Developing a Method for Understanding the Resiliency of Abused Children

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Research on the resiliency of abused children in particular and experience in family therapy in general point to a need for a method of investigation suited to understand suffering and resiliency as human experience. Favoring the qualitative, phenomenological intuitions over the positivist is more fruitful since the nature of the knowledge critical to the investigation involves a feel for the world of consciousness of the abused. The connectedness between the persons of the researcher and of the children is decisive in generating and understanding the needed knowledge. Thus the preferred method makes much use of life histories and narratives from the point of view of the experiencing persons. It turns out that resiliency itself has much to do with the way the children reconfigure a host of elements in their life into a narrative of hope.

Hearing stories of trauma and suffering is part of my work as a clinical psychologist. In this profession one cannot afford to routinize the client's account of pain and reduce it to just one more item for treatment. Suffering evokes compassion and it is fitting that the therapist face it with a stake in it as participant in a common human predicament. For this, suffering deserves a degree of methodological fascination and, especially for psychologists, of curiosity about how resources of the person might in the end integrate such suffering in the recreation of a resilient self. This is not to say that suffering, as a rule, naturally gives way to resiliency. There are contrasting patterns in the life stories of abused children which call for explanation. Let me illustrate with two cases.

Melba was a fifteen-year old teenager who had been sexually abused by a family driver when she was five years old. Her parents were working abroad when it happened. The abuse did not go beyond

acts of fondling. She later joined her parents abroad. She kept what happened to her a secret until she and her family returned to the Philippines. The burden of guilt and anxiety she carried through the years recently swelled into an overwhelming flood of emotions. She had to be brought to a private psychiatric clinic because of depression and attempts at suicide.

Vina was six when her uncle sexually abused her repeatedly. Her family was poor and they lived in a house where almost everybody was free to go in and out. Her mother at that time was busy spying on her father who was rumored to be having an affair. Vina had nobody to protect her from the abusive relative. When she was eight years old her uncle moved to another place and the abuse stopped. Vina recalled those years of abuse with a mixture of anger and bitterness but she also said it was those moments of complete powerlessness that strengthened her resolve to strive and move her own family out of poverty. Vina currently works as a manager in a well-known firm.

Why was Vina more resilient than Melba? The fact that I can cite many other similarly contrasting cases should increase the curiosity why children do not fare equally in the task of coping. The University of the Philippines Center for Integrative Studies (CIDS) recently concluded a study of abused children from the points of view of resiliency and indigenization. Some people at CIDS who knew care givers working among children heard of reports of children who had survived abuse and had been coping creatively with the experience. They became interested in investigating, especially since they were also becoming aware of increasing literature in Western developed countries using resiliency as a category for studying abused children. CIDS was curious and considered doing a similar study of Filipino children survivors of abuse and of how, if appropriate, the resiliency concept might be understood based on such children's experiences. The CIDS people were also interested to identify ideas and strategies that had developed in the cumulative experience of key people helping abused children since those care givers were likely developing indigenous strategies of helping in the natural course of their work. CIDS then conceived of a research project that would attempt to understand resiliency among the abused children with the help of caregivers.

Developing the Method for Studying Resiliency

I became the Director of the CIDS project on child resiliency and began to think with colleagues what information to get and how one may get it. The idea was to understand how the children viewed the abuse experience and how they responded to it. The concept of resiliency was an exploratory theme that guided the terms of the investigation. In other words, the research explored a path different from the more usual categories of pathology, risk, and helplessness. The selection of resiliency over pathology and the like was a decision made for reasons stated above.

The harder part of the work was the conceiving of a method that would lead to understanding the personal experiences of the respondents. Assuming resiliency as reported was real in the case of the Filipino abused children, the research would like to understand its particular forms and traits within the setting of the Filipino children's life. The information it wanted did not consist in isolated bits more easily observed and tracked down. The kind of knowledge being sought was more a feel for the world of the abused and the elements defining its consciousness. The method aimed, in essence, to help the researchers tune-in to the children's own experience of life's adversities and of marshalling resources at their disposal to cope with them. It correspondingly demanded appropriate intuitions from the researchers. The stress was to be on the interconnectedness and the process than on the isolated and the static. The researchers had to attend to discrete entities like forms of stresses and particular coping strategies but these must be so in order to allow configurations and themes of resiliency to emerge. The search, in short, was for a method able to detect subjective and contextual realities. Thus life histories and narratives were the preferred genre for organizing the information sought in this study. In relating to the caregivers, the method was to give room for their discourse on resiliency and effective care giving to surface with a good degree of freedom from either stereotypes or alien models of helping. All these methodological traits pointed to a research type usually described as qualitative, phenomenological, or process-oriented.

The qualitative-phenomenological impulse favors seeing knowledge as emanating from the 'inside'. That is, it tends to make

sense of data from the point of view of the experiencing person (Charmaz, 1995). The preponderance of data that usually characterizes the phenomenological method contrasts with the much more austere results of positivistic methods. This is so because the latter puts the premium on the quantitative and the strictly operationalized while the former resists reducing the gestalt. By contrast again, the phenomenological temper likes to bring to life the very person of the respondents and attempts to reconstruct its thoughts, feelings, values, and hopes. It looks extravagant by positivist standards but it claims to be more suitable where research is particularly interested in complexity or process. If these generalizations hold, it becomes obvious that the study of the process leading to resiliency, at least when one aims at essential interpretation, must prefer the intuitions of the phenomenological.

The Actual Work. My work on the project included recruiting two colleagues in the university who were advanced Ph.D. students in the Clinical Psychology program of the Department. We worked as a team in developing the project's methodology. We decided to explore a method prior to substantial literature review since we would like to maintain the advantage of a fresh look. We wanted, at least at the start, a more immediate encounter with the local and idiosyncratic experiences of Filipino children. We engaged the CIDS people in constant interaction during the process. In the end, we decided to use the life-history interview for the abused children and the focus group discussion to explore the discourse of those who help the children regarding their report on the children's cases and how they helped them.

In the life-history interview, we asked the children to tell us their life stories. We asked them in such a way as to allow for a natural narrating in their own words and ways. We lessened possible interference from interviewer's bias by minimizing guidance to the children's storying. We were conscious of the assumption that in this study, the children and their care-givers were the experts. It is from their rich productions that we can find the clues to understand the children's resiliency.

We were aware that we were asking a lot from our child respondents. The children were to open their life to us, including its

most private and terrifying aspects and its movement from past to present. Getting such stories was only possible when complemented by solidarity on our end. We had to aim at the ideal of empathy at the same time that we hold back so as not to unnecessarily direct the flow of interview.

We often reminded ourselves as researchers that our own persons were a most important instrument in the study. Looking at the whole process of the generation of data in terms of its key participants, we kept ourselves aware that the eliciting and interpreting of information were always mediated through the persons of the researchers. This meant that the range of the researchers' intuitions and feelings carried a big share of the burden for methodological success.

Our feelings were a factor in facilitating the retelling of the children's experiences and in their interpretation. Our encounters with the children and the literature which we later reviewed showed that stories of resiliency elicited feelings of admiration, wonder, empathy, esteem, and affection toward the resilient person. These feelings vied and alternated with sadness and tragic sense. One way by which we explored the emotive dimension of resiliency was to let the children talk about their experiences and for us to be mindful of the feelings evoked in us by their narratives. When those feelings arose, we asked ourselves what was in the story and in the child that brought them forth. By going through this process, we were able to get in touch with varied expressions of resiliency or the seeming lack of it.

The retelling of events can be cathartic, but there was also the risk of exacerbating the hurts of the children. We refrained from asking them about matters we sensed they were not ready to talk. We prepared the respondents for talking about aspects of their life where they might feel sensitive and vulnerable. The policy was to keep pace with the respondents. We slowed down or stepped up according to their own pace. When the respondents were done telling their stories, we did not leave abruptly. We stayed on and engaged them in ways that would help put closure to the experience of retelling their story. We aimed at the very least to restore them to their emotional state at the start of the interview. In this particular kind of research we noted that the manner by which we did the interview

had strong continuities with that interactive way by which we do therapy with clients.

Reviewing Research Strategies in Resiliency Studies

My earlier generalizations on the phenomenological method might give the impression that such method is natural to clinical psychology. After all, the latter deals with interpreting complex events and their meaning. It is not necessarily the case, however, that phenomenology predominates as a method in researches on problems obviously falling within the interests of clinical psychology. Attention to existing methodologies in the study of resilience in the family stress literature supports this observation.

Gilgun, a clinical psychologist researching resiliency, observes that interest in children's subjective experiences and appraisals is not usual in developmental psychopathology studies where child adaptation is a major interest. She says that "accounts of individuals' interpretations rarely appear in research accounts, although researchers acknowledge that individuals are actively involved in the resilience process" (Gilgun, 1996). What predominates are "surveys, questionnaires, standardized instruments, and complex statistical analyses as their means of understanding processes." There is also the drift to studies on risks such as poverty, economic difficulties, domestic violence, mental illness in the family, and family conflicts. Luthar (1993) noted the practice in these researches to identify indicators of risk, and to pull them together to yield an overall index of risk.

Gilgun also pointed out that positivist methods are not conducive in generating data on how individuals actively participate in resilience processes. She thinks such methods themselves undermine any goal of capturing human interpretations. Such position is reminiscent of Boss' views in 1987, (quoted in Gilgun, 1996) who advocated the use of qualitative methods "to grasp personal meanings and interpretations in family stress research." These social scientists suggest that when studying resiliency, open-ended interviews "where informants set the pace and create their own conceptual framework" may be the best research method to use.

In mapping out the resiliency process among adults with childhood history of adversities in the United States, Gilgun adopts a research approach very much similar to the one we followed in our resiliency project. She has this to say about the life history interview, the method she used in gathering data for her study:

> This method has helped me demonstrate such concepts as risk pile-up, the importance of a supportive spouse, and active engagement with pro-social persons and activities. These ideas are well accepted but poorly understood. Finally I have given a sense of what it is like to experience risk and resilience to hide in a filthy trash can, to feel like a knife is in your heart when your father calls you stupid, to be confused and isolated when other children call you "pussy," to get all A's when you think you are stupid, to follow woman-identified dreams when you are a man. For too long, research has been concerned with quantities—how much, how many—but not sensitive to the central issue of the quality of human life. Interpretive phenomenological methods can contribute to understanding not only quality of life, but can also, as I have demonstrated, deepen understanding of known concepts and help discover new concepts.

The Resiliency Research Tradition and its Counterpart in Clinical Psychology

The prominence of positivist methods in family stress literature is similarly found in the field of clinical psychology in the United States. Gilgun's words about research in family stress resonate with those of clinicians Miller and Crabtree in their commentaries on American clinical work in general (Miller and Crabtree, 1994). The latter two also see some incongruence between what they see to be the basic character of clinical practice and the preferred method in researches of the same discipline.

This is the real world of clinical practice, involving intentions, meanings, intersubjectivity, values, personal knowledge, and ethics. Yet most published clinical research consists of observation epidemiology. These studies involve separating the variables of interest from their local, everyday milieu, entering them into a controlled research environment, and then trying to fit the results right back into the original context.

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In the Philippines there is obviously a need for more studies in clinical psychology of the materialist/positivist type. In academic discussions on research among local psychologists, it is not unusual to hear of the need for studies on therapy effectiveness which test the efficacy of certain treatment approaches using positivist criteria of effectiveness such as symptom removal, number of session till termination, and occurrence or non-occurrence of relapse. There is also considerable demand for epidemiological studies on the incidence of certain behavior patterns and syndromes in particular towns, hospitals, or psychiatric clinics. There is not much local literature on those subjects. There are reasons why this is so. Aside from dearth of funding, there are not very many who feel they have the necessary clinical competencies to test the effectiveness of specific therapy approaches.

To the need for positivist studies as stated above we must add what may even be a greater need. This is the need to find out the content, structure, and process by which clients experience specific psychiatric syndromes and modes of therapeutic intervention. Miller and Crabtree (1994), in their own setting abroad, speak of the need to create a space in clinical research where clinical participants can study themselves in their clinical context and thus be able to challenge their own situated knowledge and empower their own transformation.

The need for qualitative research increases in importance as soon as one acknowledges that clinical psychology in the Philippines is at the stage where it must discover more concepts and theories that help illumine the Filipino's discourse on human problems, healing, and care. Knowing the history, circumstances, and personal experiences of *sapi* (possession) or of a *litawin* (one who often senses supernatural beings) may be more helpful at this stage of theory development than inquiring about data like the incidence of these phenomena. To describe the experience of what goes on in a helping process where the helper is *nagpapapasan ng bigat* and the helpee is *nagiginhawahan*, may help open leads to insights on contextualized counseling and therapy than testing the efficacy of standard therapy approaches given specific problems and client groups. Should research move toward studying treatment effectiveness, it will do well to complement positivist measures like standardized self-report inventories, ratings of target symptoms, and cost-benefit analysis

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with narratives of client's experience of recovery and healing. Such narratives as unfolding of events and reactions in their particular situations will help clarify the clients' multi-modal responses to the treatment and may cue the investigator in identifying aspects of the treatment whether they are central, supportive, or merely peripheral to the clients' getting well.

Since the 1970s there have been studies in the country which consciously explore indigenous categories. Many of them, however, use methods which do not do full justice to the complexity of the human experiences under investigation. The studies of Enriquez (1972) on the Filipino's concept of *mental illness*, of Daquiz (1975) on the different words connoting psychopathology, of Mataragnon (1982) on the meaning of *sumpong*, of Paular (1991) on abnormal behaviors of Filipinos gleaned from archival materials from the 16th and 17th centuries, of Crisanto (1985) on the history of psycho- pathology in the Philippines, and Crisanto and Bautista (1990) on the abnormal behaviors of Filipinos from Filipino literature from 1899-1935, all make use of basically descriptive methods which help identify or clarify indigenous concepts in abnormal and clinical psychology. There is not much attempt, however, to present the self of the subjects by letting them tell their own stories about their experiences of, say, abnormality and deviance. These more or less typological studies have their own place in the development of the discipline. They nevertheless leave much strategic data untapped, including insights generated through the researcher's connectedness with the informants who through this mode respond by telling stories about their inner worlds of confusion and enlightenment, of pain and healing.

A few studies which came out from the late 80s to the 90s used a more open-ended approach. They show more orientation to meaning and the researchers try to narrow the gap between them and their respondents. They give the latter more freedom to set the pace and the direction of the data collection process. Carandang's study (n.d.) of children in conflict with the law makes use of in-depth interviews combined with projective testing and succeeds in mapping out four stages of the erosion of conscience among young people in the streets who had terribly deprived childhood and had to find ways to survive life in the streets of the city. A certain quality of relating with the

children created access for Carandang to get a sense of the moral reasoning of these children.

Bautista and Roldan (1995) explore the experience of marital dissolution through the use of virtually unstructured interviews with women whose marriages have been dissolved legally or otherwise. A mode of connecting with the respondents which secure a certain level of trust and openness encouraged candid recollections of many instances pertaining to specific states or stages in the weakening of the marital bond and the dying of love.

By sensing salient themes in the narrative flow one may detect such states, as that of "indifference" in one part of a reminiscing:

> *Minsang namimili ako ng mga gamit namin, napansin ko hindi ko na pala alam ang size ng kanyang shirt. Dati alam na alam ko iyong mga bagay na iyon sa kanya. Napag-isip-isip ko na nawalan na nga kami.* (Once while shopping for things we needed, I noticed that I no longer knew the size of shirt he wore. It dawned on me then that we had really lost it.)

The innovations of Fr. Bulatao on the use of hypnosis are rich with implications for the local development of method. His explorations on the person's consciousness through hypnosis, whether with or without trance, place the experimental thinking process in the context of action research. He applies his innovative techniques to healing by empowering the person's consciousness. One way he does this is by using directives and rituals which are at home in the images and metaphors of the Filipino religious psyche. We still await studies which make use of accounts of the "religious experience" of the possessed, the exorcised, or even the exorcist before, during, and after the rituals of healing. These should complement the fascinating phenomenologically-oriented studies by Bulatao dealing with the subjective experiencing of hypnotherapy and the outcomes of healing which are already documented.

Some Points We Learned from the Resiliency Study

The CIDS research on child resiliency reflects that direction in abnormal psychology and helping literature which seeks to discover and understand basic processes in the experiences of those in need of care and healing. Using an approach to data oriented more to the

insider and the interpretation of meaning, we encountered resiliency as experienced by abused children. Partners who had been helping the children respondents for some time kindly forewarned us to the likely difficulties we might have in interviewing the children. They suggested that we employ strategies like focus group discussions (FGDs), games, and art activities to successfully create opportunities for the children to trust us with their stories. We realized that we did not need to do any of those. The children proved to be generally trusting and responsive to our show of respect and gentleness. Staff from *Alay Pag-asa, Visayan Forum, Molave Youth Hall, Women's Crisis Center, Bahay Tuluyan, and Virlanie Foundation* were generous with their time and support in helping us to locate the children and gain their trust. We were able to interview twenty-five children from these institutions

Our study confirmed the reality of resilient abused Filipino children. We realized that we could not properly speak of children who were not resilient. We could only speak in terms of the more and the less. We also learned that resiliency was a process. It had its ebbs and flows, its highs and lows. Of the twenty-five we interviewed, we were able to identify eleven *more resilient* children and six *less resilient* ones. We excluded the life stories of the eight other children because the problems they had were either not difficult enough or did not concern abuse. From the life narratives of the two groups included in the study, we were able to identify distinct resiliency themes. Children showed resilience through coping techniques. These were acceptance of difficulty, adapting to the demands of life situations, competent functioning in the presence of major life problems, learning from life's adversities, trusting the self as teacher and source of valuation, *pagtitiis* (patience/forbearance), and not making a big thing of problems. In addition, the resilient were those who were able to find happiness amidst difficulties, maintain sanity in the face of traumatic experiences, preserve a wholesome character in spite of deprivation, adopt an ethical mind set, recover from past wounds, make therapeutic construction of reality, be other-centered, and regard situations as temporary.

Our interviews and FGDs with child workers also revealed that they used concepts, knowledge, and approaches similar to those found in western literature but they combined these with innovations which

they themselves developed in the course of their practice. We also noted that there were indigenous concepts, knowledge, and strategies which were reported by the child workers to have the potential for facilitating growth of resiliency among abused children. Most of these are adaptations of helping founded on very natural indigenous modes of *pakikipagkapwa* or interpersonal relating.

Reviewing Validity Considerations

For every research, it is inevitable that researchers ask themselves questions of validity. Researchers with results in the form of themes and expressed meanings instead of statistical figures such as frequencies and indexes of significant relations have different questions to ask on matters of validity (Altheide and Johnson, 1994).

In our resiliency study, we found ourselves asking the following questions at the end of our study: Were we able to tap into the children's and child workers' experiences of resiliency and care giving? Did we give adequate space and psychological safety so that respondents might disclose both the obvious and the subtle, the significant and the mundane, the novel and the commonplace aspects of their experiences? Were we really able to hear and record the children's and the care givers' voices as we listened to their narratives? Did we hear all that they wanted us to hear? Were we able to translate adequately their intended messages in our written narratives? How would these meanings be received by other researchers, care givers, and other potential users of the data when they get to hear/read of them? How would my child respondents and other abused children respond to these findings if these were told to them?

It seems to me that such questions represented the dimensions of validity with which qualitative-phenomenological investigators have to deal if they would claim soundness for their findings. We may further organize those dimensions so they fall into four possible test criteria, the tests of logic, personal validation, resonance within a strategic community or *habitus*, and usefulness. These tests are universal enough to concern those from logical positivist traditions, though tests may not be as centrally applied to their method.

As I reviewed the flow of our resiliency study from the start to its end, I realized that I was critically rechecking it for possible flaws in logic. I found myself repeatedly asking if it was logical for us to have done this or that aspect of our work. I was also trying to detect breaks in the study's coherence which could suggest breakdown in its logic. After all, logic need not only be syllogistic. It also had to do with some aesthetics, with the unity and flow in the collage of meanings generated by the children's narratives in the context of the total research process and the wider research tradition.

I remember asking my supervisor during my training days in clinical psychology what I thought was a key validity question for clinicians, "How do I know if what I am doing in therapy is right or wrong? helpful or not helpful?." His answer was in the realm of personal validation, "You will know. When it is right, then it feels right. You will know when you have helped or when you have not." This put the burden of validity sensing on the intuitive powers of the clinician and therefore required much, and yet there was no escaping its truth. As in the discipline of the hermeneutics of suspicion this intuitive dimension can be raised to a certain degree of methodological rigor even if not in behavioristic or quantitative ways. It was not necessarily arbitrary and it functioned not in isolation from other tests of validity.

Part of what helped me to assess whether our respondents have been able to tell their stories authentically was my recollection of the interviews, remembering interview events, and allowing the diverse feelings there to revisit me. One thing common to interviews I considered to have been on target was feeling upon conclusion that I had touched the heart of the child respondent. I felt a sense of communion with them, an appreciation for the gift of trust which they had given us, a sense of wonder in having learned so much in so limited a time, and a quiet restfulness in my self that I had encountered persons without violating their privacy or sensibilities. My colleagues in the team tended to corroborate these senses.

Personal validation must move into a larger sphere to allow for test where strategic community and pertinent tradition or habitus become the setting. That which is authentic is best recognized by

people "in the know." In the case of the resiliency study, these people include those who are doing research in the area of resiliency, the care givers working with abused children, and the trainers, planners and policy makers in programs related to the concern of the study. Venues for testing such resonance came in stages. The team doing the resiliency research together with the CIDS people hosted three small round table discussions and one bigger research dissemination forum. The first round table tested the acceptability of the method and the succeeding meetings evaluated the findings of the study. These series of meetings were a test of resonance given the shared interests and traditions of a community of stakeholders on the issue. As a whole, we found that our research strategy and findings sat well with them. At some points, I felt solidarity and affirmation when people volunteered corroborating experiences or when they asked questions that helped clarify matters and add depth to ideas. The basic resiliency findings had an overall ring of authenticity to it, not only to us researchers but to the strategic community which included many who had much longer experience of working with abused children. Most who attended had stories to tell. They echoed and enriched the basic narrative of the children respondents.

Pure theory, like art, does not need usefulness for its justification. Nevertheless, there is coherence between pure and practical reason, and for our immediate concern, between validity and usefulness or relevance. Usefulness/relevance, when used with validity norms, can strengthen validity. The research reflected on the usefulness of its findings and used such reflection in the section on recommendation. The first use that comes to mind is one made obvious during the research dissemination. The issues and ideas emerging from the research results bring to the fore a reality which is the world of forlorn children and the social conscience that it inevitably touches. The next logical step in the practical direction is the need for action on the findings from a close encounter with abused children. The research has identified some key factors that create resiliency traits and this information can help promote more strategic action to create

or reinforce those factors through improved care-giving practice and better directed institutional support. For its part UP CIDS has edited the team's project report and intends to publish it as a source book.

I must add a concluding note. I found it informative that given the nature of this project, there proved to be a good fit between its phenomenology and its subject which was the abused but resilient children. The resiliency of the abused, a subject matter evoking moods to oscillate between the tragic and heroic, almost anticipated narratives destined to be mere variations to a master theme. For the abused children, the primal category of resistance seemed to be the retelling, and of hope to be the reframing, the reconfigurating of a host of events into a story of hope and affirmation. The degree of their success varied, thus the more and the less resilient. The interviews with the children, though in nature fact-finding, felt like extensions of the clinic where the ideal of healing hovered and gave integrity to the process. More than a clinic, it seemed at times a play, a reenactment, or better a rite, where the children victim's anamnesis created a mood of solidarity and mutual sharpening of a tragic vision. It was through such processes that a set of data for this research became knowledge, perhaps on occasion even insight. To speak in terms of edification of both interviewer and interviewed might not, at times, be out of place in the encounters those processes entailed.

Note

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