumatization, stigmatization by unhelpful others, modifications of self esteem, sharing and concealing the experience with others, and psychological change.

Analyses and findings are viewed by phenomenological researchers as corrigible and subject to critique and correction. For the phenomenological researcher, the inexhaustible diversity, depth, complexity, and fundamental mysteriousness of lived experience always exceeds our knowledge. The findings presented in this demonstration could be changed and improved by revisions in the analysis of Teresa's experience and by the collection and further analysis of new data. The process of critique and improvement of this kind of knowledge, whether by the same researcher or by other researchers, would entail the same procedures delineated above. As research on this topic moves forward, various researchers would be expected to bring their own personal sensitivities, research questions, and powers of description to further enhance our understanding of psychological life. As in all science, no one project, no one researcher can claim to provide the final word on a research topic or problem.

In a final research report, phenomenological psychologists can use many different ways to present findings. There are variations with regard to the inclusion of raw interview data, which may be presented in excerpts or in appendices, though its volume usually precludes inclusion of the full data set. All methods are described and may be exemplified in order to help readers follow the procedures. Individual, typical and more highly general structures as well as extended findings regarding themes may be presented, depending on the purposes and readership of the research. Expositions may be brief or extensive, and diagrams and tables may be used to elucidate findings. There is no one kind of language that phenomenological researchers use, except that all are variants of ordinary everyday language. Whether the expression of findings utilizes participants' own expressions, technical terms from philosophy and/or psychology, original poetic language, or other forms of everyday discourse, the aim is to describe *the psychology* of the experience faithfully in light of concrete evidence. The form taken by psychological language depends on the nature of the subject matter as well as the researcher's style, purposes and audiences. In virtually all reports, quotations of participants' own words are included in order to render psychological insights and psychological terms intelligible with reference to actual experiences and to provide readers with concrete intuitive understanding of



the findings. The discussion of findings can take many forms, depending on the purpose of the research, always featuring the originality of the present study's contributions. For instance, the discussion may compare and relate the findings to other empirical research, may be used to address theoretical issues, or may inform or guide practice and policy. As in all scientific reports, the limits of the research and future avenues for inquiry are included in the discussion of the findings.

## **Phenomenological Psychology in Comparisons**

### **Commensurate or Incommensurate Traditions, Procedures, and Findings?**

Entering this adventure with my colleagues, I was not sure what to expect. Hearing mainstream psychologists in the background complaining that qualitative research is too subjective and unreliable, I wondered if various researchers using contrasting approaches would arrive at completely different, even incompatible findings. On the other side I heard post-modernists expect and accept that psychologists from different traditions and communities would offer findings that are incommensurate in an unbridled relativism of diversely constructed knowledge.

As I read the work of my colleagues and look for similarities and differences with my own, I find both. Overall, these works do *not* appear to arise from *incommensurate* discourse communities. The four analyses arise from traditions that are intertwined with phenomenology, speak in and to a common world and are readily understandable as a unity. Each analysis contains many procedures that are identical to mine as well as procedures that, although different, can be readily related to mine. The same could be said with regard to the findings: The knowledge generated by these different methods is both similar in significant ways, and even the most striking differences can be meaningfully related to each other. Although some of the discrepancies in these analyses and findings are related to our contrasting approaches, many stem from the individual researchers and persons—our relevant past experiences, our sensibilities, our analytic styles, and our background stocks of knowledge. If I were to conduct research using my colleagues' analytic procedures, I would probably arrive at findings different from theirs due to my own values and ways of thinking. I believe that the researcher's distinctive talents as a knower and unique presence as a person are inevitable and beneficial to human science. Qualitative human science invites, encourages and calls for an acknowledgment of the full personal involvement and creativity of each researcher, and such work reflects the person doing the research as it also illuminates the subject matter.

I found many similar procedures among our approaches. For instance all five researchers began with the data and read it openly with sensitivity to its context and limits. All researchers were reflexive, honest and critical in describing their own presence and procedures. All of us focused in a large part on the participant's intentions and meanings, even if understood in different ways. All allowed patterns and insights to emerge from the data itself in a process of discovery. Given these similarities, it should be no surprise that the bodies of knowledge generated have many similarities. Others saw, as I did, Teresa's shock, the collapse of her psychological life, the loss of self and meaningful world in trauma, the challenge of restoring her well being, her rational mode of coping, a heroic and creative process of transformation, and new forms of life as outcomes of her cancer—to name but a few.

## Phenomenology and Grounded Theory

Although both phenomenological research and grounded theory begin with concrete instances of human experience and attend very meticulously to their moment by moment unfolding, phenomenological analysis remains descriptive and does not construct a theoretical model that yields hypotheses, as does grounded theory. Phenomenology's reflective, eidetic analysis does not "code" data, employ inductive logic, emphasize the frequency of themes, or explain experience by means of functional relations of variables outside immediate experience. These differences are rooted in divergent philosophical orientations. Grounded theory assumes that meaning must be constructed, hence the importance of theory. Phenomenology views experience as always already meaningfully organized and therefore intrinsically intelligible without theory, only in need of descriptive conceptualization. Although grounded theory does include some description and understanding, it quickly moves toward higher level abstraction by means of theoretical categories and builds explanatory models that isolate certain theoretically relevant portions of experience.

From a procedural standpoint, there are many similarities. Both approaches use line by line analysis and hold that extant concepts must earn their way into the analysis by their relevance to participants' concrete experiences. Grounded theory's "sensitizing concepts" are akin to phenomenology's "fore-understanding," though the latter suggests a more preconceptual familiarity, and both approaches call for the researcher's critical reflexivity as well as the modification of concepts by the fresh encounter with empirical data. All data, every expression of participants, is subject to analysis in both approaches and each finding is recorded and accounted for in the scientific record. Some phenomenologists "name" (the theme of) each meaning unit, as grounded theorists "code" or categorize the participant's verbal material. However, whereas phenomenologists' key procedure is *reflection* on the meaningful structure of the concrete intentional life of participants, *theoretical model building* is the procedural aim in grounded theory.

Grounded theorists may engage in phenomenological reflections and record them along with many other kinds of thoughts in their "memos" in their movement toward abstract theoretical statements. I find many phenomenological procedures, such as insights into the essence of Teresa's experience, employed by Kathy Charmaz (2007 & 2008), the outstanding pioneer of constructivist grounded theory. For instance, by varying the age of the person suffering a loss of self in traumatic experience, she realizes that the regaining of self is dependent on culturally variable opportunities for self transformation. Kathy's version of Grounded Theory has been influenced by phenomenology. These similarities are one basis of the considerable convergence between our analyses of Teresa's experience. The meticulousness of our attention to each data point led both Kathy and I to the significance of telling and revealing traumatic experience to others. Kathy's central theme, "losing a valued self," as well as knowledge of how prior skills enabled Teresa to courageously grow in the face of impending death, converge with what I found. I too saw Teresa's loss of her voice as a loss of her "identity" and found a creative process of self transformation in her resilient recovery. Both Kathy and I recognized the importance of Teresa's acceptance of loss as a condition of the successful formation of a new self. Both analyses claimed that Teresa's tempering emotions and dispassionate logic was effective in coping with her life-threatening illness. Both Kathy and I used comparative procedures in order to achieve general knowledge, recognizing by contrasting Teresa and Gail, the general differences between persons who lose self and create a new identity versus the temporary self-loss and recovery of previous identity.

Grounded Theory's constructive theorizing contrasts with pure phenomenological description. Kathy focused on "losing and regaining a valued self" in part because of its theoretical importance. Whereas this construct became the central category with which Kathy's analysis worked, I focused on the broader concrete phenomenon of "trauma and resilience" and reflected on all its constituents and sub-structures, of which the *self* is one moment or theme among many others whose organization I tried to grasp. Kathy begins her analysis after Teresa's diagnosis, the dawning of self-loss, whereas I began with Teresa's childhood meanings, which I saw retained in her later experience of trauma and resilience. In featuring the theoretical category of "losing and regaining a valued self," Kathy's grounded theorizing builds a model including hypotheses of functional, if-then relationships that explain the self-loss and "the continuum of self reconstruction." Rather than always bracketing realities independent of Teresa's experience, Kathy's theorizing incorporates real-world conditions in order to explain the loss and consequent regaining of self. For instance, she focuses on such variables of chronological age, objective bodily functionality, and cultural opportunities independent of experience. In explaining the loss and regaining of a valued self, she postulates functional relations among such variables, including the loss of function, psychological uncertainty, the loss of purpose, age, and the availability of societal opportunities for self-change. Phenomenological description does not focus on independent variables outside experience and limits itself to describing the organization of meanings as experienced, including "the body," "the self," and "the surroundings" in the temporal structures of "being in the world." Phenomenological analysis remains a purely descriptive of holistic *psychological* structures rather than abstractive of functional relations in a theoretical model that would explain the experience.

#### **Phenomenology and Discourse Analysis.**

Discourse analysis, rooted in the anti-positivist traditions of Continental philosophy, has many similarities with phenomenology. Both acknowledge the human as an active agent and as a socially situated being constructed by and constructing the world through language. Both traditions provide the researcher with articulate background descriptive conceptualizations of human life and analytic strategies that inform empirical analyses. Both methods begin with an open reading of the data and gradually bring to bear a sharper focus on material that is relevant to the research problem. Both approaches describe mental life by means of recurrent meaningful structures that transcend their content and the participant whose particular psychological life is analyzed. However, discourse analysis focuses on discourse and on circumscribed patterns of verbal performance, whereas phenomenology attempts understand the intentionalities of subjective experience and to describe them comprehensively. Discourse analysis attends to socially interactive written and verbal language itself as the locus of and primary context for analyzing meaning. Unless a phenomenological psychologist is researching "the interview" or "the description of lived experience," he or she tends not to analyze the text or the interviewer-interviewee interaction except inasmuch as they provide access to prior lived experiences. Whereas the discourse analyst illuminates the interview itself as an example of a discourse pattern, the phenomenologist *sees through* the interview as it illuminates examples of the research topic. However, these approaches may converge and interrelate inasmuch as there is a unity and connection between discourse performances and the larger psychological life of interlocutors.

Linda McMullen's incisive findings regarding the pattern of "enhancing the self and minimizing others" in discourse about trauma deliberately follow from the nature of her approach. Linda, an outstanding leader in the application of discourse analysis in psychological

research (Potter, 2003; Willig, 2001), was not attempting, as a phenomenologist would, to generate knowledge of Teresa's entire lived experience; she did not focus on Teresa's past experience of trauma and resilience at all. Instead, she focused on the written text itself and the interview as *discourses* of misfortune. In contrast, for me the written description and interview provided access to and shed light on a prior experience of trauma. Seeking only to analyze the latter, I assembled material from the written description and interview, regardless of its verbal context, in a temporally ordered description of the original phenomenal experience. My Individual Phenomenal Description did not include the interviewer's or Teresa's words as responses to the interviewer, for it was constructed only to present the participant's prior experience.

Linda focused on the written text and the overall interview in order to analyze psychologically revelatory patterns of speech that embody culturally valued and prevalent practices. On the basis of an open reading informed by descriptive concepts such as "positioning" and an exploration of the theoretical literature, Linda selected a theoretically relevant category and analyzed a major pattern of discourse found in Teresa's verbal performances in her written text and interview interaction: Self enhancement. Linda's analysis of the discourse pattern remained descriptive and structural rather than building an explanatory model of self enhancement. Although I too employed a descriptive, structural analysis, I did not focus on the written text or interview as such at all, nor did I restrict my reflections to a particular theoretical construct, but aimed to describe the entire original experience of trauma and resilience. The only discourse that I analyzed was Teresa's interactions with the others whom she encountered in the course of her bout with cancer. For instance, I reflected on Teresa's strategy for limiting her mother's distress by verbalizing only part of her medical condition.

Linda's discourse analysis brought to light something that my phenomenological analysis did not. I had not focused at all on Teresa's speech pattern of "enhancing herself and minimizing others" and did not relate this to the context of her present interaction with the interviewer or her social situation in school. My analysis moved instead to "what Teresa's discourse describes" and found patterns of meaning quite different from that which Linda brought to light in the written text and interview. For instance, in Teresa's interactions with her surgeon, I found patterns of meaning very different from self enhancement. In the situation in which Teresa's cancer was first diagnosed, Teresa was initially paralyzed and later reduced to tears as her physician "came up big," providing knowledge, masterful competence, emotional support, and hope for the future. In surgery itself, Teresa was also diminished, to anaesthetized unconsciousness on the operating table, while the physician--the center of agency, performed life-saving surgery. I found a post-surgery substructure of bedridden life in which Teresa's mother rose up and loomed large as an executive managing her situation. These structures of Teresa's intentional life contrast sharply with that of the discourse analysis.

My analysis also found meanings that are akin to what Linda discovered in Teresa's later discourse. For instance, my analysis reflected Teresa's coping style of actively handling challenges herself leaving others in the background, and later engaging in extraordinary expansiveness in an attempt to live the fullest possible life in the face of death. In these moments of Teresa's experience we see an "expanding self and minimal other" that bears significant connection to what Linda found, however in the phenomenological analysis this moment is placed in the larger process and historical trajectory of Teresa's personal life. My analysis of the Teresa's experience suggested the future possibility of integrating her active, expansive agency with helpless dependency on emotionally available and supportive others,

particularly in her marriage, in which she seemed to be moving toward an increasingly ability to share her weak neediness and to allow her husband to actively provide her with care. I recognized at least a potential movement toward allowing others to be strong enhancers of her life. Further study would be needed to understand the relationships between “enhancing self and minimizing others” and these more integrative intentionalities of Teresa’s historically changing life. Phenomenologically, whereas one meaning horizon of the discourse pattern of “enhancing the self and minimizing others” is as Linda asserts, the interview, the class, and the larger audience of her expression, another horizon is the preverbal experiential meanings retained, recollected, and verbalized constitutive of the past. Linda’s insightful explication of the way Teresa distinguished herself as “special, unusual and extraordinary” eluded me for the most part, but reflecting on this meaning-structure now, it evidently also has reference not only to the social interactive context of discourse but to preverbal intentionalities constitutive of Teresa’s way of living through past trauma.

The approaches share in common a meticulous scrutiny of the participant’s expressions, the comparison of different empirical examples of the topic under investigation, and the focus on general structures of psychological life that transcend the empirical material in which they are found. Discourse analysis and phenomenological psychology converge on similar knowledge because psychological life admits of an overall unitary structuration of experience and discourse. These contrasting approaches, although divergent, are also therefore complementary. The phenomenological analysis shows how a person attempts, in an effort to overcome the diminishment of trauma at the hands of a destructive “other,” to rise up, to transcend smallness and vulnerability in an appropriation of power. The speech pattern of “enhancing the self and minimizing the other” both reflects this process and is also its own way of enhancing the self diminished by trauma, as mandated by our individualistic culture that demands we “grow from misfortune.” Phenomenology psychology reveals the individual’s intentions and developmental history, and discourse analysis reveals in language such cultural structures as the imperative to cope individually and thrive on tragedy.

### **Phenomenology and Narrative Research**

Phenomenology and Narrative Research hold in common the conviction that human science research can articulate valuable knowledge through words and through ordinary language. These approaches are therefore rooted in close attention to the expressions of research participants. Both understand the research participant’s words as expressing a meaningful temporal unfolding of life in situations with other people. Both approaches insist that each moment of experience is dependent on the whole. The modern hermeneutic and narrative movements were led by the philosophers Heidegger and Ricoeur, who were students of Husserl and self-identified phenomenologists. Nevertheless, many narrative researchers take a different direction from phenomenological psychologists, who aim to provide psychology with a research method for general knowledge of the full range of human subject matters, both non-verbal and verbal. In contrast, narrative researchers resist formalizing a common “method” and, embracing both methodological and conceptual relativism, draw on various philosophical, theoretical, literary and social traditions in addition to phenomenology, placing an emphasis on the interpretive power of stories to bring the meanings of lived experience to light. Whereas phenomenology finds meanings inherent in the intentional structure of both verbal and non-verbal lived experience, narrative researchers tend to view meaning as originating in words. For instance, Ruthellen states that Teresa “structures her story as one of shock” whereas I take the shock as an experience existing prior to its verbal articulation. Phenomenologists attempt to suspend their

preconceptions and seek access to the phenomena themselves, whereas narrative researchers self consciously employ a variety of heuristic frameworks such as feminism and psychoanalysis in interpretation. Finally, there appears to be greater emphasis on general knowledge in phenomenological than in narrative research. Phenomenology approaches experience eidetically rather than interpretively when it takes the individual's experience as "an example of" a (general) phenomenon and articulates the essence of the latter as evident in the individual experience. Narrative researchers value the study of individual lives as such, do not necessarily seek knowledge beyond individual cases, and assume greater license to interpretation than do phenomenological psychologists.

Ruthellen Josselson—a leader in narrative psychology (Josselson, 2004; Josselson, R., Lieblich, A. and McAdams, D. P., 2003) offers a narrative similar to mine in that we have both paid close attention to Teresa's expression as a whole and in its parts, employing the "hermeneutic circle" as a means of articulating the meaningful interrelations of parts and the whole. Both sets of findings utilize narrative. For me this is justified by the temporal structure of Teresa's experience, which also comes through dramatically in Ruthellen's findings. Although I suspended previous assumptions regarding the meaning of "resilience" (especially those concerning physical matter) and allowed Teresa's experience to inform my psychological definition, Ruthellen interpreted the term according to its historical root meaning (as merely a return to a previous state) which she criticized in light of Teresa's experience. However beyond semantics, both of us found that Theresa's psychological life involved great transformation related to the late adolescent task of identity development. Many other similarities in our findings include, for instance, the significance of singing in Teresa's identity, her tragic loss of identity in the loss of her voice, habitual coping by means of turning away from emotions toward rationality, and the transformative adventure in which Teresa forged a new identity.

Whereas I attempted to reflect without a guiding framework on each meaning unit in Teresa's description, Ruthellen drew on various interpretive traditions as she closely read Teresa's texts, including Bakhtin's writing about the dialogical and multivocal character of the self, the psychoanalytic theory of defense, and literary notions of tragedy and romance. Ruthellen's analysis is also informed by her interest in human identity and her clinical sensitivities to human affect and coping mechanisms. Although I too have employed psychoanalysis as a clinical psychologist, my phenomenological training led me to suspend this perspective in reflecting on meaning units. With her interpretive lenses, Ruthellen identifies in Teresa's expression different *voices of the self* and examines how these voices relate to one another. Theresa's self-definitions, with their many aspects (e.g., physical, emotional, logical, student, opera singer, psychologist) are brought to light in Theresa's narrative of transformation and integration. Although my phenomenological reflection identifies the overall process of identity transformation and integration, this process is thematized in less detail and viewed as embedded in Teresa's experiential process. If I had adopted "identity" as a theme, as I did "social support" and "spirituality," my findings would have more detail and might look more like Ruthellen's, but our different emphases on identity as embedded in the intentionalities of lived experience versus identity as articulated in life stories would remain..

Ruthellen, focusing explicitly the way in which Teresa's expression depends on its social context, analyzes the interview situation as part of a graduate class and Teresa's resistant relationship with the interviewer, who appears to have a rigid agenda emphasizing social support. My own interest in the interview was only to discern descriptive expressions of Teresa's previous experience of trauma for analysis. I viewed the interviewer's emphases on

social support and the topic of God as following the class assignment and viewed Teresa's responses as revealing her original experience of trauma rather than as artifacts of the research situation. Although I viewed the interview as a limited perspective on the original event, I judged it to provide genuine access to it despite my frustration with its limits (especially its failure to evoke descriptions of Teresa's best friend relationship and marriage). Because my specific research focus was not on Teresa's habitual modes of social interaction, her identity, her personality, or her present psychological health, I considered her repeated relational patterns with the interviewer irrelevant and did not analyze them, as Ruthellen given her interests did.

Differences between Ruthellen's and my analyses stem from our respective relations to psychoanalysis, clinical concerns, and personal theoretical interests. Ruthellen interprets Teresa's way of coping with her disease by introducing such psychoanalytic theoretical defense mechanisms as suppression, denial, dissociation and, without naming them, rationalization and projection. She wonders if these defenses are conscious or unconscious. These interpretations are closely text-bound, for instance supported by Teresa characterizing herself, after being diagnosed with cancer and losing her voice, as proceeding as though "nothing happened." Also following psychoanalytic theory, Ruthellen places Teresa's coping strategy of separating herself from uncomfortable emotions and adopting a reasoning stance in the context of the early childhood—Teresa's dislike of familial emotionality including her father's outbursts. In my analytic focus on trauma, I identify emotional collapse and rational problem solving as horizons of the experience, and I also see Teresa's logical coping strategy as rooted in her childhood relations with mother and father. However, I stop short of calling these "defense mechanisms" given my phenomenological tendency to describe intentionality. I viewed Teresa's "rational overdrive" as a situationally limited and effective way of solving her medical problems without the interference of uncanny emotions (with their implication of death) and found a freely lived, even if sometimes tempered emotionality in other situations. I did not view Teresa as inducing her difficult emotions like despair in others as a way of coping ("projection"). I viewed her perception of emotion in others as having the meaning of "the other's." Without further descriptive evidence, I would hesitate to postulate "displacement." I characterized Teresa's intentionality as variously owning, tempering, and at times deliberately turning away from emotion and therefore viewed her emotionality as full, variegated, and primarily functional and progressive rather than projective (in the psychoanalytic sense) and regressive. Therefore I was not "worried" about Teresa's "dissociative" tendencies. Perhaps Ruthellen experienced a sharper sense of Teresa's isolation, disappointment, resentment, and rage about vulnerability in her intimate relationships than did I as in part due to my bracketing of my practical and theoretical clinical orientation and attempting to remain atheoretically descriptive. Perhaps this difference is also due to my personal tendency to accentuate positive and the forward growth edge in my social and clinical relations with others. Still, my analysis converged with Ruthellen's in my acknowledging Teresa's difficult struggle to integrate her intense emotions, vulnerabilities and dependencies as a challenging work in progress.

Both Ruthellen and I conducted thematic analyses, and both of us analyzed the themes we found with close attention to Teresa's experience as a whole. Ruthellen drew themes of the "tragic" and "romantic" from the tradition of literary study, which illuminated distinctive features of Teresa's lived experience. Ruthellen also viewed Teresa's narrative in accordance with her own theoretical interests in the internal reworkings of self. She highlighted the disappointments of Teresa's interpersonal life, with others being unreliable and abandoning except in caring for her physical needs. In reading the narrative, attention was paid to Teresa's

coping with loss (tragic narrative) and engendering a new life (romantic narrative), statements about self experience, and statements describing relations of self and others. In contrast, I took up themes that were assigned in the research project by the class—trauma, resilience, social support, and spirituality. In following Teresa’s description of her lived situations, I did not focus on internal work on self but viewed lived experiences as intentionally related to situations in the course of a unitary process of self-world relations. In analyzing Teresa’s interactions with her teacher, her physician and her husband, I recognized an experience of others as responsive not just to physical needs but also to her greater vulnerabilities, dependencies, and existential strivings. I found the challenge of integrating her independence and dependence, emotionality and practicality, as one in which Teresa was making progress and which was a goal in her future, for instance in her marriage.

### **Phenomenology and Intuitive Inquiry**

The relationship between phenomenological psychology and intuitive inquiry can be quite close in that intuition, as the way of knowing, can be engaged in phenomenological research, and phenomenological methods can be incorporated in an intuitive inquiry. However, this overlap is not necessary. Phenomenological psychological research can be conducted without intuitive ways of knowing and without key components of intuitive inquiry just as the later can be conducted without utilizing phenomenological methods.

Intuitive inquiry is hospitable to and compatible with phenomenological method, which may be employed informally throughout all five cycles and quite formally in Cycle Four. intuitive Inquiry has been informed by phenomenologists and many intuitive inquiries have featured phenomenological methods. However, the emphasis on the personal significance of the research topic, the free ranging use of intuitive ways of knowing, and the goal of personal and societal change are not necessarily part of phenomenological research. Phenomenological method can be employed with any topic even if not of personal significance to the researcher. Phenomenology does not necessarily include a free roaming breadth of intuitive ways of knowing such as those found in dreams, art, reverie, spirituality and meditation. Phenomenology is a fundamentally reflective method and does not intrinsically involve a practical outcome or transformative aim.

Rosemarie Anderson (1998 & 2004), the founder of “intuitive inquiry,” did not simply accept “trauma and resiliency” as the topic of her analysis as did I. She engaged a broader, highly personal process of dwelling with Teresa’s description, meditating on it, tracking it in her dreams, and reaching for a more personally gripping topic that stretched into the unknown *before* she entered her cycle of analysis. Theoretical and cultural break-throughs were horizons of Rosemarie’s research from the start. Rosemarie’s initial intuitive approach eventually led her to focus on the fascinating topic of “reverse mirroring,” which I did not clearly thematize in my seeking knowledge of the assigned topics of trauma and resilience, social support and spirituality. Rosemarie delved into the mysterious inner reaches of a hidden dimension of Teresa’s experience. I worked more prosaically, devoting full attention to each detail of Teresa’s description in an effort to comprehensively grasp the structure of Teresa’s traumatic experience, maintaining even attention to all its constituents regardless of their personal significance to me. In that way my phenomenology follows a more traditional, relatively disinterested, scientific process.

Rosemarie’s and my approaches to the data have similarities. We both read Teresa’s expressions openly, became immersed and allowed her experience to resonate deeply with our own. We both differentiated the protocol into meaning units, of roughly the same size.



However, whereas I maintained and reflected Teresa's experience in its original temporal order, Rosemarie sorted the data using Thematic Content Analysis, named categories and rearranged the themes in various ways with an eye to emergent patterns. The themes of Teresa's pragmatic coping strategy, emotional shut-down, personal transformation, and the rare aggressive cancer were identified in both our analyses. However, whereas I reflected on the relevance and meaning of these themes as along with other constituents of the overall psychological structure of trauma, Rosemarie used interpretive intuition to discover the mysterious topic of reverse mirroring between emotional numbness and aggression (discourses of denial and anger) as a topic in its own right. Nevertheless Rosemarie, in a close textual reading similar to me, traced Teresa's learning to calm her emotions to her childhood family situation and recognized in her later adult life an increasing openness to and integration of strong emotions in her academic work, marriage, and recreation. Rosemarie articulated Teresa's impressive ways of integrating bodily emotional resonance with challenges surrounding her in fencing, mountain climbing, and motor cycling, insightfully tracing this integrative learning to her modulation of strong emotions in her vocal training. Although I did not tune in to these subtle body-world processes in Teresa's post-cancer transformation, Rosemarie's insights are directly in line with my structural insight into Teresa's aim to integrate her intense feelings with practical action.

Phenomenological research can include key components of intuitive inquiry such as the study of personally significant topics with visionary potential and capability for transforming the researcher and society, though these were not explicitly included in my analysis of Teresa's experience. I recognize many intuitive ways of knowing in my psychological analysis. I experience psychological reflection as a non-possessive form of love, and I am drawn to the latent, the unnamed, secret meanings, allowing myself to empathically identify with the participant in an emotionally vital and imaginative way that gravitates to fault lines—the sites of suffering, hospitality to the sacred, and far reaching possibilities within the experience. I empathically paired and joined with Teresa's experience and interrogated not only its obvious characteristics but explored its further reaching implications and potentials. One of these involved Teresa's non-theistic spirituality, including such facets as generosity, gratitude, humility, and hope. That these primarily emotional moments of faith are not based on a belief in God and yet bear on existence as a whole and even on matters beyond the actually given world, I grasped through intuition. Intuition was also involved in my analysis of Teresa's practical-rational coping style, which I also approached on the basis of personally assuming Teresa's meanings. I too have experienced complete emotional collapse and have engaged in a practical-rational overdrive in an effort to solve potentially overwhelming problems. I retain my lonely desire for greater emotional integration and I have been fortunate to also experience love in my most broken down moments. I have learned the importance of surrendering, letting myself collapse, and depending on others' generosity and care, as Teresa aimed for in her marriage. My knowledge of these processes in Teresa's life, and particularly in her marriage, is limited by the paucity of relevant descriptive data. Even if Teresa and I are not able to fully integrate our polarities in my own relationships, we both live the existential paradoxes of being emotional and practical, weak and strong, vulnerable and agentic, and dependent and self reliant, which I view as quite general, even essential in human existence. The possibility of integrating these polarities is far-reaching, as a common horizon of our psychological lives. These intuitive-eidetic insights are based on my allowing myself to couple and resonate with Teresa's experience in a manner similar to Rosemarie who, as a former gymnast, was able to reflect on the way Teresa's bodily discipline as an opera singer and later as a rock climber exquisitely enabled her to rise beyond

the horrors of her disease. Intuitive knowing, in such transpersonal dimensions, can flourish in the heart of phenomenological analysis.

### **Conclusions**

What conclusions can be drawn from these comparisons about the role of phenomenology in qualitative research methods for psychology? Qualitative research methods form a strongly unified family. These methods share much in common and then diverge at crucial points while remaining related to each other. Phenomenology, to a much greater extent than any of the other traditions, has a long history of reflecting on research procedures in the human sciences on the basis of sophisticated philosophical and methodological reflections. The result was the specification and articulation of essential procedures that had to a significant extent already been employed, and have subsequently continued to be employed in good human science, even when they were not made explicit by practitioners. It is important to emphasize that these core procedures were articulated and formalized but not invented by Husserl. Husserl strongly believed, that the best scientific methods respond to the demands of the subject matter and are first formed in the practice of acquiring true knowledge rather than being formulated beforehand. Only subsequent to their successful practice are these procedures reflected on and systematized as bone fide scientific methods. Phenomenology then, as a method, is actually a self-critical articulation of best scientific practices. For instance, the dictum of “back to the things themselves,” perpetual beginning, is a practice involved in any seeking of fresh or renewed contact with a subject matter of scientific inquiry. Putting aside prior research and theories; beginning research with mundane, concrete examples of the subject matter under investigation; reflecting on experiential process and meaning; imaginatively varying the details of phenomena in order to grasp what is invariant or essential in their constitution; and using ordinary descriptive language to express findings are lifeworld practices of knowing not just relevant but of foundational necessity in all qualitative research in human science. Therefore it should be no surprise that these procedures are found in each of the 5 qualitative research practices that we have compared here, even when they have not named and highlighted them. Phenomenology alone has provided an articulate specification and philosophical, methodological justification for these procedures. I believe that the commonality of these procedures is the basis of the unity and convergences of these qualitative methods and findings even though they may not have been reflected upon and employed in a deliberate, systematic, self-conscious, and thoroughgoing way by all 5 researchers.

My first conclusion is that the basic method(s) of phenomenology is(are) necessary for all qualitative research in psychology. The distinctive constituents of phenomenological method are the epochés (of science and of the natural attitude) and the procedures of intentional-meaning and eidetic analysis applied to concrete examples of the phenomenon under investigation. These procedures provide the core and foundation of psychological method in that they insure 1) grounding in empirical reality, 2) freedom from prejudice, 3) explication of what is experientially meaningful in the phenomenon, and 4) identification of what the phenomenon is—its essential constitution. The phenomenological psychological approach itself shows that these methods are not only legitimate but are necessary and sufficient in order to acquire human science knowledge. Starting with Dilthey and more radically developed by Husserl and his followers, there is a long tradition of arguing that this kind of descriptive understanding is sufficient to answer all meaningful psychological questions and that any other methods, for instance hypothesizing and model building, are inappropriate as a basis for psychological

knowledge. Van den Berg states this when he says, “Where hypotheses begin, description has ended too soon.” Not all phenomenologists take such an inhospitable stance toward the importation of unphenomenological methods and notions. Husserl himself, for instance, argued that inferences and analogies are not strictly excluded from phenomenology but may be employed as a heuristic tool that directs descriptive reflections to aspects of phenomena that had hitherto remained obscure. Used rigorously as a heuristic tool, theories, literary analogies, inferences of all kinds, and we would even add political ideologies and agendas can open up new dimensions of meaning that may be reflected upon and described with full phenomenological legitimacy. In this way phenomenology could incorporate all the methods and findings from grounded theory, discourse analysis, narrative psychology, and intuitive inquiry that could generate legitimate descriptive knowledge of the things themselves. However, without a rigorously formed and employed phenomenological grounding, and without their strict subordination to the work of description, the radical phenomenologist would argue that these methods risk entering the realm of pseudoscience and false knowledge.

Without this foundation, grounded theory becomes a categorization of fragments of psychological life; empirical frequency of data codes is an erroneous basis for establishing significance, which requires reflection; and the postulation of natural science style theoretical models, with their abstract linear causality, falsifies lived experience which must be understood holistically in its individual concrete forms. Discourse analysis becomes pure language study and cultural critique, oblivious to the role and context of speaking in the lived experience of human beings and forgetful of the full temporal life of the psychological subject in culture. Narrative psychology, with its literary, hermeneutic, and political basis alone, becomes mere story telling and, however persuasive, powerful, or aesthetically appealing, risks falsification and lacks scientific credibility. Intuitive inquiry becomes personal, pseudovisionary indulgence and a lame attempt to shape the future of our collective life. Without phenomenological grounding, each of these approaches risks abstraction at best and falsification at worst due to a disconnection from existence and a departure from the intrinsic structure of the psychological. What’s more, their methods and findings are incompatible with each other and are likely, without any principled means of integration, to generate fragmented and incommensurate relativisms of knowledge.

This sad scenario is an unlikely fiction, because as we have seen from the above comparisons, these other methodological traditions do share basic practices to a significant extent that, whether acknowledged or not, are those articulated by phenomenology. This is the basis of the striking commonality and relatedness of their findings. If Husserl is correct, any good psychologist would have to utilize these procedures in response to the intrinsic demands of the subject matter. Whereas the 4 other methods cannot function without this phenomenological basis, phenomenology can yield legitimate scientific knowledge without the special methods that are distinctive to the other approaches. Phenomenology can provide sound psychological knowledge without categorizing or theorizing, without offering a thematic focus on language, without literary analogies, without political objectives, without theoretically based interpretations, and without transforming the researcher and culture with visionary zeal. However, these distinctive practices—theorizing, analysis of speech, story telling, and visionary imagination, articulated so eloquently and developed so fruitfully by the various qualitative traditions, can tremendously enrich psychological research in a carefully unified human science methodology built on a phenomenological foundation.



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Appendix I  
Teresa Data

Instructions: *Describe in writing a situation when something **very** unfortunate happened to you. Please begin your description prior to the unfortunate event. Share in detail what happened, what you felt and did, and what happened after, including how you responded and what came of this event in your life.*

**Protocol**

Participant #4

I'm afraid that the time "just prior to the event" is a little long, but I'll do my best to be brief, for what it's worth. About two weeks before my unfortunate event, I was a vocal performance major on the verge of beginning my junior year. I had recently been cast in my first main-stage opera role, was finishing up a one-act opera for which I'd landed the lead, had just finished preparations for my junior recital, and was in rehearsal for a musical. I had even lined up a couple of sizable auditions which, despite my age, were looking very promising. I was nineteen, and it was early July.

I was in my car and stopped at a red light on my way to musical rehearsal one afternoon. I dropped my visor to look in the mirror and put on some lipstick, when I notice a large, two-or-so inch long bump along the front left side of my neck.

It wasn't there the day before, I was positive of that. I touched it, and it didn't hurt. I poked it, even thumped it... it was hard as a rock, and I didn't feel a thing. I got to rehearsal and noticed during the course of the evening that I was finding it a little difficult to sing, as though I was singing against something that was causing pressure on my vocal apparatus. Naturally, I was concerned, so I visited a local doctor the next day. He told me it was a goiter, though he found it strange that I should have one. Not satisfied, I went to another doctor two days later, this time back in my home town, for a second opinion. The second doctor gave me the same diagnosis... a goiter. He referred me to a throat specialist, reportedly one of the best in the business, a favorite of superstars who came from all over the world to see him. I got an appointment with him three days later, and, once again, received the same diagnosis, along with the advice to visit an endocrinologist who could address my odd thyroid goiter situation. When I met with the endocrinologist, he ordered a scan of my neck, the results of which he said came back as a "cold scan." He didn't seem bothered; "Come back tomorrow," he told me, "and we'll do a quick biopsy to have a better look at this thing." The biopsy was scary... the syringe they used was the big metal sort you might expect to see in a horror movie (I can see why now), and the needle itself was certainly impressive. Of course, the worst part of the experience was that this massive contraption was going to be in my neck, so I kept calm by taking nice, deep breaths and reminding myself that local anesthesia can do wonders. And, as it so happens, it can.

The next day, I received a phone call from my endocrinologist; the results of my biopsy were "inconclusive." Still, I was going to have to go into surgery to get "the mass" removed, no matter what it was, and, by the way, to pack a bag because this would be taking place in two days. The day after that phone call, I was in a surgeon's office, ready to go over the next day's surgical game plan. I'd never had surgery of any kind before; heck, I'd never even broken a bone or gotten stitches. However, I was sure this was no big deal. After all, this was just a

thyroidectomy, and only affecting one lobe... people have their thyroids taken out all the time. I was actually just taken up in the whole strangeness of suddenly being on the verge of surgery. "Wow," I thought. "My first surgery... weird."

The surgeon asked me who had found "the mass," at which point I almost laughed, as I moved my hair aside to show him the rather sizable lump on my neck. "Oh... I guess you found it, then," he said, matter-of-factly. Then he asked me what the endocrinologist had told me, and I gave him as accurate a report as I could... that the scan came back cold, that the biopsy was inconclusive, that it had to come out. At this point, the surgeon seemed to have gotten very angry with something I'd said. "Damn it," he grumbled. "I hate when they do this. I hate when they make it so that I'm the one that's saying this right before surgery." For the first time, I was stunned, confused. There wasn't anything that made sense for me to say, so I couldn't say anything. Then, the surgeon sat down across from me at his desk. "Do you want your mother to come in?" Instantly, I declined. He asked me again, looking a bit puzzled. Again, I said no. Then he shifted a little in his seat and leaned in, resting his elbows on the desk and looking intently at me. "I don't know why your endo didn't tell you this. Your biopsy wasn't inconclusive. You have anaplastic carcinoma. That's thyroid cancer. We've got to get that thing out of there right now."

Then there was silence, and he just sat there, staring at me, waiting for who knows what. I sat back in my chair a little, let out a big breath, and stared back at him. "Okay," I said. "What're we going to do about it?" In an instant, he was fumbling around on his desk, grabbing a pen and notepad, clearing a space in the midst of the odd clutter. He drew a picture of what seemed to be the two lobes of the thyroid gland (which looked rather like a weird kind of bow tie), then drew out the incisions and various possible mishaps that could occur. I took it all in very methodically, as though we were talking about someone else entirely that he'd be cutting into the next morning. After that was done, he leaned back in his chair and asked me if I had any questions, and I didn't. Then, perhaps in an effort to make small talk, he asked, "So, you're a college student... what's your major?" I told him it was vocal performance, and his face went white. He looked grimmer now than he had at any point in our conversation. "Look," he said very gently, "because of where this thing is and what we're going to have to do, there's a chance you won't be able to even speak the same way again. You may not be singing anymore after this."

I froze. I couldn't breathe, couldn't move, couldn't even blink. I felt like I had just been shot. My gut had locked up like I'd been punched in it. My mouth went dry and my fingers, which had been fumbling with a pen, were suddenly cold and numb. Apparently picking up on my shock, the surgeon smiled a little. "We're going to save your life, though. That's what counts. And you know what? The other surgeon working with me is a voice guy. We're going to do everything we can not to be too intrusive." I started to breathe a little, very little, and I felt myself trembling. I tried to say something meaningful, expressive... all that I could manage was, "Man... I was actually pretty good."

Then, all of me let loose. I was sobbing, but there was no sound; just a torrent of tears, and the hiss of crying from my open mouth, pushing through the pressure from the accursed mass. The surgeon hastened to my side, armed with a tissue and a firm, reassuring hand on my shoulder. I heard him speaking softly from beside me as I heaved in my silent wailing... "You're going to beat this. You're young, and you're going to beat this thing. And you'll get your voice back, and you'll be singing at the Met. And I want tickets, so don't forget me." Slowly, I came back to myself, began to breathe again, and listened to the surgeon as he told me that he was

going to use the smallest breathing tubes possible, even make the cleanest possible work of the incision. By the end of the visit, I was completely drained, like a ghost of my former self. I felt as though the biggest and best part of me had died in that office. Cancer wasn't as frightening to me as never being able to sing again. Singing had been my life for as long as I could remember; the one thing I could excel at, the only thing I knew. It had been my solace in all my times of distress, through every hardship... this would be the most grueling hardship of all, and I wouldn't be able to sing my way out of it. Literally. Worst of all, I still had to tell my mother.

That meeting in the surgeon's office is what, for me, qualifies as my most unfortunate event to date. The next day, I went into surgery, and it went very well. It took a bit longer than expected, since the mass, a large and exponentially growing tumor, had already begun spreading to my lymphnodic tract and the muscle tissue on the left side of my neck. When I woke up from surgery, I no longer had any thyroid at all, and had also lost some muscle tissue in my neck and two parathyroids. My voice was indeed changed, and it was very hard to speak for a few weeks. Later, my speaking voice returned, but my singing voice wasn't as quick to reemerge; I was left with no choice but to leave the music school at my university and give up all of my singing projects. I had been a cantor at three area churches, and found that I could no longer bring myself to go to church at all... it was too painful to go if I couldn't sing. All my friends had been fellow singers, and I knew that they couldn't bear the discomfort of being around me under the circumstances; my voice teacher, who was like another father to me, greeted me in tears each time he saw me afterwards... he was there for my surgery, and was the last person I saw before my anesthesia kicked in. Seeing the dreams we had built together go to pieces the way they did was just too much for either of us, and we spoke very little after that.

Many suggested that I take a break from school, that no one would think any less of me, but I was determined to move on as if nothing had happened. When I met new people, I no longer introduced myself as a singer, which was strange for me. Now, I was a psychology major, and I told people this as though I had always been. I suddenly had non-musician friends, which was also odd, yet strangely refreshing. I was having conversations that I never had the opportunity for in my previous life; my friends now were philosophers, scientists, poets, and historians, and I was learning of a life beyond the hallowed catacombs of practice rooms, voice studios, and recital halls. On top of that, I took up fencing, motorcycling, rock climbing, and theater acting, and seemed to do pretty well. Frankly, I just wanted to live as much as I possibly could, and do everything imaginable while I was at it. Meanwhile, I had also become acquainted with the intricacies of cancer treatment, undergoing a series of radiation bouts and long days alone in isolation clean rooms so I wouldn't contaminate anyone while eradiating. Just when I could fool myself into thinking I was normal again, I'd be back in the hospital.

It took an extra year to get through my undergrad work due to the change of major, during which I met and married my very non-musical, very academically-inclined husband. I began contemplating what to do with my bachelor's degree in psychology when, three years after my surgery, my singing voice began to come back. Ridiculous timing. While holding down my nine-to-five job, I began working slowly toward getting my voice back in shape, and eventually maintained my own voice studio of around sixty students, serving as my own poster child for the miracles of good voice technique. I sang with two opera choruses, got back into singing at weddings and church services a bit, even visited my old voice teacher a few times for a few lessons. Still, I loved my newfound intellectual life, and I didn't want to give it all up and go back to the grind of full-time classical singing. Besides, I had discovered that, while my voice was still misbehaving (and often does, to this day), I could sing other kinds of music pretty well,

particularly rock and blues. I began tinkering with writing my own music, and eventually acquired my own regular gigs at night clubs and live music venues. I continued in my psychology work, as I do now, for I love it dearly, particularly in that it brought forth in me a part of myself I never knew I had, one that seems to hold its own well enough with the more intellectual crowd. The intensive opera chorus work still makes me an opera singer, but that doesn't seem so important to me anymore. I can sing my own music now, so I'm a singer in an entirely new way. I've officially been in remission for over a year now, and, since my type of cancer is an angry sort, I have to go in for scans twice a year. As I see it, though, if I could get through that day in the office with that surgeon (who, by the way, I fully intend to invite to my first breakthrough gig, whatever style of music I'm singing at the time), I suppose I can get through just about anything.

## **Introduction**

This interview was conducted face to face in teacher/teacher assistant's office. My (the interviewer's) goal was to explore the details of the story in an attempt to look closer at resilience. After conducting the interview, I realized how I had "conceptualized" the idea of resiliency. My questions were geared towards trying to find sources of support because I believed that resilience cannot happen without a source of strength or support.

Another idea that I wanted to look at was betrayal. Throughout the story there were people who I thought that did not support participant #4 or who may have appeared as nonsupportive. Since I thought of resilience as a function of support, I thought that it was a relevant topic. Those individuals were friends, doctors, and God.

I also looked at the areas of where resilience occurred. Participant #4 initially had to recover from the news of her urgent surgery; there is the physical recovery that is involved from a surgery; and there is the affects that the surgery had on her life as a whole. Because the surgery took away her voice, which was the center of her life, the surgery almost took everything from her life. Hence, she had to recover socially, academically, and in every other aspect of her life.

The interview gave me insight on the tragedy as well as the participant themselves. Along with obviously being smart, the participant showed that they are also strong and courageous. It was an honor to conduct the interview.

## **Interview Transcript: Participant #4**

*The first thing that I want to ask is this about how, in your story, you didn't make any mention about your father. Do you have a relationship with your father, and, if so, what is it?*

That's a very interesting question. I do not have a good relationship with my father. Um... my parents are married, and I'd always lived with both of them, but the relationship with my dad is such that we don't get along very well at all. So, in terms of all of this happening, he was probably the furthest from my mind in terms of somebody I would have wanted to go to for support. What's interesting is that, the day before the surgery, when he found out about the surgery, and at that point still didn't know exactly why I was going in, he had a moment of... of... uncharacteristic emotion. He just came up to me and started crying, and he hugged me...

and I found that a little odd. Not comforting at all... not remotely. Because it was so uncharacteristic. He was never very emotionally demonstrative as a father, and, uh... you know... as I said, he and I had a rocky dynamic, for as long as I can remember. That's why the occurrence was a little bizarre for me.

*You said that he's not demonstrative with his feelings. Is that due, maybe, to the coolness of his character, because he's not the type to demonstrate emotions, maybe one of those typical guys... or do you think it's more of a personal thing, due to the relationship that you two have?*

Oh, I think it's definitely akin to the fact that he and I don't get along. Um... he's actually a very hot-blooded, passionate person. We just don't like each other. And when it comes down to being demonstrative, he's demonstrative, all right, but in other ways, the least of which seemed to be affection. He's always been sort of belligerent towards me... it's unfortunate. And I think that, as time has passed, he's gotten older, and I've gotten older, and that animosity has definitely tempered somewhat, which is nice. Besides, he had a heart attack, and ever since that heart attack, he's been sweet as molasses to me... I mean, relatively speaking. I've always made more of an effort to get along with him, but... he's an interesting guy. He probably qualifies as childish... he's very temperamental, has to have his own way... if he has to lie or cheat to get it, he'll do it. And that was a little tough for me to grow up with. So yeah, ever since the heart attack, he's been a puppy compared to what he once was.

*I don't want to stray too far off the subject, but I have one more question about that. Do you think you might know the source of the bad relationship? Was it just one event that sort of catapulted things and then they just never calmed down, or was it more of "I am who I am, you are who you are, and we just don't mix well"?*

I think a lot of it is "I am who I am, you are who you are." What I feel that it really comes down to is the fact that he is of Latin American descent, that he was raised as the one male child in a Venezuelan household. Not to mention, a white man growing up in Venezuela. So he regarded himself very highly, and has always had a very machismo take on male/female relationships. My mother, on the other hand, is very submissive, very, "yes, sir, no, sir". I came into the picture, I suppose, as not being a very submissive person, taking more after my father than my mother in that regard, I'm sure. It's not so much that I was looking to pick fights with him... it was just a clash of ideals. He thought that, by the time I'd hit the age of eleven or twelve, that I should be doing a lot more around the house, when, previous to that, I hadn't done a *thing* around the house. As far as this particular event and our relationship... my father has a tendency toward the dramatic... which I think, to an extent, I share, only I think I temper it a little better than he does. So for a little while, after the surgery, and during my first round of radiation treatments, he was very open, and was lavishing gifts on me... buying me lots of things. I got a new TV, I got new furniture... I got a new apartment! I mean, I got *stuff*! That's just the way he operates. He wanted to demonstrate his affecting and his concern by buying me things, and, well... a nineteen year old college student is certainly going to take advantage of that, no doubt. And then, after... I think after the cancer became old news, you could say... it tapered off, and he was back to his old belligerent self again. But, for a little while there... for about a month, maybe, it was, you know... it was kid-in-a-candy-store time for me.

*Let's see... you made mention that you told your mother... no, you told your voice teacher the news before your mother?*

I didn't tell my voice teacher before my mother, but, for whatever reason, it was a lot harder to tell him. Where my father lacked, my voice teacher sort of picked up the slack. He was very supportive, he was about the right age to be my dad... he was, um... he understood my passion for singing, and believed in it, whereas my father, quite frankly, thought it was a pipe dream, and I ought not give money and time to a university to learn how to sing. To him that was ridiculous. My voice teacher thought it was a noble art form, and I found that really comforting. I told him... the day before my surgery, almost the same time I told my mother... just after.

*So, after you told your mother?*

Yeah, but just barely. I mean, I didn't have very much time to disclose this news. I found out I had cancer, I had surgery the next day... I had to just tell people. And naturally, he drove up to see me the next day, was at the hospital, held my hand, the whole nine yards. But it was harder for me to even conceive of telling him, because our relationship hinged solely on the fact that I was a singer. My mother would have been there for me. But as far as my voice teacher? If I couldn't sing, I was going to lose this guy. As far as I was concerned, not being able to sing would destroy not only everything that we'd worked toward that past two and a half years, but also our relationship... professionally, personally, you name it. And I just couldn't deal with that.

*How would you describe your relationship in general with your teacher?*

What... now?

*No, then.*

Oh, then... I used to spend every possible moment in the voice studio with him. What I had in that teacher was gold. To this day, I swear by him. He has something very special in his technique. That's a very typical thing for a voice student to say about a teacher... voice people tend to build up this sort of cult mentality about their voice studios, particularly undergrads. But this particular teacher really does have something. And the proof's in the pudding; his students do phenomenal things, and his technique is very scientifically based... it's not just this artsy intuition that you see so much in the field. Of course, you need to be an artist, but, if you look beyond that, you have a body and an apparatus, and a means by which it physically operates... and that's very important to him. I saw first hand, so many times, that his studio was the place to be. And I wanted very much to be an opera singer, and do it well, to the best of my ability... the only way to do that was to be around this man twenty-four seven. On top of which, he was just a great guy. But I had very monocular vision when it came to my goals in life, which contributed to me being very intimately involved with working in the studio and with my teacher... and which is why it was so devastating when all of this happened.

*You said your teacher kind of filled in the gaps your father didn't. What were some other areas, other than being supportive of your voice and vocal career... in what other ways did he fill in the gaps?*

Well, I guess you have to think of it in terms of my being seventeen and going off to school, and experiencing the world on my own terms for the first time when I met him. He stood for the beacon of wisdom that I think every kid sort of looks for in situations like that. He had invaluable knowledge of the campus, of the people there, of the politics... and in the music school, there are *politics*. In any program, there are politics, but in the music school, you've got a whole different kind of ego that you're dealing with. There are performing faculty, with different studios and factions... not to mention, the auditions, the recitals, and all levels of performance. There's this heightened sense of, "I need to be part of a team, or I'm going to just float around until I totally lose it!" And that's where he came in, and he provided me with that kind of grounding. He did that for a lot of people. And I don't think that he sought to be anybody's father figure... I don't even think that he'd look fondly on my calling him a father figure, but it can't be helped... he was.

*When you got the news that the results weren't as good as the previous doctor had said, that it was cancer, and that it had to be out ASAP, you were very, very cool about that. Why was that?*

I...still don't know. I mean, I... I remember thinking that panicking wasn't going to do any good. I remember thinking that the best thing to do at that point was to be just as methodical and professional as he had to be, and sort of remove myself from my physical self, as it were... to look at the problem as though I was a cohort of his, trying to analyze the problem... trying to take on my own role in this cancer battle we were about to embark on. It was the best possible thing I could do to, for one, maintain my sanity at that moment in time, because that's a little heavy, and two, to just get it done. I mean, it didn't seem... I reverted completely to logic at that point. I do that. In moments of stress, or anxiety, or tension, or grief... you name it. Um... I don't try to avoid the emotion, but I do try to temper it... by at least maintaining some degree of practical reasoning and logic as the basis of what I'm thinking and doing, just so I don't go completely off kilter and start looking like a moron. I think that, in part, has a great deal to do with growing up with my father, who doesn't have a lever to control that with. So, um, that's what I think contributed to my oddly cool demeanor upon getting the news.

*In some ways, does that kind of logic conflict with your artistic personality?*

Strangely enough... no. Though, at the time, I would have thought so. That was the interesting thing about being in the voice studio I was in. I had never had a voice teacher prior to that. Nobody would want to touch me, because a lot of voice teachers say that, as long as you're doing things here and there that are good, then, by and large, they let you do your own thing technically. At the time, I was pretty damn good, and they just left me alone. And I did sing from my guts, and I was very emotional... and of course, being in a very emotional household also contributed to the emotionality of my performance. When I got to college and entered the voice studio, I was told to restrict that emotion and to focus more on the physicality of what I was doing, on releasing tension. When you're emotional, you get physically tense. And when you get physically tense, that kind of messes with what you're doing vocally... and that's what was happening to me. So getting away from that emotionality, and reminding myself why... which, of course, takes logic... was actually very instrumental in the long run, not in quashing my emotions... I still listen very much to my emotions... but understanding that they're just a part of

what needs to take place in order to help me function in a given scenario.

*Do you remember how you felt towards the previous doctors that didn't tell you how serious it was?*

After the fact? Or...

*After, and, maybe, during?*

Okay... during the fact, I just sort of thought, "well, there are better doctors, I guess." I didn't hold it against them personally, I didn't have any animosity toward them. I mean, how could they know? Nobody could possibly know that. And it was so bizarre. I mean, even after they took it out, they kept that thing in pathology for a long time because they couldn't figure it out. It's still one of those cases where everyone just sort of stood back and thought, "okay... well ... that was weird." After I realized that I'd been... um... misled... a couple of doctors, the first two... no grudges whatsoever. I have no problem with either of them. The third doctor, the doctor who treated all the famous people... Okay. He was flippant. He was arrogant. And I trusted him because he was flippant and arrogant. Our consultation was all of five minutes. He looked at it and said, "Ah, it's a goiter." And I believed him... how do you not believe something like that? Especially with his credentials... I mean, he had pictures of Cher and Bono on the walls of the waiting room, for crying out loud. So, I mean, I didn't think anything of it. After the fact, almost instantly after I found out, I think most of my animosity was directed toward him. I couldn't even understand the fact that he was allowed to practice because of his flamboyance... and, in the end, was entirely wrong. And if he had tried a little bit and gotten it right... we could have stopped this thing from growing quite a bit. It had just started spreading to other parts of my neck... it was already on my lymphnodic tract... that's scary. That happened in the last couple of days... I could have caught that a week previous if that doctor hadn't been such a jerk and hadn't done what he'd done, and maybe looked into it a little more. That really made me mad. To this day, he's a highly esteemed throat specialist for many of my friends who are still singers. I tell them, time and again, "be careful with this guy." And they don't listen... they say, "oh, but he's the best. So he messed up with you... that was just once." Well, what can you do? Maybe he is good, but what he did to me, I really can't forgive. As for the endocrinologist, the fact that he sort of deceived me and told me the results were inconclusive... I think I understand where he was coming from, and I don't have any hard feelings toward him... I don't feel, you know... bamboozled by that deceit. It's probably a greater transgression than that of the other doctor, but the fact that the endocrinologist was the one that took the steps that no one else had taken, and since he found the problem and acted on it, I think he's pretty much made up for it. I stayed with him for my treatments and my scans, so yeah, I don't hold it against him. That other doctor, though? Forget it.

*Could you talk about the ease... maybe... or difficulty... in the actual physical recovery?*

It was horrible. I remember the instant I woke up from the surgery. And the surgery was supposed to take, maybe, three hours... it ended up taking something like six, maybe seven hours, because they didn't expect to find the spreading. I woke up...and... well, anesthesia has an interesting effect on people. I'd seen people come out of anesthesia before, and it's funny



sometimes... people just start bawling and talking gibberish. Naturally, I wake up and I just start wailing crying. But I realize, first thing, that my voice is coming out much better than it had before surgery, so I thought, "yeah, this is great!" The following weeks, I was in a lot of pain, primarily because of the nature of the surgery. For a thyroidectomy, there's a period of healing, of course, but my surgery was different because they had to go to the side of my neck where the tumor had begun to spread. As a result, I couldn't walk, could barely move... I was in bed for a good three weeks. I'm not the sort that can be bedridden easily. So I was miserable, and more unfortunate, I had to stay with my parents. My mother was fine... she doted on me a bit too much for my taste, but it was no surprise. But I could have done without my dad being there, and he was there plenty. And my condition didn't mean we didn't argue, which just complicated things with my voice. Following the surgery, there was a notable inability to speak well for about a month, when my phonation was very definitively affected. Slowly, it started coming back here and there, but something had definitely changed. I got everything checked, but no one could tell what changed. It's been theorized that the surgery was responsible for shifting some things around, so things were just going to be different from that point on. That was difficult... healing physically and coming to terms with the fact that things would have to be so different from then on... I wasn't even myself anymore after that. My voice was gone, so I was gone, and I'd never been anything but my voice. So yeah, that was really hard.

*Since you did a lot of singing with yours and other churches, how did this affect your relationship with God?*

That's an interesting question.

*I mean, you worked for the church, and you were no longer able to...*

Yeah. That's a very interesting question. Well, for as long as I can remember, I've been a Catholic cantor, so I knew the mass parts backwards and forwards, and I always had to stand at the front and lead the congregation, and everybody looked at me and thought, "oh, isn't she a good Catholic," bla bla bla, and that's great. To be honest, if I wasn't singing, I wouldn't have gone to church. My relationship with God back then was... um... a casual, conversational one. I mean, it was, "hi, God, how are you... I'm fine... that's good... how've you been..." and it suited me. And I was grateful for things, and I'd offer prayers of thanks. And then when this happened, and I couldn't sing... Obviously, I was initially grateful... grateful to be alive, grateful we'd caught it. Still freaked out, though, because the doctors kept telling me they hadn't gotten it all, that I had to be eradicated and have things burned out, and so forth. And then I couldn't be in the clear because of scans and such, and I would have to be on hormones for ever and ever until I die. So it was hard to be 150% thankful. There was always a bunch of "what if"-ing, and it never really went away. With cancer, it doesn't go away. So you always have to wonder... you know, if it's going to come back. Or if it never left. Or if they haven't caught it all. I mean, when you have a bunch of doctors telling you that you have a goiter when it's really a massive tumor growing out of your neck, you start to wonder if any doctor knows anything. The funny thing is that none of the churches I sang at were actually *my church*. They were paid jobs... I sang at a Catholic church, a Jewish temple, an Episcopal church, and a Baptist church. I tried to go to church after surgery, just to go, but would have to leave during the opening hymn because I couldn't handle it. And then I started asking questions... not so much questioning

God... but questioning religion in general. I got into studying East Asian philosophies, I got into studying all kinds of religious systems and beliefs... and I came to the conclusion that my relationship with God, as far as I'd always known it, was very much centered on my voice and being able to sing. And it was very real to me. Singing was my prayer. That was my connection. That was my big gift. I was a fat kid with no friends for as long as I could remember... but I could sing! That was the 'in' for me. When I lost that, I lost my connection with God, I lost all my friends, I lost my calling in life, I lost my passion in life, I lost my trump card... the thing that was gonna get me out of being that fat kid with the oppressive dad, and whatever... that was going to be my ticket out. I lost my ticket! So I lost my connection to God. Gone. I began to understand things in a very logical, philosophical way, and I took to logic because passion hurt too much. Because music was passion for me. If I had a problem in life... seriously... I would sing. That's how I fixed it. Always. And I've had problems. Um... because I'm lucky like that. But I couldn't sing, even though things would happen. Like, uh, if I was dating a guy... and it wasn't like I would just date a guy. I would date a guy who'd beat me up. I was good like that. If I could sing, that would go away for me. Yeah. Couldn't sing. That was bad. Eventually, as my voice started trying to come back, I realized... I wasn't angry at God... I just really didn't think there was a god working on things for me out there. I don't have any animosity towards religion, nor do I have any judgments on people who have religious beliefs... I respect spirituality, I believe myself to be spiritual... yet I can't say that I now adhere to any one given faith. Qualifiedly agnostic, you could say. I'm open... if the deity of choice wants to zap me and give me a moment of epiphany, I'm fine with that. But as of yet, it hasn't occurred, to my knowledge. I'm waiting for whatever. In the meantime, I'll keep reading my Lao Tsu, and my Baghavad Gita, and my Koran, and my Book of Mormon... I've got an interesting collection at home. But I keep myself abreast of the thoughts out there, and I think about it a lot... I do feel that spirituality is a big part of what I do, like in my writing, my music now... yeah. A huge part of it. I'd rather think of how I live and how much I live, though, rather than whether or not a greater being. Is there's a god I'm giving it all up to? No, I don't feel that way. I feel that, honestly, if there's a God, and I end up in heaven, the first thing I'd like to hear is "Okay, you were wrong... I exist. But it's okay." I think that, if there is a God, he'll totally understand where I'm coming from... I think he'd be okay with it.

*You mentioned your friends not being able to stand being around you because they knew how much pain you were in. Describe how that manifested itself, in terms of their actions or their relationships with you.*

They disappeared from my life. And I think that was on both our parts; we're talking about dear, dear friends, of which I've retained one... I think we were so close that nothing was going to drive a stake through that. But you have to remember that we're dealing with a voice studio and a voice school where everything is very competitive, and everybody knows who's who and what they're capable of, and voice parts having their different animosities between themselves... there's always a queen bee. I was the freak wunderkind mezzo-soprano at the music school that got the auditions, got the solos, got the favoritism from directors. I didn't really want things like that, because it sucked. By default, people started hating me. I had graduate students come up to me in the halls and threaten me... it was weird. But it was my calling... it was me, it was what I had to do. To hell with the grad students. It was me, who I was... and everyone just kind of knew I was going to be something someday. So when this happened to *me*, it scared the crap out of

everybody... scared the *crap* out of everybody. And I even had a couple of them tell me how tragic it was... like I was dead, and they were telling me about it. It was weird. But essentially, I *was* dead. To them. I mean, if I wasn't a viable musical threat, then what was the point of knowing about me, knowing of me at all... knowing *me*... because the only reason I was an entity in their lives was because I was a dominant singer. When I was out of the picture, I think they put it out of their minds, because for that to happen to someone where I was... was just scary. I think I put myself in their place a lot... I didn't hold it against them. I think if that had happened to someone else, and I'd watched it happen, I would have probably done the same thing.

*Why?*

It's scary!

*Why is it scary?*

Because singers tend to be kind of insecure. Because I'm not the only one walking around, thinking, as a singer, "that's my voice, and without my voice I have nothing." It's a huge step for a singer to say, "Eh... maybe I'll try *this* career change." That's huge. It's almost as big as religion. It may be bigger. Because for a musician to devote themselves that completely to their art and to even consider the thought of straying from that path, even for a moment... that moment is very pivotal for a singer. Whenever you hear about people who have degrees in music and do completely different things... there was a big choice that took place there. In my case, it was forced on me. But if I were confronted with that situation, and there was someone I knew to be particularly talented with high hopes, then suddenly felled by a disease and not being able to sing anymore... I don't think I'd be able to carry on being around them too much. Not only that, but they'd feel uncomfortable talking about what was going on at school, in the field... because that's all we talked about! And I couldn't do it anymore, so what would they talk to me about? That had to have been difficult for them. I mean, it was difficult for me, but it was easy for me to put myself in their place.

*I guess the next logical question would be... looking back now, would you consider these people to be real friends?*

No... but, then again, a lot of friends in college aren't *friends*, but you don't know that at the time... they're people that you know from the department, people that you hang out with by default, people with similar interests... and that helps to segway into social circles forming. But, for the most part, in times of crisis, those aren't always the people you run to. Still, they're what I had. So I showed up on the first day of the next semester looking like I'd been in a crazy knife fight... and word travels fast. And especially since I'd been cast in an opera... they had to recast it. I had to reschedule my recital, because at the time, I was still in the music school and was going to try to get my voice back. Which didn't happen.

*Did you actually try to get back on track?*

Oh, yeah... oh, yeah. For a whole semester.

### *How did that go?*

That was painful... painful. Having been called in by every single professor and conductor in the music school, to sit down and have a moment with me in their offices... just to reflect on life, and how tragic it is for this nineteen year old kid with so much promise to be taken out by cancer. I mean... again, being spoken to as though I was already dead. And these were professors who I thought never really liked me. Some would even tell me, "yeah, I've got this lump over here," and I'd want to say, "Um... I don't care!" It was so strange and morbid... everybody kept looking at me like I was already death warmed over. Even now, people find out about my medical history, and I still get those looks. But in the music school at the time, with a big gash in my neck? That was priceless! Not only that... of course, my voice teacher would just openly cry in front of me. I just couldn't handle that, you know? I mean, I really cared about this guy, and I was just bringing him way down. And then one day, I was leaning on the piano in the studio, and he was sitting at the keyboard, and we were having this sad lesson... and he just looked at me and said, "Why don't you just stop coming?" And I said, "You're right." And that's the last time I went to the studio. It was like that. It was like that. Plus, I was in every top choir in the school... and this was a school with a pretty hard-core choral program... recordings, international tours, the works. I was a member of the elite chamber choir, the youngest member, so it was a big deal. This thing was like lighting when it hit. So I became like this weird kind of ghost, like a pariah... the untouchable one that everybody talked about.

### *Did you have any resentment for your teacher?*

No... well, a little bit, a little bit. Because, even though I expected us to drift apart because of this, I harbored this secret hope that there was more to it than just the singing... that we could find common ground as people. I thought we did. Or maybe we did, but it was just too painful, that we couldn't get past the pain. And I understand that now. I mean, he had a full studio, and a lot to deal with, and people were talking about me a lot when I wasn't in the studio, which he had to deal with. And since then we've talked... he's very supportive of what I do now. He actually just retired, and all of his old students got together for a big party. Then people saw me and were, like, "\_\_\_\_\_, \_\_\_\_\_, what are you up to now?" And I'd tell them, "Um... I'm starting work on my PhD in psychology." "Oh my God, you're smart? We didn't know!" I was like, "I know! I didn't either!" Which is true... I didn't know I was smart. How could I have? I was an intelligent singer, sure, but you don't have to be intelligent to be a good singer, really. Look around sometime at a few singers... a lot of jokes go around about sopranos, but we won't go there. My point is that I didn't have an opportunity as a vocal performance major to explore that area of myself. As soon as the voice was gone, I had to find something or I was going to die. I really felt that I was going to have to die, or kill myself... or hold my breath until it ended. Anything but feel like that. It was miserable and painful, and terrible... I can't explain in words how awful it was. I guess I know a little of how the Katrina people feel, in my own way. They lost everything. I lost my identity. I lost myself. And now I didn't have a leg to stand on, like, with my dad, because I'd always fought him on being a good enough singer to make a living. Well, now he had me. So that was horrible. It took me... wow... it took me... I think even now I struggle with it a lot. But I fight it... I fight it tooth and nail. Because I'm still a singer, damn it. You're not gonna stop me. I have a sick passion to fight odds... I take pride in it, because... I don't know

why. I don't know that I'm a prideful person. But I'm proud of what I've done, kind of in an American way. Not in, like, an arrogant bastard kind of way. Feeling like, "okay, for a cancer patient, I'm kind of doing okay." I'm doing stuff. And as soon as I get started on that, I gotta go do more stuff. I gotta go be a fencer, go rock climbing, get a PhD... I have to keep going, like I'm obsessed with it. There's a spare moment? I could be studying... I could be working on a song. I need to just keep doing. Because what if this thing comes back? I won't have done anything important if it were to come back today. I better get on with it. Yeah, it took a long time to come to terms with not being an opera singer... maybe two years of straight misery. Then, in my senior year of undergrad, my voice started coming back. And that was terrible. Because I used to say, "I'd give anything to have my voice back," when it first happened. And I meant it. I'd have killed somebody, I think, But then it came back, and I was like, "oh... great." And I was on the verge of finishing my psych degree, and I thought, "Ugh... you gotta be kidding me." I was mad, at nobody... just pissed. I mean, you gotta be kidding me. What are the odds? I went in and talked to my voice teacher, and he let me in on the secret that I didn't need a voice degree to sing. That's when I started doing auditions, doing the professional opera chorus gigs... and still, I realized I had kind of gotten used to the idea of not being an opera singer... and it wasn't that bad. And I *was* kinda smart... and my friends who weren't musicians were a little less vapid. I mean, not that all musicians are vapid, but a good many are. And I still had a couple, like my friend who tried to be there for me throughout... we're still very close. I don't know what I'd have done without him. Oh, and by that point, I'd already gotten married, and this guy didn't know me as a singer. He met me a week before I found out about the cancer, so my voice was already headed downhill. So he never really heard me sing. But he did see me perform eventually... and he was a part of me starting to fence he was a big time academic... still is. I mean, he must be one of the smartest people I know. So he only knows me in a certain respect. Becoming a musician again, in a new way... that was a ride in itself.

*I have a couple more. Describe your mom throughout the whole process.*

Wow. My mom was a wreck. She's a worrier by nature. She's always been very timid and skittish. I think that my dad being such a tyrant made her very nervous all the time. I remember her getting in trouble all the time for doing things wrong. Like the coffee was too hot or too cold... ridiculous things like that. So I always saw her as this cowering person, despite the fact that she really is a very strong individual... but I saw her throughout my childhood as cowering under the shadow of this overbearing presence of my dad. She's always attributed this attitude to her ethnic background, being Filipino, and being raised in a very dogmatic, Catholic understanding of wifely duties to one's husband... being a good, subservient wife. And that the wife's duty is to the husband first, and to the children second... and she told me that, a lot. So, needless to say, that didn't do good things in terms of my animosity towards my dad, nor did it help things in terms of my religiosity. That's probably my biggest thing with the Catholic Church... the position of women. And I've tried to talk to Monsignors and Cardinals about this. That's another thing that's changed... now I don't care who I talk to... no shame. But my mother's role in the situation... she became even more nervous, and more worried, and more concerned. And that was dreadful. When I told her, we were driving from the office, after I had just found out. It was about an hour drive, and it wasn't until right before we got home. I didn't want to tell her.

*And you felt you knew how she was going to take it, how it was going to go?*

I knew *exactly* how it was going to go down! I knew this woman was going to freak out, she was going to pull over, start crying, get worried, call a bunch of people, make them worry too... I thought, "crap... why don't I just go through the surgery and not tell her?" And, in a sense, I did. I told her some things... not everything. I didn't tell her what kind of cancer it was... she's a med tech, so she knows things. I told her they might have to do a full thyroidectomy, and that the lump... I basically pulled the same game that the other doctor did... that the lump was *probably* cancer. That they didn't know exactly what it was. I left it at that, but that was enough... she lost it. She was so nervous, and so freaked out. I understood, but I waited until after the surgery before I gave them all the details. I felt like, since I was going into surgery, that I couldn't exactly deal with all of that just then. I care... I mean, she's a saint, and I prize her above all human beings on the planet... but I made the executive decision to moderate her amount of knowledge at that point. She did not do well. But she did go into overdrive as soon as it was time for me to recover. She was in charge of getting me to treatments, getting my medications, my creams, my food, my blood work, my insurance, my scans, my weird schedules and appointments... she was the master hub. In that regard, I think she and I share that need to pop things into logical overdrive and do what needs to be done, rather than succumb to the prospect of becoming completely pathetic under the weight of your emotions. And she functioned, and that helped me get through. But, you could see it... she was falling apart. Even now, there are the questions that come with every phone call. "Are you taking your meds? Do you have enough meds? Have you taken your meds today? Are you sure you're taking your meds? Are you taking care of yourself? Take care of yourself. Have you taken your meds?" I guess she has good reasons. I've had trouble ever since the diagnosis. I end up in the hospital for one thing or another. The last year of my undergrad, they fund another tumor, and this time it was a pituitary tumor... this time, it was a freakin' brain tumor. And it was inoperable, so we just sit around and watch it. It doesn't do any tricks... it just kind of sits there. I mean, it grows, and it shrinks, but it's not doing anything amazing. But what can you do? So that sucked. "Here we go again," is what that was. It was a little scarier, because of it being in the brain, but whatever. What can you do? Me, I turned to logic. So I ended up doing my undergrad thesis on the psychological side effects of pituitary tumors... I figured that, if I had to have this thing, I may as well get something out of it.

*Describe the role of your fiancé, now husband... describe his role, I guess, in your healing, during that two year period.*

Interesting role. We got engaged, got married, moved to California for a year, then moved back to Texas, when I finished my undergrad. In that two years... anyone who's been married will tell you that the first year is a doozie, no matter who you are. But that, on top of having to go through radiation... and the therapy I was undergoing has nothing on chemo, thankfully, but it still sucked. I only lost a little patch of hair about that big... I could cover it up with the rest of my hair. But I think it was all a little too much for him to handle. I mean, we've talked about it since. But this man's got as much ADHD as ten little kids that are high on pixie sticks. The cancer stuff is not something a guy like that needs to have to deal with in his first year of marriage, I think. Our relationship has been very egalitarian... he and I are both firm believers in an equal partnership in our relationship. The thing is that he's always been really committed to

considering me an equal in every sense, which I love. That only becomes a problem when I get sick. I mean, we have our differences, but they're differences that we have equally. He's a non-denominational Christian, I'm agnostic, and we talk about it and have some good conversations... that's an example. But with cancer, and my radiation... there was no parallel for him. And I think that he tried very hard to see me as strong... I wanted to be seen as strong. But whenever I was falling all over myself because of the radiation, he didn't know how to deal with it. He would just kind of look at me and say, "come on... get up." And I couldn't get up. So then he thought that I was trying to milk this whole thing for attention... he didn't think it was that bad, I guess, because I tended to downplay things. It hasn't been till recently that he's started to realize that, despite my strengths, which are relatively okay, given the nature of things, my weaknesses tend to be pretty bad. And whenever I'm sick, I'm sick with a vengeance. But now, I think he gets it. And we've been married almost seven years now, so it took him, what, six years? So that's been a long process. Those two years? He was kinda worthless then. But we sure grew from it. I mean, strength through adversity? Absolutely. And I think it comes with age... age and experience. We've both grown a lot. Besides, when you go through something like that, it's very lonely, very isolating, no matter what you do. I mean, even other cancer patients didn't know what it was like, because the cancer I had was so weird. Anaplastic carcinoma is a weirdo cancer that can kill you in a couple of weeks. And then the thing in my brain... well, that's just a lot for a new spouse to handle. So I certainly don't hold it against him... he was definitely stand-offish. But then his mother recently passed this summer, of colon cancer. And that's when I think it clicked. Because he saw me kind of connecting with her, and she opened up to me. I wrote her a song, and she really opened up to it and like it... then, our discourse began from there. I think he saw that, and then saw where I could have ended up. He watched her die, and it was pretty gruesome the way she suffered in those last days. I think he finally realized that the same thing could have happened to me... that it might still happen to me. And I think it may have helped him take stock of how severe things can get, even though I try to play things off like there's nothing wrong.

*And what exactly is a goiter?*

A goiter is an inflamed thyroid gland. One of the lobes, maybe both lobes of the gland, will have gotten big and scary. Typically, they're due to a deficiency of iodine, which is why it's so flippin' rare for a young American female to get a goiter in this day and age. I mean, we get plenty of iodine. Salt is iodized, for chrissakes. We don't have a lack of iodine in our diets anymore. This mass was sticking out about an inch or so from my neck, but you really had to really look to see that things were bigger on one side. And it was rock hard. I mean, it was weird. But hey... what else could it be, right? The weird cancer wasn't even on the list of possibilities. That's what's so scary. Matter of fact, my thyroids were working perfectly well... one lobe just had a big, fat tumor sitting on top of it.

*So, did they come to a conclusion that it really did inflame that quickly, or was it slower but didn't show up as big at first?*

There are different kinds of thyroid cancer. What I have is a faster type. If you're going to have a cancer, make sure it's thyroid cancer. It's great, because you can get rid of it... the survival rate is best... well, Renquist didn't do so well, but whatever. The thing about my type, anaplastic

carcinoma, is that it's an extremely fast growing type. The cells are so advanced that it can grow overnight... my tumor *did* grow overnight, and the spreading took place in less than a week.. It's the fastest growing of all the thyroid cancers, and there's something like a fifteen, maybe twenty percent survival rate in the first couple of months. It seems like most everybody who gets this thing dies from it. My case was very different for several reasons. First of all, I'm not dead. Second, I was nineteen... that sort of cancer typically doesn't hit people until their late forties, early fifties. Third, the cell structure was a little weird... not to mention, I have no history of cancer on either side of my family... I mean there's one distant relative with hypothyroidism, so she's a little overweight, but that's not even close to cancer. But yeah. This thing grew overnight, while I was sleeping. Boom... tumor. Just like that.

*There's no chance that maybe you were really busy the day before, or you just didn't see it...*

Nope... we were in dress rehearsals for a show, so I was in the mirror for make-up every day. I would have seen it. Besides, it was Nunsense, which meant we had to wear nuns' habits, including a neckpiece. I would have definitely seen it, felt it. But yeah, just like that. It can happen to anybody, at any time. I think they wrote me down, the weirdo case of the girl with the weirdo tumor. The whole thing took less than two weeks to go that far... creepy.



## Appendix II Gail Data

**Instructions:** *Describe in writing a situation when something **very** unfortunate happened to you. Please begin your description prior to the unfortunate event. Share in detail what happened, what you felt and did, and what happened after, including how you responded and what came of this event in your life.*

### Written Protocol

It was my junior year at XXXXX University. It was December 2001 and I was at gymnastics practice. I was in the best physical shape of my life at the time. We were having a 'mock meet' because the competition season was on its way. Half of us began to warm up on the Uneven Bars. I felt confident, and secure. Bars was my best event. I had a good feeling about this day. I felt good about my routine and knew this was my year to shine. It was tough in the years past; I had to constantly prove myself to my coaches, by showing them that I could compete well under pressure, and that they could count on me to do well in a big competition. But this was the year where things would change. My training was leading me up to a better and better standing with my coaches and myself. My confidence improved by each practice.

It was a Tuesday. Or was it a Thursday? It's almost time for us to begin competing, but we get a brief warm up period beforehand. I get on the bar for my third warm up turn. I successfully complete the difficult release move combination in the beginning half of my bar routine. 'Great!' I think. This is going smoothly. Just as I expected. I continue my transition from the high bar to the low bar, and now my signature move right up to the high bar again. This was the tricky part in my routine because it was a new sequence, but it was all the more exciting because it was *my* own sequence and I was ready to signature it in competitions. As I come up from the low bar to the high bar I feel suspended in the air for what felt like a second or two. 'Great!' I think again. I'm high enough this time to get enough momentum to continue the rest of my routine. All of a sudden, with the blink of an eye, I feel my body coming down quickly... instantly... toward the ground. I'm going fast. I'm almost head first going like a torpedo on to the mat underneath the bar. Somehow I managed to miss the bar. I was so high, but too far away from the high bar to catch it. I'm coming down fast. Even though it was so fast, I felt that moment take forever. All of a sudden I hear a crack. Or was it a tear? It sounded like the Velcro that holds the mats together ripping apart. I almost turned to see what it was. Wait. Something feels funny. Wait. Something doesn't feel right. I was on the floor kneeling down underneath the high bar. I feel my right elbow with my left hand. Something feels very, very wrong. There was no elbow anymore, my arm was contorted. I couldn't feel that bony part of my arm. It was bent the wrong way. I panicked. **That Velcro sound was from my elbow?** I'm holding my arm, feeling the new bend created by the fall to the floor. Then it hits me. Look at what happened to me, in a split second. I thought about my competitive season... going down the drain. I thought about sitting out all those meets...again. I thought about the doctor. I thought about surgery. I panicked more when I thought about surgery. I remember the shock. When I felt my elbow, I said "Oh my God!" "Oh my God!" in panic and disbelief that something so intense could happen in a split second. Then, as it all started to sink in and the panic came over me, I kept saying, "No!! No!! No!!", first in denial and passionate, then through sobs and a feeling of defeat and frustration. I remember that I didn't cry. Then, I realized that it hurt. Of

course it did. Look at what I did to my elbow. It was backwards, my forearm was facing outwards. This has GOT to hurt, I thought. That probably made it hurt more. Kristen, my teammate, comes over first. Then Ben, my assistant coach. I remember asking how this could have happened, and I remember Kristen's "Oh my God!" when she saw my arm. I don't remember who came over next, but I know the athletic trainer, Kathy was there because she was asking me important questions like if I could move and feel my finger tips. There was so much chaos I didn't even know how to answer these questions. I was praying that I would be able to do this. Somehow my fingers started moving, and I'm pretty sure I was able to feel them. I wondered if being able to feel and move my fingers meant that I didn't need to have surgery. Things got a little foggy after that because it felt like the entire team was crowded around me and everyone had something to say. In my head I was still slowly coming to terms with what had happened. Something really wrong happened to my right elbow! Kathy started to wrap my arm. The pain got more intense as I watched her wrap my contorted arm with ace bandage onto a foam board. How was I even going to hold this arm up? Then things started to get dark, all I wanted to do was close my eyes. I got very dizzy, and I couldn't answer any questions any more. I remember my teammates trying to help get me up, it must have taken three girls to stand me up because at that point, I felt like I had lost all strength. It took me a while to get my bare foot into a sandal, my foot kept slipping out of it because I had no strength or intention to place it in the sandal and keep it in. I was finally on my feet as someone draped a zipper up sweatshirt around my shoulders. I walked outside into the snow with my leotard, shorts, sandals, a zipper up sweatshirt, and my carefully wrapped up arm into the car to go to the sports doctor.

Ben took me in his car. I was happy it was him because through all the chaos, somehow it felt like he was there listening to me and really feeling for me. The next thing that really stands out in my mind is the doctor taking a look at my swollen arm. I didn't look, but I felt him move my arm around a few times and somehow it came back into place. It's funny that I can't remember if that process hurt. I'm sure it did. I was actually impressed with how easily he put my arm back in place, considering he had a reputation for being a pretty lousy doctor. I was put in a cast and told that I dislocated my elbow (pretty obvious!) and chipped a piece of a bone in the process. The cast would heal the bone chip and the good news was that I would be casted for only 3 weeks. When I got home that evening, although I was glad I had missed an exam scheduled for that evening, I felt like my life lost some of its purpose. I felt handicapped and I really felt the physical pain. I received a lot of attention that night from my roommates, and from my teammates who came to visit. It was nice that a lot of the girls came over, but I felt really horrible. I was upset, I was disappointed, and I was still a little shocked. I finally cried that night in bed when I was by myself. I cried because I was really really down. The worst physical pain and discomfort came when I awoke the next morning to find my right hand had severely swelled up overnight. I somehow dragged myself to class even though I was unable to take notes.

In the days following the injury, my mind vacillated between the positive and negative outlook of the situation. On the one hand, it was just a bone chip and dislocation. I did not have to get surgery, and after three weeks, rehabilitation could start because my cast would come off. The coaches were optimistic that I'd be able to condition myself back to shape in a few months, and still be able to compete this season. Their hope kept my hopes up, because it seemed as though they hadn't given up on me yet. On the other hand, I had been in such great shape before the injury. This was supposed to be my year. And there I was... handicapped. These thoughts kept running through my head.

The rehabilitation stage was longer than I thought it would take. Once I got my cast removed, I had this vision that I'd be able to start working out again. I wanted to lift weights right away to get my strength back, I wanted to start doing balance beam to maintain my tricks while minimizing tricks done using my arm. I knew it would take a while to get back on the uneven bars, but there **had** to be something I could do. I thought it would be a matter of weeks before I was back to competing. I did not want to sit on the sidelines and watch the girls practice day after day. I needed a purpose. I was in for a reality check when I happily came into the gym with my little uncasted bare arm (which I couldn't really move). I wasn't completely healed yet. The bone still had to form, but I got the cast removed to begin gaining back range of motion in my arm. This was a setback I wasn't prepared for. I spent the next month and a half impatiently getting movement back in my arm, doing simple conditioning exercises without weights, and eventually getting back on the beam to do simple leaps and jumps. At this point, competition season had started without me. I was determined to get back as fast as I could, but it was as if my body wasn't prepared to.

It took another two doctor visits until I was cleared to put pressure on my right arm. By this time, it was halfway through the competitive season. I had my work cut out for me. I was **so** focused at this time. I was determined to make the fastest comeback ever. As I refined my skills on the Balance Beam, I began to put pressure on the existing Beam lineup. At the same time, I began to get my floor routine back in action. The team needed me most on Vault, and I was determined to step in. My proudest moment was returning to the Beam lineup in early March at Michigan State. Although I didn't turn in my best performance at my first meet back, my teammates and coaches congratulated me one by one upon my finish. The next week at Cornell, I did the best beam routine of my life. By the end of the season I had competed Floor Exercise, the Vault, and the Balance Beam to help my team in our conference championship. During these few meets, I truly enjoyed every moment of competition. Even though I had been competitive for 13 years, never did my performance feel so significant. Upon completion of the season, I received the most amounts of votes from my teammates and coaches to be elected team captain for the following year. It seemed as though my hard work and motivation had not just gotten me back on the apparatus.

The following competitive year was my best to date. My strongest event was the Uneven Bars, which was the event where my injury occurred just a year before. I proved to be a very consistent and reliable competitor on the event, scoring marks as high as 9.825 out of a perfect 10.0. This was the year I realized that I had fully redeemed myself. What had once been my weakness now became my legacy. Three years later, I continue to strive for excellence on the Uneven Bars, as my focus carries me closer to my dreams of athletic success than ever before.

## **Introduction**

The purpose of the interview was to look at the role of personal agency and social support in dealing with a traumatic or very unfortunate event. The written protocol was used as a guide in developing the interview questions. The interview was conducted face-to-face and tape recorded to ensure accuracy of its transcription. One of the primary goals was to examine how and when each type of support was manifested in the participant's experience of the event. Initially, the interviewer tries to determine the participant's definition of an unfortunate event. Throughout the interview the focus is on understanding the participant's intrinsic motivation as well as her definition of support and how they were instrumental in dealing with or overcoming the unfortunate event. The participant was able to elaborate on her experience of the event in regards to its effect on her and how internal and external motivation aided in her recovery. Furthermore, the interview elaborated on thematic elements of the participant's experience which appeared in the written protocol. In addition to describing internal and relational support, the interview discusses the themes of disbelief or shock, shame, having a sense of personal responsibility, control or lack thereof, disability, fear, process of recovery, and resiliency. The participant's willingness and ability to thoroughly describe her experience in the written protocol and during the interview tremendously aided in the fluency of the interview process. In retrospect, the interviewer may have asked less structured questions to acquire more experiential data.

## **Transcript**

**Interviewer:** We are looking at the role of personal agency and social relations or support in dealing with trauma, the how and the when. So my first question for you is why did you choose to describe this event?

**Participant:** When I think of unfortunate circumstance, I think of something obviously negative, something kind of instantaneous, something unplanned, something that went very much against what I wanted. I was so much headed in one direction then all of sudden this huge huge upset that happened with the blink of an eye. It happened so quickly. There are different things like I didn't get accepted into this one grad school. Do I want to talk about that? This felt like it was more more instant. I thought it would be more rich if I was able to talk about everything that happened; the exact specifics of the whole incident.

**Interviewer:** You said that you wanted to make this year better than previous years. Can you talk a little bit more about that?

**Participant:** It was very frustrating being part of a Division One team. When they recruit you obviously they want you to be on the team so they talk you up ... oh you can help us here, you can help us there, you are going to be a key player ... and then you get there freshman year and you don't really do as much; sort of a bench warmer. I didn't expect that to happen just because in gymnastics sort of the younger you are kinda the better you are physically. So why would you be benched your first year. So I guess my mind was then so in the realm of I am going to be so good for the team, I am going to score high and I am going to really be out there. It was disappointing after my freshman year because I wasn't out there as much as I wanted to be. I got

a little taste ... but it wasn't enough for me. I felt like I needed to be in there more. I still needed to compete more. It was very very competitive. It was this competition between the team almost to make it to the line-up. If you didn't make it to the top six then you couldn't compete. To answer your question ... I hadn't done as well ... competitively and I hadn't impressed my coaches enough for them to have enough faith in me. I still had to prove myself. I needed to be in there more.

**Interviewer:** You were away at college so ... after the accident, was your family involved?

**Participant:** Actually, not so much because of the physical distance. When I got home I called my mom and I didn't really want to do that because you know ... hi mom, guess what I broke my arm. How do you say it lightly? She knew how much this sport was a part of my life. She knew how much this meant to me and to report this to her. I didn't want her to be disappointed in me, not in me I didn't want her to be disappointed for me. I didn't want her to worry. I didn't want her to get upset. I was upset too. I tried to hold the tears back. If she heard me cry that would be really bad too. I told my sister too. She really felt for me too. She had also been a competitive gymnast for many years so she was able to really relate ... almost like a teammate and also a sister. I don't really remember that much more of my family being involved ... because it was a lot of, how am I going to get back? I was always thinking in the future ... so I have a cast on my arm ... let's just move on. It was right before Christmas and I remember sitting at the Christmas dinner table with my mom's side of the family and I actually covered my arm the entire time. It was kind of foolish to hide it from my family but at the same time I guess I must have been so ashamed ... I didn't want people to feel bad for me. I didn't want people to ask what happened ... It's not so much that it was traumatic, it was just depressing. It just didn't want to come to terms that it happened.

**Interviewer:** Did they [her family] have any involvement in the recovery process?

**Participant:** My athletic trainer had probably the strongest role in my recovery process ... she was there everyday in the gym. My mom and the rest of my family were not really around so much. I guess I didn't really need so much emotional support and psychological support from my family because I guess in some way I would say that my mind was very strong. Of course I was upset ... but at the same time I knew that my career wasn't over. It wasn't like what am I going to do? It was, just how do I move on? I don't think I needed so much from my family but I do remember my mom did come up. She took me around to do some food shopping and helped me to do some different things. I felt a little helpless at that point. So, I would say they were kind of in the background. I think my mom was able to tell that I was so focused that I didn't even need her in some respect. Of course I needed her but she almost took like a passive view to it. She didn't make me do the dishes ... so that was good.

**Interviewer:** I was going to ask you about how you dealt with disclosure .... you talked about how you were hiding your arm.

**Participant:** I do have another thing to say about that. My gymnastics coach at home. He is sort of like a father, a mentor. I am very very close to him. He is from like my home gym. Telling him I broke my arm he was completely shocked. He was mad at the situation. He was mad

because he was my coach for so many years. He sent me off to college and then this happens to me. It hurt me to tell him because I didn't want to let him down. He was like my gymnastics God. It was kind of painful telling him because I didn't want to show my emotional side.

**Interviewer:** So would you say it was more difficult to tell him or your family?

**Participant:** Um, I would say it was the same. Then there is dad. My dad is like the protective person so I wanted to show him it's okay ... here I am this happened but I am okay, trust me. Your little girl is okay. I didn't want him to be worried. You know it's that whole you don't want your parents to do any extra worrying for you. Between my coach and my parents it was just different because my coach was more frustrated with the situation and my mom was more protective.

**Interviewer:** You said that you felt "handicapped". Can you describe what that means to you? how long you felt that way?

**Participant:** I went to class the next day and I couldn't write. I was frustrated because it hurt to write and it took me a long time to write. So that was sort of a handicap; something so simple. I couldn't wash my face. I couldn't do my hair. Little things the day before were just nothing ... I wasn't able to do. My mind was so focused in getting better and what would happen afterwards. I wanted to just get rid of the pain. I was just very frustrated that the cast was there. The cast was a very visual thing. I was covering it. I didn't want people to see it. I didn't want people to see that I was handicapped. If I covered it I was eventually able to straighten my arm a little bit more in the cast, which I don't think people should really do, then it was invisible. I'm okay. There were things I couldn't do; little taking care of myself things that frustrated me.

**Interviewer:** How long would you say you felt that way?

**Participant:** Definitely throughout my cast being on. It reminded me everyday. So at least for three weeks. After that probably still on an off for another couple of months.

**Interviewer:** You said you had to "drag" yourself to class. What do you think pushed you?

**Participant:** When I say drag I mean I literally had to drag myself out of bed. I was the type who always had to go to class. I didn't like the idea of being behind. I was like that since elementary school. I was in an immense amount of pain. I could not do the normal things ... but I still had to get to class. If I sat in bed I felt like I was feeling sorry for myself. I felt like it would give me a chance to kind of accept this instead. I literally had to push myself so much .. push my body against my will in a way.

**Interviewer:** It sounds like you got support from your teammates, your roommates, and your coaches. Tell me about your support in terms of each of these components.

**Participant:** My teammates were able to relate a lot. My closer teammates ... knew what I wanted, my goals, my frustrations, everything. They could tell I that I wanted it so badly. They could really empathize with me and really push me to go further. So they were really really

helpful in that mostly because they could see where I was. My coaches ... were very supportive. One of the coaches said “she’s going to be back”. That was so motivating. I did feel like they did support me. My roommates ... took me out. We did tons of different things. They got me distracted and got my mind off feeling bad for myself. They were helpful with cooking for me and bringing food home for me. They were very motherly ... nurturing. So, I think every group of people had their own role.

**Interviewer:** How did you feel about the length of the recovery process?

**Participant:** I thought after the cast would come off I would be much more in control. I had this vision that I would start real slow. Of course, I was afraid too but at least I would be in control of my recovery process but they told me I couldn’t lift weights. It was very frustrating because every time I would go to the doctor he would tell me ... come back again in a month. I felt like the doctors were holding me back. I’d get my hopes up and then I go to the doctor and set back again. Looking back now I am really glad I didn’t rush back into it. It was too long for me. In terms of any injury process it was actually very short, very very short but since my mind was so focused on this is where I should be when I kept getting set backs it was so frustrating.

**Interviewer:** You talked about the doctors holding you back do you feel like your body was holding you back also?

**Participant:** It was definitely wasn’t just the doctors holding me back. That is such a wrong thing to say. It was my x-rays holding me back. It was my physical bone I guess. My bone wasn’t growing so fast. It was about halfway fused when the cast came off. It took longer than I expected for my bone to actually heal. So it was easy for me to blame it on the doctors. It was almost like, don’t you know how determined I am? If my brain could heal my arm it would. It’s like, don’t you have more faith in me? You’re looking at this x-ray but what does that say? I had this kind of attitude.

**Interviewer:** You talked about being “so focused” after being “cleared” by the doctor. Can you describe that?

**Participant:** I remember being so eager. I had been focused for what felt like a very long time before that so I felt like I was more than ready to go especially since I said I was held back. When I was cleared I was ready to go. I do believe looking back that I did push it a little too much. I remember I was careful for my arm but my legs would be so sore after a certain point.

**Interviewer:** It sounded like you got all that support before you were cleared. During your training were you getting support outside of yourself?

**Participant:** I don’t know if the support was as much when I started doing things maybe because. I put on this sort of attitude that I was okay. I so wanted to be okay and not handicapped anymore that maybe I made it seem like I didn’t need any help in a way. What I remember the most is the support when I was clearly handicapped. I got the most support from my closest teammate. She was really there throughout. I am surprised I haven’t mentioned her yet. When I was cleared it was probably less support because I probably didn’t need it as much.

**Interviewer:** The support you did get was in what way?

**Participant:** She was training with me but we would have talks about it. She would encourage me to get things back. She knew how much I wanted it so she would kind of push me more. Not too much but she would be like “this is what you have to do tomorrow... this is where the team needs you, look at how far you have come.” If I’d get frustrated then she would kind of give me perspective.

**Interviewer:** After your recovery, you said your performances felt “so significant” and I think you even said you enjoyed it more. Can you describe that?

**Participant:** My first competition back I went on the balance beam. That was one of my weakest events but it soon became my strongest event. That was the only one I could do for a while. I managed to do a whole beam routine without using my arms at all. My first meet back I looked at the sport differently. At that point I really appreciated the sport. I was just happy that I was on the event. I felt part of the team. I never felt like much a part of the team. I felt a lot of support that day ... when I competed. Everyone had something to say. It was very very moving. The next year following ... when I did get back on the bars, there was definite fear going on at some points, but felt I very much I appreciated the sport and it was significant to me.

**Interviewer:** You say that you felt “fully redeemed”. Tell me what you mean by that.

**Participant:** This was by the time senior year came and I think that the fact that uneven bars was my main event, bars was always my best event beforehand, and the fact that I had gotten it back, and that was my main event, that was the event I competed in every meet, that was my best season on that event ... It wasn’t just, great, I am getting good scores or great, I am contributing. It wasn’t just that kind of thing, but it was, wow, look at how far I came. Last year this was the last event I could do. Obviously I fell from that event. I hurt my arm so I couldn’t swing. So I think fully redeeming myself was to get my bar team back and that’s what I had done. The three other events I was able to get back the year before but bars, there was just no way. The next year the whole thing turned around. Bars was the event for me. That’s why I felt like I fully redeemed myself.

**Interviewer:** Is there anything else you wanted to tell me about the experience?

**Participant:** I realized that I never talked about fear. It took me a long time to get back on the bars. When I finally got on I would just swing. I knew that would take me a while but I was afraid because in one of the tricks I do I would contort my arm around like this; very unnatural to the body. It was my right arm too. A couple days after what happened, I was watching a teammate do that same transition from the high bar to the low bar and she pretty much fell the same way I did. I just balled. I was so afraid. It just all came back do you know what I mean? I was afraid for her. For me, it all came back. In terms of that trick, I felt my arm hyperextend ... so quick ... and I got so worried. I definitely had some experiences where I was set back a little bit where I was afraid. This isn’t the easiest thing in the world. That was the thing I didn’t mention.