

## CHAPTER 6



### Results of the Interview Study

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## 6. RESULTS OF THE QUALITATIVE STUDY



This Chapter presents the results of the interview study. This Chapter provides detailed description of the interview analyses. It examines the issues of power and deconstructs power in different subcategories as revealed in the Interpretative Phenomenological Analysis. The rationale for this interview study is to provide a qualitative approach that accomplishes a deep understanding of power within the terms of trauma and resilience. Also, it is of interest to gain a qualitative discernment about the factors that have been identified as important to the process of overcoming child abuse (in childhood and adulthood) such as attachment, imagination and psychotherapy.

The interview participants were selected by stratified purposive sampling (explained in Chapter 3). Women Psychotherapists and Counsellors reporting *Childhood Abuse*, with a low score on trauma reported on the TSC-40 (*Trauma Symptoms Checklist-40*, Briere and Runtz, 1989), high score on The *Empowerment Scale* (Rogers, et al. 1997), and no *Recent Life Events* reported in the LTE-Q (“List of Threatening Experiences” Brugha, et al, 1985; Brugha and Cragg, 1990) were the inclusion criteria.

The design of the interview allowed the application of Interpretative phenomenological analysis under a feminist scheme to honour women’s voices and explore in depth their ‘inner girls’ when they were children. Five categories of child abuse were considered: physical abuse, neglect, emotional abuse, sexual abuse and witnessing domestic violence (DHSS, 1988).

The theoretical position of the researcher is based on feminist phenomenological approach and the aim of this particular study is to understand the power within women to overcome childhood abuse. Therefore, this chapter comprises a presentation of the interview’s findings, which describes the contents of the



interview transcripts in a way that honours participants' own words. The integration of the analysis is presented in the Discussion Chapter.

## 6.1. Introduction

The outcomes of the study will inform the analyses of the interview transcripts: namely how different constructions of power (including power over others and power over self) have assisted interviewees to overcome childhood abuse. Operational definitions of dominance power and Inner power are based mainly in the theoretical proposal of Elworthy (1996), but also in Valentine and Feinauer (1993), and Hobbes (1651). The Oxford Advanced Learner's Dictionary (2000) provided the definition of the concept of powerless, and supplied support for the concepts of power and inner power. Also, Oksenberg's (1983) ideas of imagination, and Hobbes' (1651) philosophy of power and imagination were an important base towards the operational definition of inner power. The operational definition of Empowerment was constructed from the theory reviewed in Chapter 2 and takes into account the overall aims of this research (Table 6.1).

Table 6.1. Operational definitions

<b>Empowerment</b>	<i>The process focus on women's' ability to influence their own lives in order to stop and overcome child abuse</i>
<b>Powerless</b>	<i>"Without power to control or to influence somebody/something" (Oxford Advanced Learner's Dictionary, 2000:989)</i>
<b>Dominance Power</b>	<i>"Power over" others (Elworthy, 1996:79, 180).</i>
<b>Inner Power</b>	<i>"Power over" the self (Elworthy, 1996:79, 180).</i>

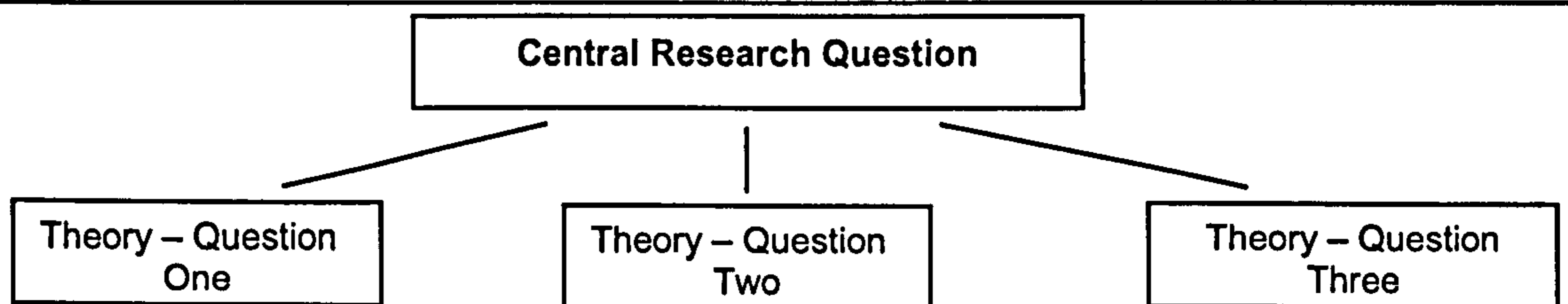
The new information that this research will ascertain is whether active imagination and creativity in female psychotherapists/counsellors builds inner power, and to what extent these can help to develop the personal capacities needed to overcome childhood abuse. Data was analysed using the interpretative phenomenological analysis method.



Initially, a content analysis was carried out with the data obtained through the interviews, followed by interpretative phenomenological analysis (IPA), the main method of analysis. This method was selected because the aim of this approach is *"to represent as closely as possible the subjective experiences of participants, and the meanings that such experiences hold for them"* (Collins and Nicolson, 2002). Using IPA, the respondent is perceived as the expert on the subject and should therefore be allowed maximum opportunity to tell his/her own story (Smith, 1995).

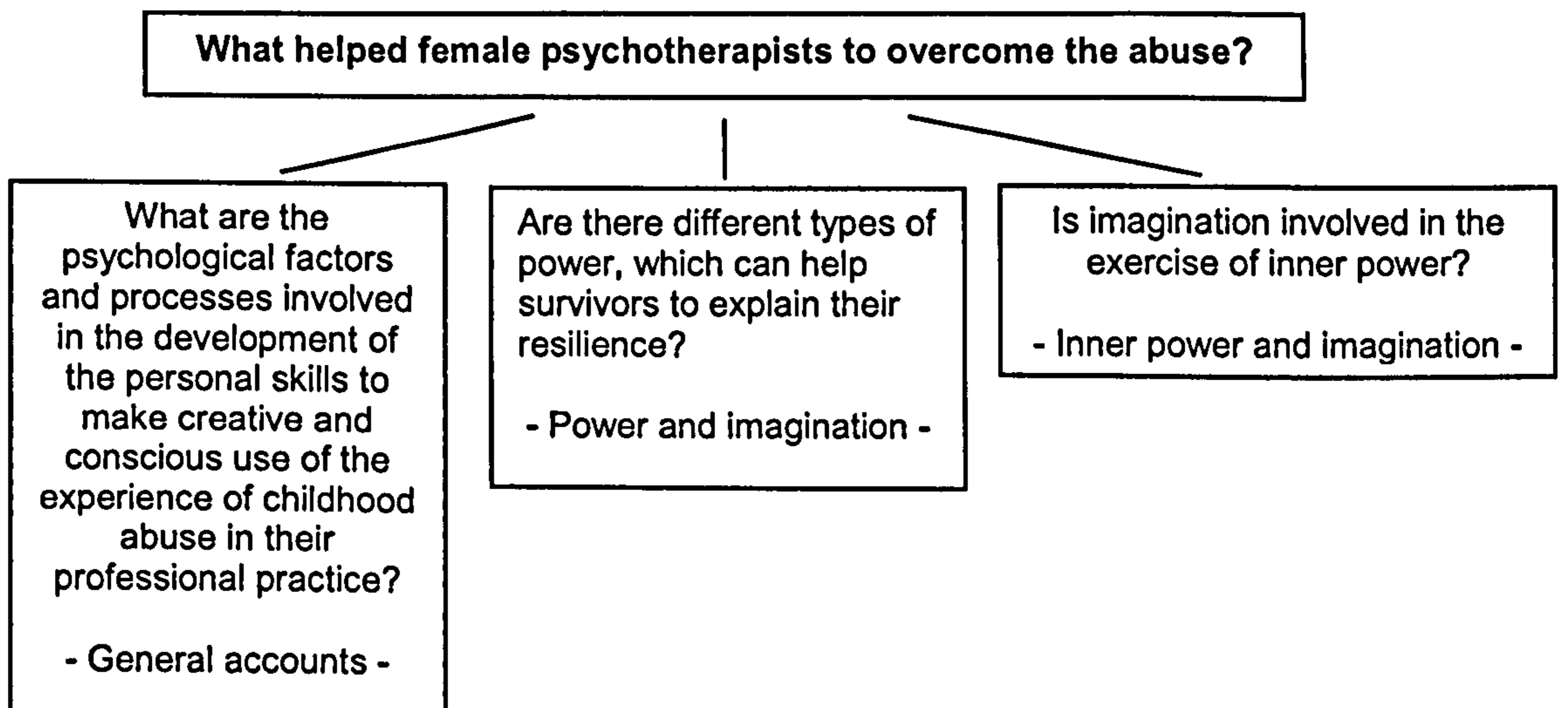
The interview study was designed following the "CRQ-TQ General Model" suggested by Wengraf (Wengraf, 2001:85) illustrated below in Figure No.6.1

Figure 6.1 Design based in "CRQ-TQ General Model" (Wengraf, 2001).



The study was designed based on the "CRQ-TQ General Model" to answer the following questions, see figure 6.2.

Figure 6.2. Questions of the interview study





Thus, the sampling process enabled us to select to interview, female psychotherapists who may ideally represent the different types of combinations of childhood abuse determined by the cohort of the survey and a high score of power (for more details please see methods chapter, interview study section). The age average was 48 years<sup>1</sup>.

The participants revealed different types of power, which determined the power types analysed in the results, namely: dominance power, powerless, inner power and empowerment. These types of power are analysed for each participant. The voices' accounts of what the participants expressly wish to tell the world are included. All the analyses were conducted using the IPA method of analysis, previously described in the methods chapter.

The participants' accounts are analysed in the following way:

- a) A general description and a general analysis of the participants' accounts
- b) An analysis of the different types of power of each of the participants
- c) The accounts of what participants wish to tell the world
- d) An analysis of the use of their experience in psychotherapy practice
- e) A summary of the strategies for overcoming child abuse
- f) A discussion of each individual case
- g) An integration of the cases using the IPA analysis
- h) A validation analysis of the inner power of the participants accounts

All the processes were conducted in accordance with the characteristics and the guidance of the discourse of the individuals that participated in this research.

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<sup>1</sup> Excluding the age of second participant.



## 6.2. Sampling Process Results

The sampling process section described how the participants were selected and the typology pattern of this research. Table 6.2 shows the typology of child abuse that resulted both from the pattern typology research and the practical compromise:

**Table 6.2 Participants and sample patterns typology –stratified.**

<b>Type of abuse</b>	<b>Group*</b>
Physical, neglect, emotional, witness of domestic abuse	1
Sexual and emotional	2, 6
Neglect	3
Sexual and physical	No typical group
Neglect, emotional abuse, witness of domestic abuse	Group 5
Neglect, emotional abuse, witness of domestic abuse.	Group 5
Physical, neglect, emotional	No typical group 4

\*Please refer to Methods chapter Table 3.19

Inclusion criteria included: being female, experience of abuse by a close family member, no score on recent life events and high scores on the empowerment questionnaire. There was a participant who has the lowest score of the cohort of women that gave some information for a contrast case. (For more details see Appendices 25 and 26) Table 6.3 shows the characteristics of the interviewees. Four of six of the participants reported emotional abuse; three reported witnessing domestic violence, two of them reported sexual abuse, and two of them reported physical abuse and four of them reported neglect. Therefore, the sample had at least one of each type of abuse including some of the most important combinations possible given by practical possibilities of the whole cohort of women who reported abuse. For more details please see Appendix 26.



Table 6.3 Participant sample characteristics

	Type of abuse	By close family member	Empowerment score*	Childhood abuse Trauma score*	Life events Number of	GHQ-12 -case-
A	Physical, neglect, emotional, witness of domestic abuse	Yes Yes Yes Yes	3.52	0.97 1 item missing	0	0
B	Sexual and emotional	Yes yes	3.50	1.27 3 items missing	2	1
C	Sexual and physical	No Yes	3.46	0.55	0	0
D	Neglect	Yes	3.18	0.23	0	0
E	Neglect, emotional, witness of domestic abuse	Yes Yes Yes	2.57	0.68	0	0
F	Neglect, emotional, witness of domestic abuse.	Yes Yes Yes	2.96	0.87 2 items missing	0	0
G	Physical, neglect, emotional	Yes Yes Yes	3.21	1.15 1 item missing	0	0

\* From score range 0 to 4

### 6.3. Pilot Results

A pilot interview was held with the first participant to ensure the clarity of the questions and the structure of the interview itself. The participant of the pilot was informed of this. Once this pilot interview was completed, it was confirmed that the structure and the questions were clear. However, it was necessary to include prompts to encourage clarification, chronology, detail and explanation (these prompts have already been explained). The question about the severity of abuse was limited to multiple option format, giving four options: very mild, mild, severe or very severe. This change was made to ensure a response that would facilitate comparisons. Due to the difficulties of obtaining a sample that could better illustrate



the typology pattern of this study, it was decided to include the pilot interview as a part of the survey.

Therefore, the following prompts were included as extra prompt questions to encourage information as follows:

- a. For clarification: I don't quite understand; but you said earlier, what do you mean by \_\_\_\_\_ exactly?
- b. For chronology: And then...? When was that?
- c. For detail: Tell me more about that, that's very interesting
- d. For explanation: Why?, How come? Can you say something more about that? Can you give me a more detailed description of it? Do you have further examples of this?

#### **6.4. Survey Interview**

Female participants were asked to talk about different aspects of what helped them to overcome their experiences of abuse when children. The talk was based on a semi-structured interview designed to empower the participant in the interview process. A special question for this purpose was designed to encourage them to be open and tell the world about their abuse. There was also a final question asking for anything else they would like to say (see Appendix 10). In addition, participants were given the transcript to correct, amend or censor. As suggested by Smith and Osborn (2004), the interview schedule was constructed beforehand not only because it provided the facility to think about any possible difficulty the researcher may have, but also because it gave the opportunity to carefully word the questions about sensitive areas. The interview went from broad areas to more specific and sensitive questions.



General participants' accounts clustered seven superordinate themes: family structure, attachment, control, understanding, imagination/creativity, escape and culture of hiding.

Regarding power, the discourse of the participants clustered around power, inner power, empowerment, disempowerment/powerlessness, and dominance power.

None of the participants reported any problems understanding the concept of the specific types of abuse. However, neglect and witnessing domestic abuse were on a few occasions not as easy to handle as abuse itself since the word 'abuse' is more usually identified with a more violent situation. The participants were asked to describe in their own words how they dealt with the experience of abuse (see the Appendix 10 for more details). The names and places of all the participants have been changed.

Table 6.4 Incidence of abuse of interview study participants

	<b>Type of abuse experienced</b>	<b>By close family member</b>	<b>Severity of abuse</b>	<b>Incidence</b>	<b>Age of onset</b>	<b>Age when finished</b>
A	Physical, neglect,  Emotional,  Witness of domestic abuse	Yes, by mother father  Stepmother	Severe	<i>'It seemed pretty frequent' (7.29)</i> <i>'it was once a week twice a week or more (7.36)</i>	Since she was very young. She did not remember when started	Stopped dramatically when her mother died, she was 9. And it decreases more when 12 years old
B	Sexual and emotional reported by participant  And neglect (found by researcher)	Yes by father	<i>'probably mild'</i>	<i>'It just seemed, like whenever he had an opportunity, he would try'</i>	Four and half years old	The sexual abuse probably up to 10 years old. The emotional abuse, <i>'I always feel that he had the potential to pull me into there' (38.25)</i>
C	Sexual and  Physical	Yes/ no	Very mild	<i>'It wasn't frequent' (12.47)</i>	Teenager	<i>'It didn't go on for years' (12.47)</i>
D	Neglect	Yes	<i>'I think it would be severe' (13.20)</i>	<i>'It was just a lack of understanding. I don't think I can</i>	<i>Eight</i>	<i>'I don't think it stopped until I left home really' (13.42)</i> <i>"just after I went to</i>



				<i>categorise it in terms of frequency' (13.11)</i>		<i>college so I left home when I was 18 or 19" (14.25-14.27)) and psychotherapy has helped (17.6-17.7).</i>
E	Neglect,  sexual,  emotional,	Yes, by father, mother  No, by stranger, and it was reported to the police by Mother  Yes father and mother	Neglect:  Sexual: very mild	Neglect: <i>All my life really, it was always in the background'</i> (13.11)  'I think very mild' (18.7)	'In terms of sexual experiences, these are all on and off but in terms of the sort of neglect and not feeling wanted that was my whole life really' (18.12)	She was about 20 when stopped taking all the tranquillisers completely. (21.16-21.24) 'I also felt suicidal a lot of the time in my 20's and 30's. In fact until I had therapy every month' (26.12-26.15) WDA when she was about 24 (27.40-27.41)
	witnessing domestic abuse	Yes grandmother	WDA 'it was mild' (26.42)	WDA it was very sporadic, it wasn't every weekend or every time he was drunk but it was mostly (when) she had breast cancer' (26.43)		
F	Neglect,  Emotional,  Witness of domestic abuse.	Yes	Neglect: <i>'The experience itself was mild, the effects that it had upon me were very severe' (19.37)</i>  W.D.A.: 'I was very little (...) In comparison .... It was minimal (...) ...I know that had quite a profound effect upon me' (22.41, 23.23, 23.15)		Neglect: since her father divorced  W.D.A.: less than Four	Neglect: Until her father died (she was adult and with grown up children)  Four years old
G	Neglect, Physical abuse	Yes	Neglect Physical		Three years	Eighteen years old



Table 6.4 above, shows the incidence of abuse where the *incidence* refers to the number of incidents of child abuse whilst *prevalence* refers to the number of participants experiencing child abuse (Saunders, 2000:17).

## 6.5. Interviews Analyses

The interview transcripts were sent to each participant in order to be checked, corrected or censored by them. All the transcripts were sent in the same form that the researcher was going to read, with (a) the wide margins/empty space on the left and right sides of the transcript, (b) numbered lines and pages, and also (c) a separate page describing the symbols used in the interview. In this way, the participant had a complete idea of how her interview would look to the researcher. The transcripts sent were attached to a page containing the symbols used in the interviews with an explanation of each symbol. These symbols were adapted from the Silverman's simplified transcription symbols (Silverman, 1993:118). (See appendix 19).

The analysis was done according to the method recommended by Smith, however, the coding was done in a more complex way. The lines and pages were used not only to indicate the reference of the location of the participant's discourse, but also to indicate where that specific piece of discourse ends. I have named this as an 'IPA unit'. In this way, the researcher and the reader may have a reference of the account, including size and quality, and the facility to cross-reference with the participant's tables and therefore provide a better understanding of the participant's discourse. It was also a good strategy for comparison when the validity process was performed.

The interview analyses were conducted in different steps. First, a complete reading and complete analysis was done with each of them to obtain a complete understanding of the story, facts and situations presented by the participant. This



was done by applying the methodology of IPA (Smith, 2004, Willing, 2001), which involved notes on the initial encounter with the text on the left-hand margin of the transcript. The content of such annotations were comments, associations, connections or preliminary interpretations: in other words, anything that could be of general interest to the research. Second, a process of identifying the emerging themes was noted on the right side of the transcript. Third, after having the two first stages of each interview<sup>2</sup>, a list of the preliminary emerging themes was written followed by the page number and line number, identifying the meaning units in the same way (by page number and line number). Fourth, a table of themes was produced and ordered coherently, in an attempt to capture most of the participant's accounts. Fifth, another analysis with the different categories of power was produced, in order to identify the different 'meaning units' that evidenced the categories of power, if any. Sixth, a specific analysis of the category of inner power was carried out and will be explained in a separate section. Finally, a master table of themes of all participants was produced and analysed.

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<sup>2</sup> Each interview was analysed from scratch, in order (a) to get the essence of each participant without the influence of other participants theme's and (b) to be open to any other possible category that could emerged from the interviews.



### 6.5.1. Analysis of first participant

A list of the categories that emerged from the accounts of Isabel are shown next:

Table 6.5 List of themes for participant 1 (Aged 33)\*

Themes	Meaning units** (Number of page and number of line)
<b>What makes violence appear</b>	
<b>C</b> Vertical family structure	(1.32-2.12)
<b>A</b> Bullying by other members of the family	(4.18-4.22)
<b>T</b> Cinderella Syndrome	(6.05-6:11)
<b>E</b> One adult controls another	(6.44-6:48)
<b>G</b> Different treatment from other members of the family	(3.39-3:40) (4.14-4.17) (4.22-4.29)
<b>O</b> Loss of control by parents	(5.4-5.43) (6.2-6.14)(6.18-6.28)
<b>R</b> Verbal and physical abuse by the next wife	(6.33-6.43) (7.40-7.42)
<b>I</b> No affection from parents	(9.13-9.21)
<b>E</b> Emotional abuse	(16.29-16.37)
<b>S</b>	(5.44-5.49) (8.44-8.45)
<b>Control</b>	(10.3-10.26) (11.27-11.38)
Self-discipline	(12.49-13.7)
Smoking	(10.16-10.23) (12.2-12.9)
Locus of control	(13.49-14.4) (14.19-14.21) (14.42-14.49)
Being independent-successful	(2.44-2.48) (8.39-8.42)
Mother's death	(15.18-15.21)
Trying to being good	(17.21-17.23)
Hide the fact of being hit	(9.41-9.46)
<b>Understanding</b>	(9.41-9.46)
Psychotherapy	(9.41-9.46)
Self-acceptance	(9.46-10.5)
<b>Escape: Creativity and activities that encourage the exercise of imagination</b>	
Creative work	(5.3-5:18)
Reading	(5.5-5.6) (18.7-18.18)
Writing	
Drawing	(5.09-5.10)
Sports	(5.14-5.20)
Horse riding	(17.47-18.08)
Imagination	(13.31-13.33) (13.41-13.46) (13.46-13.40) (13.49-14.4)
<b>Effects from the abuse-</b>	
Pain	(8.01-8.3) (8.07-8.10)
Fear	(8.17-8.20)
Verbal abuse	(9.13-9.21)
Eating problems	(11.05-11.15)
Acting out violence against animals and boyfriends	(10.6-10.10.14) (12.02-12.09) (12.10-12.12)
Her first response is that she wants to hit	
She becoming involved in a situation of DA	(10.10-10.15) 12.45-12.49)

\* at the time of the interview.

\*\* Paragraph between parenthesis



### 6.5.1.1. Antecedents

Isabel is the elder of two daughters in a family that she describes as a “*normal family form*”. Both children were adopted initially. Her sister is a year younger. Her mother was a housewife. Isabel’s mother died when she was nine years old, her father is still alive. She describes her mother as the more powerful one, and her sister as very submissive. Her father was working a lot of the time. She did not have attachment to any adult within her close family. She talks about three significant adults that changed her life in some ways: her father’s first girlfriend, her horse riding coach in her teens and later on in her middle twenties a couple who were the age that her parents would have been. She had a good relationship with her extended family except with her maternal grandfather; who did not accept her and her sister as a part of the family. He did try to cause them relational problems at the age of twelve onwards. Isabel’ hobbies and pursuits were ice-skating, drawing and reading, which she likes very much. She particularly liked horse riding, which she used as an excuse for not being at home. She also used to play with dolls and friends outside. She had different pets such as birds, cats, squirrels or hamsters.

*“Horse riding was a big one. And ice-skating and drawing and reading (laughs). Yes, I was very much into reading, it was kind of an escapism I may think. I stayed up very late at night reading books and I did a lot of drawing and painting and sketching. Erm... (inaudible) :And and then I was interested in various activities like ballet and ice skating but I became (.) very interested in horse riding about the age of seven, er.. and again this was another kind of escape because I used to spend a lot of time in the stables with the horses and , you know. Not at home on my own.” (5.3-5.21)*

Isabel describes the type of abuse she experienced as mainly physical and emotional inflicted mainly by her mother.

*“I think it was mainly my mother and I think it was physical and emotional. I mean physically I think if she could see that I had done something wrong she would slap me or er... hit me with a belt. She would hit me you know, on the back a lot you know? Not just once but maybe for a couple of minutes. If I didn’t get up to bed on time... erm... it seemed that if I didn’t (.) smile right away I would be hit. And I would be hit again until I smiled. (Laughs). So I kind of think that it was very emotional as well, trying to emotionally manipulate my feelings.” (5.34-6.2)*



Her mother used to get angry under any circumstances i.e. if she didn't clean her room or go to bed on time.

*"If I didn't clean a room properly because I did a lot of cleaning, she was very obsessive with her house being really clean and I spent...my sister and I spent most of the weekends cleaning (laughs). So I think it was that type of abuse. And I don't remember playing. I don't remember on a weekend having free time." (6.5-6.14)*

Her father was a much louder person or he would act under the encouragement of the mother.

*"And my father was more...I mean he did hit me with the belt and he did smack me and he did hit me during my childhood. And his anger as well he was a real...erm...he couldn't control a situation without yelling...I think they were both like that, you know, when they felt that the control had slipped...they would hit. But er... it was a little bit different with him." (6.33-6.43)*

Isabel cannot remember when the abuse started; she cannot remember *"it ever not being like that"*. And the frequency she reported was once or twice a week or maybe more.

*"Again it's hard to remember but I'll try. It seemed pretty frequent. I always knew that I had to be very careful because if I said the wrong thing or er... if I didn't clean up properly I would get hit so...and I was only a child so you know (laughs) children aren't perfect so yeah, probably...I don't know just a guess it was once a week twice a week or more. It's very hard to say at certain point. Whenever I did something that she felt was (rude, she had the ?) and she hit me all the time." (7.28-7.42)*

Regarding the intensity of the abuse she reported as severe in the follow up interview, she *"had nose bleeds and bruises and cuts"* but she says *"it wasn't as bad as having bones broken, however it was much more worse than being hit occasionally"*. Isabel accounts that it was very painful and scarier and very frightening particularly because her mother could not stop. Abuse against Isabel decreased substantially when her mother died.

*"...that was the biggest experience and that obviously stopped her at that point. But you know it went on for...emotionally well it still has an effect on me now you see. I am aware of (3.0\*) the connections that made me, you know that made me the person who I am..." (8.40-8.48)*

However, her father did hit her occasionally after her mother's death. Her father had a girlfriend a few years after who was not abusive

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\* 3.0 is three seconds of silence



*She was very affectionate and caring, not abusive at all, but in (my) situation he then (.) met another woman who he married and she was abusive as well. Not physically...well she was abusive physically as well but mainly, verbally, you know? Saying horrible things like yelling at me and calling me names and I think that...it didn't erase the good of my father's previous relationship...but (.) I think it really isolated me and made me leave home early. It affected my university studies. I was very ill for a long time. I don't think it was until my twenties when eventually I went to see a psychiatrist and psychotherapist...*

### 6.5.1.2. Analysis

Analysing this in terms of power, Isabel's story captured most of the participants' expressions of abuse, control and inner power.

***Dominance power: 'power over' others (Elworthy, 1996:79, 180).***

The dominance power that Isabel experienced was in two directions. (a) It was the power and control exercised by others against her; this was firstly mainly exercised by her mother and seconded by her father mainly "under her guidance"; secondly, by her stepmother, and all fed by the patriarchal system of a vertical family structure where the adults control their children and the oldest children are the most powerful, and the smallest the weakest, and that is considered what a 'normal family' is.

*"...I would describe us as... being pretty normal, erm... a kind of normal family form, that kind of structure where my mother was more the powerful one, in the family and (pause) my father...and she was at home she was a housewife, she didn't work. :And my father was away working a lot of the time. I don't know. I think they both were both very volatile but my mother definitely was the most powerful one. My sister was very submissive and I suppose I saw her as weak when I was younger and I was more the rebellious. Erm... yeah, I was the rebellious..." (1.35-2.12)*

(b) But also Isabel experienced 'dominance power' that she exercised against others; Isabel defines this situation as a being out of control

*"There have been a few occasions- well, when I was younger, (.) a child, :I acted out the violence and hitting, you know by hurting cats and (.) it's horrible because it makes me feel so guilty to think about it now, but I acted out a lot of violence. I'd hit them, I'd smack them. I didn't know. I was a child. Erm... And with erm...boyfriends when I was older my first instinct was that I'd want to hit them. I didn't know it." (11.49-12.8)*



'Darkness' is one of the points that Oksenberg (1983) discusses in her article; it is her way to explain why malign power relations remain for so long. Isabel did not tell anyone about her circumstances of abuse.

*SP. "I meant you never said to anybody? Friends or...?"*

*Isabel "No I hid it from everybody, because I didn't want to feel...I was afraid of what people would think. I was afraid that they would...I think I was afraid that I wouldn't be accepted or maybe they would agree that I was bad. Er... So I used to lie and tell everyone I had a great childhood (laughs) until a very late age actually. I didn't tell anybody until I was much older, until I was an adult. I just pretended you know? (17.14-17.29)*

**Powerless: "Without power to control or to influence somebody/something"**  
(Oxford Advanced Learner's Dictionary, 2000:989)

For Isabel, control is very important in her life; her mother tried to control her through fear:

*"...and if something wasn't clean then...let me give you an example, she would come into my room and she would check if I had dusted properly and if not she er... would sweep everything off (.) the table and break things and then make me clear them up and then she would hit me and yell at me and the emotional (.) abuse with the things she would say like I was not good, that I was bad. And, erm... I think it was a quick reaction to what she felt was bad behaviour. She had such a bad temper that she would explode." (6.17-6.32)*

And Isabel tried to control what seemed for her was the cause of the bad temper and violence of her mother

*SP. "How did you think that you could stop the abuse?"*

*Isabel. "(3.0) I don't think I did think I could. I don't remember ever thinking I could stop it. Except by being good, trying to be really good and that didn't work. Er... (3.0) I mean there were so many times I was hit and I was surprised and shocked to be hit and didn't expect it that I must- I must not have had any idea how to stop it because I just...what did I say, what did I do? You know?" (15.14-15.28)*

The continuous abuse from adults towards her made Isabel disempowered at some points, made her feel powerlessness.

*"And even though I was quite intelligent as a child at school I still used to feel quite bad about myself..."*



***Inner Power: 'power over' the self (Elworthy, 1996:79, 180)***

Isabel's account reflected inner power in different stages of her life. Drawing, reading and horse riding were her main sources of escape from the reality she was living in. These activities gave her a space for herself. As a child, Isabel recalls:

*"I think when I was young the drawing made me feel really good about myself because (.) I got to the point where I could draw really well, and sketch really realistically. And I felt that because it was better than other people could draw that it meant that I had some kind of talent. It proved to me that I had some sort of talent and that I was special in some way. :And... It was actually being able to be good at something and the horse riding I think was...the horse was my friend. And it was the freedom, the freedom of getting out of the...going riding far away and being able to... escape in that way. (2.0) I think it was just an escape and the feeling of freedom. So was reading. I loved books, I read all the time and (.) I think that was another freedom for me to just forget about everything. I mean, as my life got better, the older I got, the less I read books because I didn't need it as much. I used to love...reading for me was an addiction and now I don't need it as much." (14.25-14.48)*

When Isabel became a teenager, she gained knowledge that there were other ways to have a family, that there were non-violent families

*"...and I think also the relationships I had with maybe my friends at the time...you know, erm... (3.0) I think I was able to see that there are, there are parents out there, mothers and fathers that are not abusive and do take care of their children and love them and keep them well. And, (3.0) so these friends I was with them a lot (.) in my teens, and I spent a lot of time with them and (having that kind of talk) that helped, I think. Erm... And, yeah... I think the psychotherapy that I had in the past three years... has helped to... (4.0) yeah- I think work through it and overcome it, make er... (4.0) to help me to understand (.) the connections more..." (9.27-9.45)*

And in her young adulthood, seeing a psychotherapist helped her to go through her problems

*"I don't think it was until my twenties when eventually I went to see a psychiatrist and psychotherapist... and I worked through... my problems (.) and issues..."*

This experience also helped her become more independent and made her take control of her own life. This is described by Valentine and Feinauer (1993) in that they deem inner direct locus of control as 'inner power'. Where this power enables individuals to do well in school, it also gives them 'the ability to reframe situations'.

*"I left home very early after my mother died. I took care of myself most of the time. Erm... erm... I don't know. I think I grew up very quickly you know? I became very*



*independent very quickly :and (2.0) became quite successful at work very early after university. (3.0) And becoming self-sufficient was the best. And working...throwing myself into work (.) er... was definitely...it made me feel...it was the only thing that actually made me feels good about myself because I always felt very guilty (.) and always the feeling of feeling very b:ad. My mother made me feel I was a bad person and my father thought that I wasn't good enough... :and being successful in work made me feel good enough. Well, just about (laughs) made me get through it, you know..." (14.25-14.48)*

***Empowerment: the process focus on women's' ability to influence their own lives in order to stop and overcome child abuse***

Isabel has been empowered through her life, supported by her horse riding coach, and her horse who was her friend which gave her the sensation of freedom, plus her friends, a couple that she met in her twenties and years of psychotherapy that helped her to understand and to know herself more. It helped her to understand and trying to change her responses and have more control in her life.

*"So it's not something I've ever overcome but I'm learning to live with it and change (.) my responses... you know...? and try to change my reactions. To stop- to stop (my responses) and, and think and erm... take control of my life. I need to be very structured with lots of control I think" (10.16-10.24)*

She has learnt about control, particularly because she does not want to become an abuser.

*"And (.) and then I think that actually, rather than :to... you know erm... to feel good about myself, because in my teens I felt really bad about myself, to try and feel good about myself. I tried to be in control of (.) every aspect of my life. I tried to... you know... when I was in my teens I had eating problems. I was very controlled about what I ate and the exercise. I had certain regimes that I needed to do to feel good. Cleaning regime, erm... my work. I became very obsessed with work and I think manifested itself in all aspects of my life that (.) in order to feel in con:trol and in order to not get angry or upset, I had to have all these things in place to avoid feeling angry, to avoid feeling guilty, to avoid feeling b:ad. And in terms of my relationship with my children, there is an awful lot of control involved in my character because I knew that I didn't want to be like my mother, I didn't want to hit my children. And, erm... I think in order to leave that out, I have to.... I have to be very controlled about my behaviour." (10.46-11.27).*

Psychotherapy has also helped her to understand what happened in her life.

*"I think the psychotherapy that I had in the past three y:ears... has helped to... (4.0) yeah- I think work through it and overcome it, make er... (4.0) to help me to understand (.) the connections more..." (9.41-9.46).*



### 6.5.1.3. Isabel's statement to the world

The message from Isabel is to tell parents that in the case that they are abusing their own children, they need to consider the profound effects that abuse may have on them.

*SP: Is there anything else that you would like to tell the world about your experience?*

*Isabel: (11.0) Well, I think I'd like to tell parents that to... you know, obviously if anyone is experienced...if someone is actually (.) abusing their kids to just- (2.0) think about what (a profound effects it have, how detrimental it is to er...). Think about the character of the child and how much it can hold them back. (I think I was very lucky) (Inaudible) I think it can really hold people back from achieving in their life and having good relationships.*

### 6.5.1.4. Use of her experience in psychotherapy practice

Isabel considers that abuse or other experience may facilitate understanding towards the experience of clients.

*"...whether it's abuse or another experience but it can help to somehow facilitate an understanding of the client. It can help you feel more empathic towards a client. And (7.0) I suppose on the other hand it also enables me to sense when somebody is perhaps (2.0) maybe not being quite so fair about their childhood."*

It also enabled her to see the positive childhood experiences her clients may have.

*"...and it's also enabled me to remember that even if somebody has gone through something so negative there are always positive experiences to remember from childhood. It's never all that bad, there's got to be some experiences that have been positive and good. And it may be hard to remember but they're there somewhere. Because I think there's a danger of people (.) of blaming so much that it's all bad and then finding it difficult to get on with their lives."*

It also helped her to see how important it is that clients could take responsibility at some point for their own lives.

*And... the only other way I think it has helped with my work existentially is that it's kind of shown me that no matter how bad things can get, most people should be able to take responsibility for their own lives at some point and you know, make decisions and choices, that you can't blame for the rest of your life and that some point, no matter how bad it gets, it's time to pick yourself [up] and you know, get on with it*



*basically. Realise that there's only so much (2.0) you can moan and blame but at some point you have to get on and make a life for yourself.*

### 6.5.1.5. Discussion

In her discourse, Isabel mentioned the word “power” applied to her mother. This appears to reflect her understanding of the term as ‘dominance power’ where somebody exercises the control over other person(s). Isabel’s story captured much of the participants’ locus of control in relation to expressions of abuse. Even though the interviewee did not use the phrase ‘inner power’, her accounts about her childhood reflect a strong inner power that brought her the possibility ‘to escape’. Her imagination gave her ‘power over herself’, gave her a better possibility of life and freedom, and it empowered her for a hope of a better life.

*SP. “How did you imagine yourself as a future adult?”*

*Isabel. “When I was young? When I was dealing with the abuse? Er... Well, I imagined that I was living in another country far away (laughs). Which I am...”*

Isabel acted-out violence against animals and her boyfriend as a result of the dominance power that she experienced against herself in the form of violence. It could be interpreted as a way to gain power. (‘Power’ as defined by Oksenberg, 1983) refers to a malign relation: a relation characterised by the asymmetry, where the abuser gains more than loses by the relationship and the victim believes that she/he would lose more by leaving the relationship than by staying in it. The definition of power in the Oxford Dictionary (2000) is “a good or evil spirit that control lives of others” because it was the way Isabel learned how to relate with others, that was what she learned as a child, that was the way her close family members related to her. Also, she did not receive love from her parents:



*"I think I will have to separate the positive stuff like the time after she died. You know, when I look at my life now and I struggle with being affectionate and she was a very cold person. I don't remember her (.) playing or being affectionate with us so you can't just separate that from abuse. I don't know if it was a lack of affection, I don't know if it was (.) abuse. I don't know".*

#### **6.5.1.6. Summary of strategies for overcoming abuse and developing resilience**

Even though Isabel considers she has not recovered from the abuse, she does not agree with the word overcome...

*"I don't know- if I overcome it-, I don't know- I can agree with the word 'overcome'. I don't think I can ever overcome it because it's (.) part of who I am. But, I think, I... (3.0) and that it's such a part of who I am that even now my first response when I am angry is I want to hit. "*

The results of the questionnaire study shows that she has a very low score on symptoms of trauma, and for the purposes of this study her scores suggest she has overcome trauma. When a child, Isabel did try to get control of situations that may incite the abuse against her, by 'being good' but this did not work. The physical absence of the abuser stopped the abuse considerably. However, she was emotionally affected at that point. Attachment figures were her dad's girlfriend who became a mother figure, her horse coach and friends whose parents were not abusive. The use of imagination played an important role in overcoming the abuse: giving her a better place to be, and facilitated mainly by creative activities including reading, writing, drawing and sports, such as horse riding. In her late teens she became more independent and self-sufficient. And in her twenties, the years of psychotherapy, her psychology studies and working were the strategies used by Isabel, which enabled her to gain greater resilience.



### 6.5.2. Analysis Second Participant

The categories from Natalie's account are shown in table 6.6 as a follows:

Table 6.6 Themes for participant 2 (Aged withheld)

Themes	Meaning units (Number of page and number of line)
<b>No figures of attachment</b>	
Absent father	(1.39-1.40) (2.15) (13.11-13.15)
Mental illness	(10.32-10.37)
Ill mother	(4.17-4.18) (17.46-18.3)(19.18-19.22)
No adults outside the family	(10.17-10.19) (10.23-10.30)
Excluded	(4.28-4.32) (7.29-7.31)
Bulling brother	
<b>Control –locus of control</b>	
Saying 'no'	(17.33-17.34) (17.39-17.42)(18.12)(18.18) (19.30-19.34) (37.42-38.7)
Saying 'stop'	(19.3-19.15) (20.1-20.2)
Not let being bullied	(27.26-27.28) (27.28.41) (27.44-28.2)
Did not bargain herself	(15.30-15.43)
<b>Escape: Using creativity</b>	
With nature	(2.16) (2.30-2.35) (20.43-21.13)
Songs	(2.30-2.35)
Dance	(2.30-2.37)
Reading	(21.26-21.29) (21.39-21.49)
Writing	(21.49-22.1) (21.12-22.21) (22.22-22.24) (34.41—34.44) (35.14-35.17) (35.29-35.30)
Drawing	(22.2-22.11)
<b>and imagination</b>	(4.34-4.42) (8.18-8.22) (9.29-9.32) (9.33-9.35) (31.2-31.12) (33.26—33.27) (33.28-33.41)
In adulthood	(31.20-31.26) (33.43-33.47)
<b>Sports-</b> Horse riding	(22.40-23.4)
<b>Psychotherapy</b> in adulthood	(30.31-30.36)
<b>Suffering</b>	(21.14-21.15) (21.16-21.26) (2.42-2.45)
Negligence	(3.11-3.16) (4.9-4.14) (27.26-27.28)
Bullied by elder brother	(7.49-8.3) (8.8-8.10) (8.11-8.15) (27.36-26.43)
Bullied at school	(9.17-9.26)
Nor being valued by teachers	(5.43-6.10) (6.19-6.30) (8.15-8.17) (9.20-9.22)
Bullied by other adults and teachers	(23.13-23.17) (23.32-23.36) (38.11-38.12)
Emotional abuse	(17.22-17.26) (17.29-17.32) (19.39-19.43)
Sexual abuse	(24.48-25.1) (20.25-20.29)
Dyspraxia	(7.19-7.14)
Being put aside by the new brother	
In early adulthood she could not grieve	(19.19-19.25)
<b>Other facts of interest</b>	
Hide the facts of being bullied + culture of hiding	(28.18-28.30) (14.48-15.3)
Memory problems	(3.22-3.29)
Did not like to be a girl	(39.12-39.18) (39.32-39.33) (39.36-39.38)
Acceptation-understanding	(39.49-38.7) (40.44-40.47)
<b>Effects of the abuse:</b>	(23.37-23.44)
Anorexia	(32.24-32.29)
Cleaning	(36.10-36.12)
Work	(36.13-36.14)

\* at the time of the interview.

\*\* Paragraph between parenthesis



### 6.5.2.1. Antecedents

Natalie's family structure comprises mother, father, and two brothers, a structure that she defines as 'unconventional'. She is the middle child. Her early childhood was mainly spent in the Welsh Mountains, surrounded by wildlife that she extensively enjoyed. Her parents were well-educated people. Her oldest brother always wanted a lot of attention; he bullied her. She used to collect animals and caterpillars from the forest and she did a lot of different creative activities (with nature in all sorts of arts), including: singing, dancing, writing and drawing. She and her oldest brother had whooping cough and went to an isolation hospital for a month, where she was bullied and terrified by the nurses there. She ran away from that place with her older brother. But their attempt failed because she lost a shoe and they did not have money to pay for the boat ticket to go back home. Eventually, when they returned home she found a baby brother who she was not told about. This made her sad. Her mother was constantly ill for different reasons, but mainly her mother had tuberculosis.

As a child, Natalie had difficult times at school as teachers and classmates both bullied her. She had no family support so she chose not to say anything that may have worried her mother on top of her existing worries. She helped to look after her youngest brother and with time they became very close siblings, having many things in common in her later teens/early twenties. At the beginning of her young adulthood, her father became mentally ill and her young brother was killed in an accident. Her mother was heart broken and her brother never recovered from this loss, so she needed to be strong for the family. She never grieved over this until she had psychotherapy. Natalie had two marriages. She lives with her second husband (but not as a wife since many years ago). Natalie suffered sexual abuse by her father at a very early age. She classifies this abuse as mild (out of a scale, very mild, mild, severe or very severe). Also, she experienced emotional abuse by her father up to her adulthood. The effects of her abuse were anorexia, which affected her self-image, and other effects that she dealt with in psychotherapy. She



likes writing and writes poetry. She has been trained in psychotherapy and has finished her Masters degree.

### 6.5.2.2. Analysis

Natalie's story shows that in her childhood she did not have attachment figures, either inside her family or outside the family. She had an absent father, a frequently ill mother and a bullying brother who often wanted all the attention for himself. A new brother arrived when she was 5 years old. She did not know that a new brother was coming and she felt displaced by him, particularly because her mother's attention was on her little brother. Her father was the abuser: both sexually and emotionally. Natalie accounts her abuse as mild.

In her discourse, Natalie spoke about her isolation from different possible sources: (1) both from the other members of the extensive family and from the members of her own family; (2) children bullied her: her brother at home and her schoolmates; (3) the constant moves of the family from one city to another gave her 18 months on average at school so, she could not make proper friends; (4) she could not tell her mother about the bullying because her mother was constantly ill and Natalie wanted to protect her from any possible cause of distress.

***Dominance power: 'power over' others (Elworthy, 1996:79, 180).***

Natalie's story shows the power of others over her, in different times of her childhood. Her brother was bullying her through her childhood

*"...and sometimes he'd go down to the stream and he used to pour water over my head with a saucepan and I used to just stand there and let him do it and my mother used to say, "what are you doing that for?" and he said "to make her all shiny" (.) but I was just...you know, I lived in my own little world." (3.11.-3.21)*

The 'darkness': Her two brothers took all her parents' attention



*"And er.... my brother used to want a lot of attention. If he didn't get his way he'd bang his head (...) and I used to follow him everywhere but he didn't really want me to play with him" (2.42-3.7)*

Also, Natalie's accounts describe how she experienced darkness in her life

*"...my younger brother was born. I was 4½...well five by the time he was born and it was just like darkness came down on my life." (3.24-3.28)*

Adults at school showed their lack of understanding and bullied her from their position as teachers.

*...and every morning all the little ones er... we had to stand in front of the class and the teacher would test us with our tables and letters (.) and because I was the oldest of the little ones I was always put at one end of the line and the youngest was at the other end. And if you got something wrong (.) you were moved down (2.0) and down (.) and down. And every single day I would start at the top because I was the eldest of the little ones and at the end of that session I'd be at the bottom. I would have things said to me like "oh! I think your brother's got all the brains" (7.48-8.17).*

The story of Natalie shows other types of control that other adults could use to intimidate her by controlling her imagination

*".... before my little brother was born my elder brother and I got whooping cough and we had to go to an isolation hospital (...)and we had to go on a boat (2.0) in a sort of portable ambulance on a boat to a place called 'X' in Scotland<sup>3</sup>, and it was horrible, it was really horrible. The nurses said...because we were quite cheeky...they said they were going to drown us (.) when we had our bath and my brother was taken for a bath first and I could hear him screaming and really thought that they were drowning him (.) and so when it was my turn, the bath was in the middle of the room and I just ran (.) naked round and round the bath (.) because... I just thought they were going to drown me." (5.30-6.15)*

*"And then, (.) my father used to visit once a week and brought (.) us fruit and they wouldn't leave it by our beds, they used to take it away and we said they were stealing our fruit. And they said we shouldn't say that and that they were going to get the police and I really thought every time the door opened I thought the police were coming." (6.19-6.30)*

A very clear example of what darkness could be, might be exemplified next: Natalie figured out a plan to hurt somebody when she was very angry about an infidelity of

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<sup>3</sup> 'X' substitutes the name of the place.



her actual husband. She imagined her revenge and negative thoughts in consequence and considered she faced them at that time.

*you know that red car I showed you in the garage I thought I'm going to fill it up with petrol and get a big can of petrol and a rag and I'm going to drive up there and I'm going to throw a rag with petrol in her letter box I'm going to set fire to it and then I'll obliterate her... and make her nothing but ashes. And I was sitting on the stairs though and I was just crying and I... I thought 'I know I'll go to prison and when I'm in prison...' I hadn't done my MA then and I thought well I'll do my MA and I'll read lots of books and I'll do some exercises but then, you know, then common sense took over and I thought that I've got children and I've got animals, you know, what would happen if it all fell apart. So, and then I rang the helpline (31.2-31.26)*

Natalie had a period of deliberation with a plan to hurt somebody else who had already hurt her. But she did consider the consequences of her acts and reflected on these. She then realized she needed some help: This is why she rang the helpline.

***Powerless: "Without power to control or to influence somebody/something" (Oxford Advanced Learner's Dictionary, 2000:989)***

Natalie felt very isolated and discriminated when not being allowed to play and take part in activities that were allowed to her brother because she was a girl.

*My little brother... because my mother then had TB –tuberculosis- and, er... so, I had to do quite a bit of looking after my little brother but I wasn't allowed...to go out in the fishing boat with my brother and my father... when my father was at home (.) my elder brother used to go, they used to go out...we had a fishing boat, mm... just a small boat. And then I used to stay at home and I really hated that. I really hated being a girl, and being a girl,- I felt that was really disempowering. (4.16- 4.32)*

Natalie and her brother tried to change their reality by escaping from the isolation hospital but things went wrong and living them powerless and needed to come back.

*"one day we ran away and we were going to go home and we ran through some woods to the top of a hill and we could see the boats and (.) I lost my shoe and it started to rain and then, I, we realised (.) that we didn't have a ticket so we had to go back." (6.34-6.42)*



When her brother died she felt very sad because of her lost and could not grieve until years after until she had psychotherapy

*"And my younger brother was killed when he was 19 and actually, although when he was little I used to get really fed up of him wanting to be with me and having to look after him but afterwards when he was older he and I had really...we had so much in common. We both loved horses, he went to agricultural college, we had so much in common and we'd read the same newspapers and everything and then I lost him so that was really sad. Because I often think now it would have been a very different life because when you lose someone who you are very close to who you expect to know until you're old, it's like losing part of your identity (.) and you can never get that back, you can never make up for that because it's something like if you had a breast removed or clitorrectomy or something, it's gone, you know its forever. its .... You can't have it back." (10.37-11.16)*

### **Inner Power: 'power over' self (Elworthy, 1996:79, 180)**

At a very early age, Natalie's account showed how important contact with nature was to feed her creativity

Natalie's narrative shows high locus of control by saying no:

*SP Did you have any problems with er... anyone in your family?*

*Natalie. Oh, yes, yes my father...yeah, he was the abuser. (2.0) It, It started when I was 4½ and he used to...when my mother was expecting my (.) little brother my father used to take us out for walks and (.) he used to give me piggy backs (.) up on his shoulders and my father used to .hhh stick his fingers up my vagina. And I don't know whether it was just once, I don't know but all I remember (.) was having to sit very still and couldn't wriggle and... And I was terrified of heights :and (.) I remember just saying "I don't want piggy backs anymore"*

...by saying stop...

*The next time he tried anything I was 12 but there was very little...you know... I had a totally childlike body: and we moved, we were going to rent a flat in a lovely mansion in Sussex and... (...) (we) were going to share this double bed. And I thought nothing of it. I had my pyjamas on (.) and I went to sleep and I woke up and he was trying to pull my pyjamas down. And I just thought he was tickling me and I just said, I just said "stop tickling me, I'm really tired". I was very grumpy and I just turned over went back to sleep on my front. So he didn't ever force me but he was always trying. Every time he had an opportunity he was trying.*

...by not letting herself be bullied



*"We also had constant moves so I was never in the same school for longer than 18 months so I could never, never build friendships. And when I went to somewhere new I was different and was always the person who was bullied. But I was bullied I wouldn't hide in the lavatories I would fight back." (27.19-27.28)*

and supplying her need for nurture by playing and reading...

*"I couldn't be nurtured by my father because he was my abuser and I couldn't be nurtured by my mother because she had a baby and she had TB and she was always coughing up blood. And I couldn't worry her with anything. My elder brother didn't nurture me because he was just doing his own thing. So as soon as I learnt to read instead of reading children's books I read adult's books and I learnt about the Raj, you know in India, you know when the British empire was in India?" (21.16-21.32)*

At a very young age, Natalie took decisions about her life to stop the abuse that she and her brother were experiencing at the isolation hospital. Escape was one of her alternatives...

*"And er... one day we ran away and we were going to go home and we ran through some woods to the top of a hill and we could see the boats and (.) I lost my shoe and it started to rain and then, I, we realised (.) that we didn't have a ticket so we had to go back and the nurses were really angry with us, unbelievably angry with us." (6.34-6.44)*

Since very little Natalie uses to be very imaginative and to read, write and draw to imagine her in a ideal reality.

*"I read all about those sort of things and (.) about Russia and I was just (.) fascinated. Because when you read a book (.) the person can talk to you and they can't ask you questions. It's one way you can put the book down, you can pick it up you can read it over and over again. You take out of it whatever you want. Er.. and it speaks to you. People from all over the world can speak to you (.) through literature (.) and I started writing... writing poetry and drawing, drawing horses because I'm crazy about horses. I could draw pictures of places where I wanted to be out of my situation with the hills and mountains and trees and woodland and... Very imaginative, very. But I suppose I lived in my head, not in my body, I lived in my head." (21.36- 22.11)*

She was also very creative using natural objects from woods

*"I was very, very creative. I would get logs of wood off the beach and paint them and. I had one in Scotland because we didn't have many toys and I called it my dear 'crocodia'. Not crocodile because I thought it was 'crocodia' and it was painted yellows and greens and I used to take it to bed." (20.43-21.4)*

Since early age she enjoy doing a wide range of activities including dance

*"I used to collect winberries and furry caterpillars and I used to get my hands covered in prickles but I just had to collect them and I made up songs about that and usually they would be rude songs and I'd laugh and dance" (2.30-2.37)*



Natalie considers both her strengths and weaknesses

*"I think I'm a very strong person, although I'm very vulnerable in a way, I think I have this inner strength and I think that's part of my personality". (37.9-37.14)*

***Empowerment: the process focus on women's' ability to influence their own lives in order to stop and overcome child abuse***

Natalie's account emphasized the extensive use of imagination and creativity to cope with neglect in her childhood, especially her creativity and playing based in nature

*And I had all my few toys and I had a dead seahorse and I really loved it (.) and every night I'd put them in my bed next to the wall so they wouldn't fall out and I was squashed [in] and then the next night I would take the inside one and put it on the outside so they all had a turn next to me. But really I had to nurture because I couldn't be nurtured." (20.43-21.15)*

Years after, in her young adulthood she got a job that provides her sense of autonomy and has allowed her to feel satisfaction in being a woman.

*Because now I've got a good job and I've got everything I want now. Everything. And I feel sufficient inside myself (.) to not feel I need to be (.) with men. –So it actually feels –I feel whole being a woman- me as a woman. Although it's strange because when I go to work I wear a pinstripe suit. Not trousers, a skirt, very short skirt but, you know, I won't wear what I call women's clothes you know, a jumper and skirt. I won't wear that, I won't. And I have a briefcase and my suit. So I suppose there's still a bit about me... (40.11-40.29)*

### **6.5.2.3. Natalie's statement to the world**

Natalie's accounts reflect that she understands that the experience of abuse is part of her life, and she does not deny that. She has an enormous capacity to integrate what happened to her and make a change to her life.

*I think- hhh (2.0) that my experience ehm... is part of me. I can't (.) pretend it hasn't happened. I have, I have to sort of integrate it into myself somehow. And, and there is life, there is life afterwards. And enjoy life too, and I think, for me that's especially true at the moment. You know, that you never know when that's going to be but it's possible and it's there. So, and live in hope, I think. (44.5-44.18)*



#### **6.5.2.4. Use of her experience in psychotherapy practice**

Natalie uses her childhood experience as self-awareness and focus on empowering people through psychotherapy

*"And the fact that also that women often feel somehow that it is their fault and it's not. So I think all those experiences I'm very aware of and I hold them because of my experiences. And mine aren't going to be the same as anybody else's and neither are theirs going to be the same but there's an awareness of the sort of feelings that abuse can engender and it's very disempowering. So, you know, I guess it is about empowering people and putting the blame back where it belongs and (4.0) trying to get them to actually like themselves and feel comfortable with themselves and that's very hard for some people. (14.0) It is really hard. It's hard work as well. (2.0)" (41.21-41.43)*

#### **6.5.2.5. Summary of strategies for overcoming abuse and developing resilience**

As a child, Natalie used her imagination, reading, writing, dance and all sorts of sources, especially nature, to enforce herself positively as a human being. She did not have any source of attachment: no adults who may provide her with nurturing or understanding her isolation. As an adult, psychotherapy provided her with a place for grievance for the dead as the only source of company and identification that she had in her teens and young adulthood. But it also gave her a source of understanding of the lack of nurturing and the sexual and emotional abuse she went through in her childhood. Poetry is an important resource of empowerment for her...*"because I think poetry is a really powerful tool, you know, powerful therapeutic tool, I really do". (35.29-35.32)*

#### **6.5.2.6. Discussion**

Even adults tried to control her, by using her imagination she tried to get the control, by running around the bath, by escaping from the hospital in Scotland. Isolation was very much in childhood Natalie's life, and this researcher considers



that this isolation – no friends, no relationship with family members - contributed to neglect and the lack of nurturing.

*“because my parents didn’t keep in touch with their brothers and sisters. I mean, my father came from a family of seven, erm... and my mother from five. All my mother’s family are dead now but (.) because my father was what we call a black sheep in the family, you know... he was always in trouble and causing trouble I think my mother felt ashamed so they kept to themselves, really, so we were really very isolated within what could have been a large family. (10.17-10.32)”*

The abuse from teachers and her brother still affected her in some way when Natalie was an adult.

*“And even now, if I’m in a group (.) or studying unless I’m absolutely certain I’m right, I won’t say anything. (...) when I was doing a course at the University (X) it was really horrible and it just brought back all those issues for me again.” (8.28-8.43)*

She remembers as a child she saw her teacher as a very old woman. This researcher understands this perception to result from the participant's association (as a child) of the rigid behaviour of the teacher as being primarily a characteristic of older people.

Natalie's locus of control gave to her life the possibility of stopping any further abuse by saying 'No'.

*“SP How did you think that you could stop the abuse?”*

*P2 Well I stopped it by saying 'No'. Didn't I? “I don't want piggy backs”, “No, I can go to the loo by myself”, “No, I can bath myself” “No, you're not going to look up my knickers” “no you're not going to tickle me”. Didn't I? Always saying 'no'. I mean, admittedly with somebody maybe with a father who was drunk and raped a child, they can't stop them. I'm not saying it's possible for everybody to stop abuse it isn't (2.0) but for me it was.(2.0)” (37.42-18.7)*



### 6.5.3. Analysis participant Analysis of the third interview

Table 6.7 List of themes for participant 3 (Aged 55)\*-

Themes	Meaning units** Number of page, dot, number of line**
<b>Family structure</b>	
Nuclear family ' <i>very close family</i> '	(1.20-2.5)
<b>C</b> Mother ill for short time	(2.44-2.46)
Little brother ill with TB	(2.33-2.41)
<b>A</b> Father became important	(2.46-3.4)
Close relationship with her young brother	(3.9-3.10)
<b>T</b> Very good relationships with extended family	(4.29-5.3)
Love her maternal grandmother very much	(4.45-5.10)
<b>E</b> <b>Control</b>	
Did not want to stay in frighten environment	(5.43-6.16) (6.30-6.47)
<b>G</b> Figures of attachment	(2.46) (4.45)
<b>O</b> <b>Culture of hide</b>	
Wanted to tell her Mum	(14.45-15.15)
<b>R</b> <b>Creativity</b>	
Did many activities with her mum and grandmother	(7.35-7.42)
<b>I</b> Dressmaking	(7.47-8.24) (8.29-8.33)
Knit	(8.33-8.36) (9.1-9.2) (7.4-7.6)
<b>E</b> Sew	(8.33) (7.6) (7.35-7.37)
Gardening	(8.31-8.39)
<b>S</b> Sticking, gluing, and baking	(7.24-7.35)
Other activities:	
Church	(3.37-3.38)
<b>She consider her abuse years later on a seminar</b>	(13.15-14.1)
She thought that abuse was not common	(13.26-14.22)
<b>Effects</b>	(12.28-13.2) (19.21-19.48) (21.36-21.46)
Abuse	
Very mild	(12.47-13.3) (13.12-14.2) (14.14-14.22)

\* at the time of the interview.

\*\* Paragraph between parenthesis

#### 6.5.3.1. Antecedents

Anne is a daughter of a nuclear family that she described as a '*very close family*'. She is the middle child between two boys; the youngest has only 13 months difference in age, whereas there are four years between her and her older brother. They did not see the extended family very often. Her father and her brothers are still alive as well as some members of her father's family. Anne explained that



there was a very good relationship with both her father and mother. After her brother was born, she became very helpful towards her mother and the new baby. Her little brother had tuberculosis at eleven months old and soon after her mother got peritonitis and was hospitalised, so her father became the main carer for her during that time. Therefore, her father became very important to her at her toddler age. She developed a very close relationship with her little brother, and with the older, Anne described him as

*“... in some ways he was the naughty one of the family. He was always the one who was getting into trouble, he was the one who was causing trouble and so I became the one who kind of was very responsible for him as well so when he was in trouble I was the one who was going for help so I became a very responsible little girl very early trying to keep the family safe I suppose and trying to keep him safe. And I remember these terrible things (laughs).” (3.12-3.27)*

There were different figures that were very important to her in her teens. They included the curate and his wife, and a teacher in school because he used to speak to children as if they were adults rather than children. Anne's accounts reflect that she had a very good relationship with her aunts and uncles, especially with her father's brother since she was a little baby. She loved her maternal grandmother, but it was difficult to relate to her other grandparents, especially with her father's stepmother. Her maternal grandmother is described as an 'absolutely wonderful woman' who always got the children helping with things or following her about, and Anne says that she 'really loved that'. (4.45-5.21). She had good relationships with the extended family. Anne's accounts reflect that she did many activities with her Mum including knitting, sewing, gardening, baking and playing the piano. Anne does not think she is very creative even though she was always near to someone in the family doing creative things. However, she felt that she is very precise when following instructions and patterns.

Anne does not remember what type of abuse she reported on the questionnaire, but she considered as very mild and of short duration as well. She reported that her father was not sexually abusive at all, but Anne's accounts say that her father used to walk around in his underwear and she wonders...



*"what was going on? I don't quite understand that. I don't know. I suppose it bewildered me as much as anything. I don't know. And now as an adult I don't think that was appropriate really and I don't know why he did it. So that was one." (940-9.48)*

Anne reported feeling a bit anxious about her grand dad (her father's father)

*"I remember once he'd got a lovely dolls house in the garage in his house and he said "come in the garage and have a look at the dolls house" and part of me wanted to and part of me didn't want to. I was ten or something. And I don't know why I didn't want to go but I wasn't happy about it. So those were some of the incidents."(10.2-10.18)*

Anne also related an encounter that she had with a boy that did not speak to her at all after an incident.

*"I remember a boy when I was about 14 and I was in choir practice in church and he took me in a little (inaudible) at the opposite end of the school and I suppose I was very naïve at this point, I was about 14, I'd read books on sex but I didn't really have much of a clue but he pressed himself very hard up against me and then started fumbling about on me and I said "what are you doing?" and he said "if I stay outside the bra is it alright?" and I said "oh I suppose so". (10.13-10.29)*

He subsequently ignored her. She felt dirty and she felt that it was a very abusive act and she hated it, she says. Another situation that happened to her was with the Maths teacher that she reports as *'incredibly sexually abusive with the girls'*. Anne says...

*"But we were all experiencing it and why we didn't all go to the head teacher and say "do you realise what this guy's doing but it was just awful and I think why did we let him do that. That was terrible, generations of girls that he was touching up and feeling and groping (12.18-12.27).*

She did realise that this was abuse since she was a teenager. However, she did become more aware of abuse years later in a seminar in her counselling course. During the course, she realised the magnitude of abuse in the community and in her own life, even in her life it was very mild, as she explained. This awareness increased with her experience working as a therapist.



### 6.5.3.2. Analysis

The analysis of this case was not easy, especially because of the very mild nature of the abuse. It is not easy to uncover what a person may do in a case where the abuse is relatively mild.

**Dominance power: 'power over' others (Elworthy, 1996:79, 180).**

Anne's accounts shows different aspects of what could be considered mild abuse (as she described). An encounter with a boy that only wanted to use her as a sexual object without taking her feelings in account. A father who was in his underwear when at home that could be considered inappropriate. And a teacher who acted lecherously and threatened his female student and nobody reported this fact to the school authorities, including herself. She is very angry with the teacher, and she says that it changes very much her opinion of men.

*"And this had been going on for generations, he had been there for years, 30 years. And everybody knew about it because one class would warn another and nothing, nobody did anything about it and we all put up with it. And I don't know why. And it's extraordinary. And he retired and he got an accolade for 30 years service in the school and I wanted to tear the paper up when I saw it. I wanted to go and scream and say "this bloke is dreadful. He doesn't deserve all this, he should have been hauled over the coals for his job". I mean we used to sit on upright chairs but without padding of course and he would walk along and bend down and try to look at our knickers or suspender belts and when he came along to help you he would stand behind you and he would put his arm around you. (11.34-12.12)*

**Powerless: "Without power to control or to influence somebody/something" (Oxford Advanced Learner's Dictionary, 2000:989)**

Anne's story shows that as a teenager, she could not do too much about the teacher.

*Well with the teacher at school, I don't think I thought we could do anything and that's why we didn't do anything. I think there was this male, female thing and there was also the age thing of course and the status; he's the teacher, we're the pupils. He's old and we're only 14 or 15 or whatever we were so I think it felt*



*that all the cards were stacked in his favour although as I say I think if we'd all banded together we could probably have made quite a fuss about it. And if we'd all told our parents I think we could have done something about it but nobody has done anything about it before so there was something about being powerless I think." (16.17-16.38)*

Such experiences affected her opinion of men for years later. It took her time to enjoy her sensuality and allow her to be a seductive woman.

### **Inner Power: 'power over' the self (Elworthy, 1996:79, 180)**

In her accounts, Anne shows a locus of control by standing up against other adults, even though she knew they were going to disapprove her decisions and not to be happy about it. She did find she was not comfortable to stay in a stranger's house and decided to tell this to adults.

*I think it was when my dad's younger brother was getting married and I was going to be their bridesmaid and I was sent across the road to live with someone else, to sleep in their house who I'd never met and I was absolutely paranoid especially when this gentleman came in because he'd got big thick glasses and this room was all brown and I just felt so scared. I was 12 at the time, I was really frightened and eventually I ran back to my grandparents and said "I can't stay there, I just can't stay there" and they were really upset because my grandma was saying "Oh my God" but I just couldn't stay there. And then I know I slept in my grandfather's bed, (5.43-6.16)*

There were strong bonds with her family, especially with her father, mother and grandmother. And regarding the maths teacher, she protected herself by buttoning up her cardigan and avoiding him

*"I would button up my cardigan as far as I could and try to get as far away from the guy as I could." (12.15-12.18)*

### **Empowerment: the process focus on women's' ability to influence their own lives in order to stop and overcome child abuse**

Even though she knew adults were not going to be very happy about her decision, she took the option that make her felt safer...



*"But I do know that I was absolutely petrified and I thought 'I can't go back to granny's and say I can't sleep there' because it would upset everybody but in the end it was such an overwhelming feeling that I thought 'I just can't stay' er... but it did it caused a big rumpus and I wasn't the best...they weren't pleased with me at all but it was something about my safety." (6.31-6.44)*

With her Maths teacher, she influenced her own life with the only option that she had on hand, covering her body and not letting the Maths teacher have an opportunity to take lecherous advantages over her and being as far away as she could.

*"And I just remember always doing my cardigan up, even if it was really, really hot" (12.12-12.15)*

However, she did not do anything else to formally complain about the Maths teacher. She realised in a training course that this was a form of abuse.

*"But I think it was probably doing these courses and things. I think it was that and realising I could call it abuse" (15.15-15.19)*

### **6.5.3.3. Anne's statement to the world**

Anne's discourse is directed to children/girls to report in group what is going on to the authorities.

*"Yes I'd like to tell the world that children, girls who are being abused by a schoolteacher should all band together and tell the head teacher. That's what I'd like to tell the world. Yes I would, I would like to tell the world that. That actually there's safety in numbers and probably it's better to tell people that it's going on until somebody believes you. But yes certainly about teachers. (...) you can't do anything about it on your own but if you all band together you probably can." (23.22-23.48)*

### **6.5.3.4. Use of her experience in psychotherapy practice**

Anne's accounts suggested that she has used her experience as a medium to understand the feelings of anger and shame that may from an abusive experience.

*S.P. Can you tell me how you have made use of this experience in your work as a therapist?*



*“Yes I think it's probably enabled me to allow willing survivors of abuse to feel angry about it. (...)but I think it has as I say allowed me to allow other women who've been abused to be very angry about it and to encourage them to be very angry about it and to think it's not their fault.” (17.23-17.25; 17.43-17.49)*

#### **6.5.3.5. Summary of strategies for overcoming abuse and developing resilience**

The abuse of Anne was very mild but even that was very difficult to prove. She showed a strong attachment to her parents, who provided her with a wide range of day-to-day activities in an enjoyable environment. This gave her a high sense of power as reflected by her high score on the empowerment questionnaire.

#### **6.5.3.6. Discussion**

Anne had a very strong bond with her parents and her nuclear family. Her childhood was full of activities –gardening was the one that she enjoyed most- that she shared either with her mum, dad or grandparents. She took care of her brothers as a child, having the role of protector. Her empowerment score was one of the highest of the whole survey. Despite of her strong empowerment, she did not consider any other alternative than to protect herself from the Maths teacher by closing up her cardigan. However, she did not take other more definite actions such as to report the teacher, perhaps because the abuse of the teacher was mild and therefore very difficult to prove, or because that ten or twenty years ago, the position of the teachers was a powerful position to defeat.

Anne used her experience to help and encourage her clients to understand that it is not their fault and use courage to overcome their abuse or problems.



### 6.5.4. Analysis of the fourth participant

Table 6.8 List of themes for participant 4 (Aged 53)\*

Themes	Meaning units**
	Number of page, dot, number of line**
<b>Family structure</b>	
Father, mother, and older brother	(2.6-2.9) (2.9-2.14)
<b>C</b> Good relationship with her mother	(2.49-3.1) (3.13-3.14)
<b>A</b> Mother ill	(3.32-3.34) () ()
<b>T</b> Mother died when she was very young	(3.16) (3.28-3.29)
<b>E</b>	
<b>G</b> Father's little girl	(2.39-2.41)
<b>O</b> Father jealous and bad tempered	(5.14-5.17) (5.22-5.43)
<b>R</b> Father married again	(9.41-9.48) (15.41-16.5)
<b>I</b>	
<b>E</b> <b>Few figures of attachment</b>	
<b>S</b> Many kind adults around but specially a couple from the church of her father.	(4.34-5.3) (5.9-5.10) (5.2-6.6) (5.49-6.3)
A couple looked after her for some years	(7.30-7.36) (7.36-7.44)
<b>Hobbies</b>	
As a child she selected to read	(11.24-11.43) (16.26-16.42)
As teenager, she read	(11.26-11.28)
and played tennis.	(11.29-11.30)
Church activities.	(11.31-11.36)
Walks in the countryside	(11.37-11.41)
She imagined herself as writer	(17.12-17.18) (17.18-17.25)
<b>Culture of hiding</b>	
Control of the information about her mothers death	(6.16-6.25) (6.26-6.28)
She did not go to the funeral	(6.30-6.36)
Lack of understanding	(6.16-6.30) (12.5-12.16) (13.9-13.12) (15.1-15.15)
Grandmother's death	(8.34-8.46) (9.01-9.12)
<b>Other facts of interest</b>	
Self-protection	(3.14-3.26)
Memory problems (selective)	(3.37-4.11)
Pleasant Memories	(3.23-3.26)
More memories now (psychotherapy)	(3.26-3.32)
She needed to grieve	(6.28-6.30) (7.36-7.44) (12.13-12.16)
Psychotherapy	(17.7) (18.44-19.8)
Neglect	(11.49-12.11) (17.38-17.40)

\* at the time of the interview.

\*\* Paragraph between parenthesis

#### 6.5.4.1. Antecedents

Elaine describes her family as father, mother and older brother. Her mother died when she was eight years old, after a long-term illness. Elaine describes her mother as a placid and kind woman. Her accounts define a reasonable



relationship with her parents, with a close relationship with her mother and she was fond of her father when little. She remembers her father had a bit of a bad temper.

The last two years of her mother's life, she was in bed, because of blood pressure, so when Elaine came back from school, her mother used to throw the keys from a window to let her let in the house and she used to talk to her mother about what happened at school. Her mother died in a tragic situation. She collapsed when looking after her father who was ill with appendicitis. She did not go to the funeral or even know that her mother died after few days.

She did live with a couple for three years, then with her father and his second wife and her children.

She never grieved for her mother as a child, until she had psychotherapy.

She cannot think this was as an active abuse. She classifies this as a passive abuse caused by ignorance. It is important to recognise that a child needs to grieve and know the facts.

#### 6.5.4.2. Analysis

***Dominance power: 'power over' others (Elworthy, 1996:79, 180).***

Elaine experienced very mild physical abuse when she was slapped a couple of occasions before her mother died.

*"Well I think really it started...I'm not saying that everything was perfect before my mother died because my father was very difficult and bad tempered and that created problems and occasionally, and it was only occasionally I remember being hit, a couple of times only as a child before my mother died (12.37-12.47)."*

After her mother died, she experienced difficult times to cope with the bad temper of her father. This was caused by his jealousy of the good



relationship that Elaine had with the couple who provided her care during three years after her mother died...

*"My father, I think he was jealous of the relationship I had with (.) my aunt and uncle. Yeah, yeah, I mean he'd just lost his wife and lost his daughter as well in some sense... as well in affect. So it was difficult for him and he used to come in and sometimes he used to be... actually... be very difficult and very bad tempered and I used to get very upset because I remember my aunt and uncle trying to calm him down and say "can't you see that this is very upsetting for her?" but he would get beyond himself and erm... get very upset. So it was not a good time really... No it wasn't. (5.24-5.43)"*

The control of information about her mother's death was perhaps done with the intentions of not upsetting her. The experience left her with an emotional gap, which, she could not fill in until she was an adult and looked for the explanations. Also, she experienced tension with her stepmother and stepsiblings because of their differences regarding education, especially when her father went through his divorce.

*"but they were very different from us. I think there was tension because, I mean it sounds a bit snobby but there was tension because my brother and I went to a grammar school which was a school you went to, I don't know if you are familiar with the education system, but it was a school you went to before comprehensive schools, but it was a school you went to if you'd passed your 11 plus and if you had academic capabilities. And both me and my brother were in grammar schools and my brother went to university and both her children were in secondary modern and weren't academic and there was no culture or learning. They were two very different families and I think that caused a lot of tension." (10.18-10.42)*

**Powerless: " Without power to control or to influence somebody/something" (Oxford Advanced Learner's Dictionary, 2000:989)**

Elaine did not have the complete information around her mother's death. She did not know when the funeral happened, as the adults did not tell her. She had not the opportunity to grieve properly and to show her sadness. Particularly, she did not want to upset the kind people who provided her with a home and care.

*"and so I don't think they had the psychological understanding to realise that I...neither my father nor my aunt or uncle have the psychological insight to realise that I needed to know what had happened to my mother. I was told that she had died but I wasn't told what had happened er... and they didn't...neither they nor my father told me what had happened to my mother" (6.16-6.28). (...) I didn't go to the funeral. I didn't even know when the funeral was :on." (6.34-*



6.36) (...) *"They didn't understand that a child needed to :grieve."* (6.29-6.30)  
 (...) *"If, I mean and again this is an adult viewpoint, but I think if I had been (.) upset about losing my mother when I was with them, especially when I was first living with them, then it would have seemed as if I wasn't happy with them..."* (6.8-6.16).

### ***Inner Power: 'power over' the self (Elworthy, 1996:79, 180)***

The couple that looked after her were figures of attachment that gave her a model for good relationships:

*"Oh yes. So there was this other couple who were members of my father's church who took me immediately after my mother died and they were important and they were very kind to me. But there were a lot of very kind adults with the best intentions in the world"* (7.30-7.38).

Elaine had the strength to cope with living with strangers, as well as the strength to say to her father that she wanted to live with him when her father's situation changed.

*"Apparently I can't remember this terribly well but my father told me that I said straight away when he told me he was getting married again "well can I come back and live with you?"* (14.41-14.46)

When she was a child she uses to read as a way to keep distance from the arguing and the negative feelings when the problems within her stepmother and father were happening.

*Well lots of things really I suppose. One of the things that I used to do a lot as I've said was read. I used to love reading. And certainly I remember when my father and stepmother were arguing it was horrible and I used to read and I used to immerse myself in the world of the books (.) and that would mean that I could escape it all, really. I could immerse myself in this world and ignore what was happening around me. And that helped and it's sad and it makes me upset to think about it now (cries) but it helped.* (16.25-16.42)

She also enjoyed the thought that somebody who was near her, who could be close to her and gave her real company that she could express her deepest feelings without fear of being misinterpreted, and she married a 'comprehensive' man who made her happy.



*And I used to think it would be nice to have somebody for yourself really, somebody who you're close to. A husband or a friend really and I managed to bring that about really didn't I? (17.19-17.25)*

Elaine get married very young to be away from her father...

*"I just wanted to get away from my father and lead my own life. Er... And that was the only way I could see of meeting my own needs really, getting away from my father and doing what I wanted to do really " (17.45-18.4).*

***Empowerment: the process focus on women's' ability to influence their own lives in order to stop and overcome child abuse***

Coupled with the fact that Elaine could ask her father to live with him, when she was eleven years old she changed her own life and lived with her father and her new family.

*"So I went back to live with him and there was my brother as well and my stepsister and brother." (14.47-15.1)*

Elaine changed her life in her late teens by getting married at a young age. The fact she left home soon, help her to get over the abuse. Elaine was very lucky to get married to someone who had understanding and helped bring her happiness

*"And another thing that helped me get over the abuse is the fact that I married very young and I married someone who wasn't at all like my father. I married someone who is very placid, very measured, very loving, far from perfect. But I married and I have a very happy family life myself, I mean I've been married for 37 years now and have two children." (16.42-17.4)*

In her young adulthood, her husband supported her to investigate the facts about how her mother died and also was there to listen to her. Also, psychotherapy provided her with somebody to speak about it, and somebody that could listen to her story and understand her emotional pain after so many years. Psychotherapy, also provided her with a place where she could talk and being in touch with her deepest feelings of sadness and grievance without any fear of being criticized or being misunderstood about her feelings.



*"And psychotherapy has helped" (17.7). "I have had three quite severe bouts of depression and the second and third time I had psychotherapy and this last time was very good, very useful, the most useful, the most intense and most useful and I think that I'm now in touch with feelings that I wasn't in touch with before. So I think it's the psychotherapy about what's happened as well as what's happened if you see what I mean?" (18.44-19.8)*

#### **6.5.4.3. Elaine's statement to the world**

At the beginning of her response, Elaine was not sure what to tell the world, but after a short reflection she expressed the benefits of psychotherapy. In particular, the importance of being able to tell her story; for her psychotherapy gave the opportunity to talk about something that otherwise she did not have the opportunity to talk about in depth.

*SP Is there anything else you would like to tell the world about your feelings?*

*P4 "The world? No. I'm happy to tell people and talk about it. I suppose one thing that actually is important is something about that until I had psychotherapy I hadn't told anybody about this. Not because it was some sort of secret but because I hadn't actually talked about it at length because there hadn't been the opportunity to talk about it. So I think (.) apart from anything else there's something about having somebody to...(cries). You know I think that's important. And I suppose people know this already but I think irrespective of what the story is or what needs to be done about it in the psychotherapeutic endeavour, but just telling about the story it is very important (cries)". (21.21-21.43)*

#### **6.5.4.4. Use of her experience in psychotherapy practice**

Elaine's experiences shows that she has cultivated respect for her clients that have provided her with the courage to listen to the difficult experiences of her clients.

*"... well I think I have respect for the clients that I see who are prepared to look at difficult issues and I think it takes courage (.) to look at difficult issues and I think I have great respect for them that I might not otherwise have." (18.10-18.17)*

Also, it provided her with motivation and understanding, and leading her to the caring profession particularly in the processes of grievance and recovery from



neglect. But also, she underlines that this understanding could not exist without her own process of personal therapy.

*"...probably taken me into nursing and psychotherapy and consciously I think the motivation for caring professionally has been through my experiences and probably taken me there and certainly I have more understanding that I would otherwise have of people who have suffered loss (2.0) or neglect in some sort of another. So it has helped" (18.25-18.36). "But I don't think it would have helped as much or even at all if I hadn't had my own personal therapy" (18.36-18.39). "... and I think that I'm now in touch with feelings that I wasn't in touch with before." (19.2-19.4)*

#### **6.5.4.5. Summary of strategies for overcoming abuse and developing resilience**

Elaine did not perform many artistic activities during her childhood or adolescence. However, she took part in many church activities including reading, contemplation and the imaginary company of her mother. In other words, her imagination brought her strength. In her late childhood, she did resolve the distancing from her father by asking him directly if she may go and live with him. Even though she had a brother, he was mainly out of the home because of his university studies. So, Elaine got married very young to a person who was very different from her father but has been a strong support for her. She considers that psychotherapy was her best way to grieve and recover from her depression.

#### **6.5.4.6. Discussion**

Elaine reported neglect from the adults who took care of her. However, they did not explicitly explain to her the conditions under which her mother died. The secrets that perhaps were guided by not wanting to upset her, in fact impeded her proper grieving. This situation made her suffer for all her childhood, adolescence and young adulthood.

She had a high score in the empowerment questionnaire and she described her neglect as "severe". She was surrounded by 'very kind adults' who were looking after her with good intentions but not dealing with the matter of her grieving. She could not show her sadness because she did not want to bother other people. She



had a strong attachment with adults. But adults were hiding the conditions under which her mother died and she hid her profound suffering. This resulted in a vicious circle which did not facilitate her healing. She cultivated empathy with her clients; particularly in the process of grieving.



### 6.5.5. Analysis of the fifth participant

Table 6.9 List of themes for participant 5 (Aged 45)\*

Themes	Meaning units** Number of page, dot, number of line**
<b>Family structure</b>	
Nuclear family	(1.23-1.36)
<b>C</b> Mental illness in the family (mother, uncles)	(3.42-3.48) (7.46-8.8) (3.48-4.8)
Alcoholism inside the family	(16.4-16.5) (5.25-5.32) (5.32-5043)
<b>A</b> Death of mother in an car accident	(2.2-2.5)
Mum frequent attendee at the doctors	(22.25-22.31)(22.26-22.27)
<b>T</b> Frequently at the dentist	(22.27-22.39) (22.39-22.42) (24.20-24.29)
<b>E</b> Dragged to hospital	(22.5-22.25) (22.31-23.3) (23.12-23.18) (23.18-23.26)
Tranquillisers –prescribed by her mother-	(22.47-22.49) (24.4-24.10) (24.44-24.48)
<b>G</b> Tranquilisers prescribed by doctor	(25.9-25.18) (30.39-30.40) (34.34-34.37) (44.39-44.44)
<b>O</b> Home drinking	(16.5-16.8)
<b>Determination</b>	
<b>R</b> Stop having tranquillisers and drinking	(20.41-21.9)
<b>Hiding and not hiding</b>	
<b>I</b> Not speak about abuse by Father's friend	(14.18-14.25)
Not hiding when stranger flash	(13.35-14.10)
<b>E</b> Abuse by mum's friend	(15.33-16.3) (17.5-17.15)
Not talking about her mother's death	(9.30-9.34) (10.32-10.35) (10.45-10.48) (11.1-11.9)
<b>S</b> Could not speak when mum was distressed	(19.23-19.27)
<b>Escape</b>	
<b>Imagination</b>	(25.12-25.18) (25.31-25.34 6.1) (13.16-13.23)
- Playing	(13.16-13.23)
- Talking to /walking with the dog	(25.34-25.) (30.42-30.43)
- Talking to her mother	(25.19-25.24) (25.31-25.34)
Screaming outside home	(25.39-26.1) (26.6-26.12) (25.34-25.39) (25.46-25.49)
Walking with her dog	(11.31-11.36) (30.41-30.43)
Going to Brownies	(11.36-11.44)
Activities in church	(11.44-11.46)
Sports	(11.48-12.6)
Crochet, Sew, Knit	(12.7-12.14)
Play with nature	(12.6-12.15)
she love horses but not horse riding	(12.26-12.31) (12.40-13.2) (13.7-13.13)
Mechanics and carpentry	(2.15-2.21)
Driving motorbikes	(13.1-13.23) (13.16-13.23)
Cooking	(18.45-19.3)
<b>Attachment</b>	(6.1-6.6) (6.12-6.32)(6.33-6.38)(6.48-7.6)
	(7.6-7.10)(7.10-7.18) (8.9-8.14) (8.14-8.20)
	(8.20-8.29) (8.33-8.44)(9.18-9.23) (9.23-9.30)
	(10.6-10.21) (21.13-21.24) (29.5-29.13) (44.39-44.44)
<b>Locus of control</b>	
Neglect	(6.22-6.47) (7.10-7.18) (11.1-11.9) (34.13-34.22) (4.49-5.4)
Need to grieve	(19.34-19.44)
Witnessing domestic abuse	(5.32-6.6)
Psychodrama	(43.37-44.5)
Psychiatrist	(30.41-30.43)
Psychotherapy	(15.34-15.39) (26.12-26.15) (32.29-32.42)
	(34.31-34.41)

\* at the time of the interview.

\*\* Paragraph between parenthesis



### 6.5.5.1. Antecedents

Zoe was living in a nuclear family with her Mum, Dad and her sister who was 18 months older than her. Her grandparents were living near them in the same town in Scotland and her Mum's parents lived about half an hour away but in the same town. Her aunts and uncles also used to live in the same town. Her father is still alive but her mum died at 36 years old in a tragic car accident when Zoe was fifteen years old. Her dad always wanted boys, so she tried to do every type of 'male work' such as mechanical jobs on motorbikes and doing carpentry. Zoe describes her relationship with her mum as *'reasonable'* but also describes that her mum had extreme variations in temper, being mentally depressed and chaotic and other times lively and happy; that Zoe as a child considered *'sort of normal Mother relationship'*.

Zoe's accounts show that several members of her family had mental illness, especially on her father's side. Her maternal grandmother died of cancer, and suffered from domestic abuse from her grandfather. Zoe had a dominant sister who excluded her from things and did not give her any voice to express herself. She had hobbies such as going to the Brownies, to church, sports, and sewing, crochet and knit with her maternal grandmother. Also she played with nature and loved horses. Zoe remembers being slapped a couple of times as a child. But she experienced mainly neglect all her life and it increased when her mother died. In childhood, she had several sexual abuse experiences outside the family that Zoe classifies as 'very mild'; when little from a man *'when we used to go and play as kids in the woods I have various memories of various sexual experiences with a man who flashed us all with his coat open'* (13.33-13-38). She told her mother about it and her mother reported the incident to the police. At early childhood she experienced abuse from a stranger in her own home

*"there was another occasion where Dad took a job abroad and worked in Kuwait and he invited one of the men who was visiting Scotland, invited him over for tea or something and I must have been about 5 or 6 I don't know but when my parents had gone out of the room he tried to kiss me and fondle me and things and I felt really awful about that, I couldn't tell Mum and Dad, you*



*know I just sort of struggled and got away from him. I had never been kissed on the mouth by a grown up and it felt really horrible, that put me off black men for a long period of time I thought they were all going to be a bit strange and take advantage. Of course at the end of it Mum and Dad said "kiss Ali goodbye, kiss him goodbye" and I wouldn't go near him and they put it down to me just being shy but you know I felt disgusted" (14.11-14.38).*

Zoe did not properly grieve her mother's death; her mother died in a car accident when collecting her sister from a party. This affected all the family. Zoe was prescribed tranquillisers by her GP. But in fact, she had been prescribed for years before that by her mother, who used to take to the GP and her dentist. After her mother died, Zoe was over prescribed tranquillisers by the GP. As well as this, she started drinking throughout all her teenage years.

#### **6.5.5.2. Analysis**

Different forms of power emerged from the analysis of Zoe's interview.

##### ***Dominance power: 'power over' others (Elworthy, 1996:79, 180)***

Zoe's accounts suggests that at the same time that her mother was looking after her, her mother also wanted her to be ill, to have somebody to look after....

*"and you were nursed if you were ill, you were looked after if you were ill so it was in your interest to be off school and not be well but I think it was in Mum's interest to have somebody who wasn't quite well either." (23.19-23.26)*

Zoe's mum wanted her to visit her dentist regularly, believing that the dentists was good but Zoe's story shows that in fact, he did not apply the correct amount of anaesthetic or even any anaesthetic.

*"Mum had perfect teeth when she died, she took us to the dentist every 6 months for a check up and the dentist would do fillings and things without anaesthetic and he would say "its only a little filling it's not going to hurt" and I don't go to the dentist now I was traumatised by that. Mum would never say anything or do anything I think she thought this dentist was wonderful but he was a butcher." (23.26-23.39)*



Zoe's sister showed her disagreement to the dentist's treatment by biting him. She submitted to his treatment particularly because her mum prescribed her all sort of tranquillisers...

*Zoe. "My Sister bit him once and he wouldn't see her again, I wish I'd had the courage but even then mum had got me prescribed tranquillisers, Phenobarbitone of all things, this was before I reached my teens and another blue thing, a kind of blue jelly like thing, I don't know what it was."*

*S.P. For your teeth?*

*Zoe. "No, for my nerves it was because I was always anxious but of course I was anxious but I think it was partly Mum's [ ] partly mine, but of course I would have to have these drugs so I could go to the dentist." (23.39-24.10)*

Zoe said that her Mum submitted to GP revisions and to the dentist treatment because her mum wanted to be ill, to have someone to take care of, this suggests Syndrome of Munchausen by Proxy.

*"Yes and when I got a bit more about me and I could ask for it, the jabs and things. I've got lots of fillings in my teeth and I don't go now and she would leave me in the dentist chair with him and sit in the waiting room and I would be sitting there just holding on for grim death! I think my Mum had a lot of problems and a lot of that was pushed on to me, I think my Sister escaped most of that being a bit older". (24.20-24.33)*

***Powerless: " Without power to control or to influence somebody/something" (Oxford Advanced Learner's Dictionary, 2000:989)***

When Zoe was a child she visited her uncle at the mental hospital and she felt quite intimidated by his presence

*"I also visited him in the mental hospital a couple of times but I didn't know how to relate to him and I was painfully shy as a child so I would be taken on all these visits but not know what to say or what to do." (8.2-8.8)*

There was also a cousin who was an alcoholic and caused her to have negative feelings that intimidated her.

*"Another Uncle, well a second cousin really, we used to visit in [ ] Glasgow which was half an hour away, he gave me the creeps really, he never really did anything to me but he had a big family who were quite hard really, quite tough but you know he's another alcoholic." (8.20-8.29) "He was aggressive a bit as well but just the way he sort of looked at you, and wanted to give you hugs and things, I didn't like that, I put that down to my sort of shyness and things I don't know if there was anything else in it, it was a family that shouted a lot, everyone would be shouting and I never did – it just felt quite scary." (8.33-8.44)*



When Zoe's mum died, the family and extended family broke up

*"Things fell apart after Mum died" (9.7-9.8)*

When she was a child she used to imagine herself as a mum but after her mother died she thought that was going to die at the same age as her mother died

*"I think I probably imagined myself as a mum, bringing up a family but we don't have children we chose not to have any erm but I never imagined being what I am now. . To tell the truth I thought I was going to die at the same age as my mum died. I didn't think I was going to survive that because she didn't." (32.21-32.31)*

## Disempowerment

Zoe has felt that she is not good at asking for things until situations got serious

*"I have never been good at asking for things so when I didn't get I didn't think to ask I just assumed that I wouldn't be getting it, so I had sort of given up asking or fighting for myself until it was serious and I had to do something." (21.39-21.46)*

A lack of information was an important part of her fear. When little, Zoe remembered feeling very scared when she went to hospital to have an operation. Especially when she noticed she had a personal identification and she thought she was going to die, without anybody knowing who she was.

*"I remember being about 4 or 5 going into hospital to get my tonsils removed, I had had sore throats and things and I had my tonsils and adenoids removed, in those days hundreds of kids went through that operation and that was horrible, being in hospital and I was put in a cot. I thought I was a big girl and I shouldn't be in a cot and I did get very distressed left on my own with no explanations. Everyone else got a little sticky tape with their name on it and I didn't, I didn't ask, for them to fill it in particularly for the anaesthetic, I was convinced I was going to die and they wouldn't know who I was. Panic situation you know!" (22.31-23.3)*

Her sister gave her a doll to give her company and she woke up without the doll with her.

*"I was yes. My Sister gave me her doll to take in and when I came out from the anaesthetic I was covered in blood and I had wet the bed and someone else had the doll and I had to ask to get the doll." (23.12-23.18)*



Her grandfather was also an alcoholic. Her grandmother suffered domestic abuse from him, particularly when she was ill with cancer. Through her life, Zoe was excluded from many situations. She provided nursing for her grandmother throughout her illness with cancer. After her grandmother died, Zoe felt she gave her father the money that her grandmother gave to her to keep, but her granddad never talked to her again. A friend of his who lied to the hospital excluded her.

*"I mean I felt betrayed as well, totally demoralised really and then when he died, a friend of my grandparents, this woman that had befriended them, she called herself their daughter she lied to the hospital that my granddad was admitted too and ended up getting all his possessions and things, so we were excluded from that as well." (28.42-29.4)*

### ***Inner Power: 'power over' the self (Elworthy, 1996:79, 180)***

When her grandmother pressured her, Zoe felt empathy for what her mother felt and understood her possible feelings

*"so I felt totally useless, I mean I know exactly how my Mother felt in that relationship 'cause Granny didn't like Mum at all, she didn't like her and she didn't even come to the wedding she disapproved of her so much. I mean you can understand the pressures that were there in the household." (6.37-6.47)*

She looked after her dad when her mum died.

*"We stayed overnight in a little bed and breakfast then the next day went into the hospital and she was just lying there, they had operated on her and she had massive head injuries, chest, abdomen and her face was all cut down one side, she never regained consciousness, she was on a life support machine but her heart gave out and she just died. It was horrible. Dad just broke down and cried, from that point on I became the carer of him, looking after him." (10.6-10.21)*

Zoe felt anxious and in a non-real situation the majority of time without realising that this was not normal.

*"I would say I was in a dream world most of the time thinking that this was quite normal, certainly anxious to the point of using pills and things." (24.44-24.48)*



After her mother died her friends perceived her as strange

*“really do think I lost it because looking back because some of my friends thought I was quite strange after she died.” (25.1-25.4)*

In her late teens she imagined talking to her mother, and imagined receiving advice from her. Also she used to scream alone for quite long periods of time. Her dog was her best friend who brought her company.

*“Yes I talked to her quite a lot, ask her questions, ask her advice and think well what would she do. I used to go for long walks with my dog as well and walk up not far from where we lived, probably about 45 minutes walk, there were some hills and things. I would walk up there with my dog in the middle of the night and lay back in the heather and scream, scream my head off. Nobody ever came near me, they probably thought I was a strange person. My dog, my best friend would sit there and just look at me and then [we]’d come home. That was daft going up there, nobody about.” (25.31-26.1)*

When she was a child, she went back home and sometimes hid in a cupboard that she felt was her safe place.

*“I think probably having a safe place to go back to, you know my home, although there weren’t people there it was a place so it was OK. I used to hide in the cupboard when things were really bad, we had a big walk in cupboard in the front room and I would sit in the back of the cupboard behind all the rubbish in the dark and that would be my safe place.” (30.6-30.17)*

It felt safe for her even if it was dark.

*“So in a sense I would isolate myself but although I was scared in that cupboard if I reached out I couldn’t touch anything because there was just darkness but it felt safe for me so I think in a sense I have retreated into that, into my own self.” (30.17-30.26)*

She stopped drinking alcohol when her studies as a teacher were threatened.

*“I was about 20, I was still drinking so that probably held some of the symptoms at bay, and its when people say to me “you can’t do it” I always make a determined effort and say “well bloody hell I will do it, you are not going to stop me.” So I stopped the tranquillisers and got the exam a second time around and managed to qualify as a teacher”. (21.13-21.24)*

She used to scream for long periods in her later teens and felt suicidal during 20 years until she had monthly therapy. She found this related to natural physical



situations such as menstruation that she explains as related to desperation and loneliness. She felt relief after shouting for long periods of time.

*“Yes, wasn’t a shout I would lay there screaming for about half an hour. I’ve done that in my later 20’s. At work if it was too much I would scream all the way home in the car, scream my head off and I also felt suicidal a lot of the time in my 20’s and 30’s in fact until I had therapy every month. You know it was linked into menstrual cycle and things, I would take a real dip and I would feel as though I was in a black hole and had thoughts of killing myself, I would plan differently what I would do, but I think its just sheer desperation, feeling alone. I think probably I was quite mad really, still am but at least I understand it better now.” (26.6-26.27)*

She took control of different situations to help different members of the family. She did take care of everybody else, including her grandmother and even when her grandfather died, to sort out difficult issues that no one else could at that time.

*“that was my role, everybody else’s carer” (28.7-28.8). (...) “but I had to sort of help with the breaking up of the house, putting everything in order and organising the funeral because my uncle was in and out of the mental hospital and the other one was an alcoholic so somebody had to sort it and of course that was difficult”. (29.5-29.13)*

She helped her grandmother to keep the money away from her grandfather, for him not to spend on alcohol.

*“She would give money to me to hold for her as well because if he discovered it he would spend it on drink. I was the sort of go between and I was keeping things, keeping the money and all sorts and after she died I had some money that belonged to them and I gave it back to him and he fell out with me” (27.17-27.27)*

She invested the same time on medication as she did in therapy.

*“It was all sort of interaction, different roles and still of course contact with other people. I spent the same time in therapy that I spent on medication” (44.39-44.44)*

***Empowerment: the process focus on women’s’ ability to influence their own lives in order to stop and overcome child abuse***

Her visits to the GP brought her support for the neglect she suffered.



*"after Mum died I would frequently visit the GP, not because there was anything wrong with me just because it was someone to go and sit and chat to." (7.1-7.10)*

The death of her mum affected the whole family, including her grandmother, grandfather and her sister. She went to visit the GP and just cried or received medication.

*"My Grandmother collapsed and she was in bed for a month, Grandad hit the bottle again. I was there picking everybody else up. Of course my Sister when she heard, she went off the rails a bit. She [ ] a bit. So then sort of after it all, as I say it wasn't spoken about at all, we all ended up visiting the GP and we all eventually I think my Sister saw a counsellor a few times and so did I, which didn't do me any good 'cause I just went along and cried for the hour but also could do with going to the local mental hospital thinking I was totally bonkers as well, and I felt that's it I'm mad and I should move to the hospital too." (10.25-10.46)*

She was empowered by her grandmother, giving her money to keep secure from her grandfather. But this was also a cause of deception with him afterwards.

*"She would give money to me to hold for her as well because if he discovered it he would spend it on drink. I was the sort of go between and I was keeping things, keeping the money and all sorts and after she died I had some money that belonged to them and I gave it back to him and he fell out with me because I had kept this money secret, I never spoke to him again and he died 6 weeks later after Grandmother died. So that was just awful. (27.17-27.32)"*

Her job in the psychiatric hospital provided with a sense of worth.

*"My psychiatrist was next to useless I used to speak more to the dog than to her. I went to work in a hospital where I would see her, when I did my mental health nurse training, that was odd because I had been, the psychiatrist said "there is nothing wrong with you, you should go and work with people who are more ill than you are" and sent me off to get a job in the hospital she was at. I ended up working with psychiatric geriatric patients, and I loved that" (30.49-31.7)*

The group therapy made her aware that she suffered of significant neglect by her GP.

*"My sort of therapy and ideas of group therapy erm came to telling the group about the tranquillisers and things and my therapist was horrified that the GP had kept prescribing them." (34.30-34.36) And I'd never seen it as something that had happened to me. But it was only until I was in therapy it was pointed out that that was dreadful abuse suffered. (35.2-35.7)*

Psychodrama helped her to heal her grievance.



*"I have done all the different types of looking into different areas of the [psychotherapy] approach sometimes going and doing the Psychodrama week ones, I went along thinking I was going to find out all about psychodrama, thinking it was one of the things that would be taught, didn't realise we would all be ended up doing a major piece on the death of my Mum and that probably was the turning point and it was probably just after that when I went into group therapy." (43.40-44.8)*

### **6.5.5.2. Zoe's statement to the world**

Zoe says to the world that it is important to question the mother-child relationships, particularly the relationship between mother and daughter. Zoe underlines the relationships with mums that betrayed their own children by putting them at physical risk instead of protecting them. Especially mums who abandon or neglect their own children.

*"I think relationships with Mums, you never really question it until you need to question it. Because you believe that the best thing involving them [idolising] but often they are not, often they haven't a clue what they are doing and I have come across so many Mums that are desperate to know how to [ ] their children and I am thinking gosh I don't know if I was [ ] that well to know how to give them an answer but surely we can work something out. My Mum certainly had a lot to answer for. No one sort of questioned or checked her and what she was doing, so she wasn't looked after. I wrote a paper recently, its about fantasy and reality and therapy and it was centred around someone that was betrayed severely by his Mother and she used him as a human shield when the Dad was trying to stab her, she used the child to protect herself not the baby and that can be remembered and my sort of subtitle for that "Stabbing in the Back" with the effect of the betrayal on the developing Psyche because obviously it had been something that interested me because of my feeling betrayed and let down by my Mum who was careless enough to get killed or kill herself, I don't know which. I work with so many people actually that their mothers have abandoned and abused or were neglected or just let them down tremendously. I don't blame the Dads so much. I only found out recently that girls have a problem separating from their Mums, isn't that bizarre, I'm 47 and only discovered that 3 or 4 weeks ago because I mean I have had the separation and I didn't know that a lot of women don't actually separate from their Mums it never struck me until recently [ ]. There's a lot I still don't know but I'm learning but, its things like this, everyone has to learn to know and understand. I don't know what else I want to tell the world (laughs)." (41.41-43.4)*



### 6.5.5.3. Use of her experience in psychotherapy practice

Zoe mentioned the importance of psychotherapy for helping to cope with problems similar to hers. For Zoe, her own psychotherapy has provided her with an understanding, particularly for feelings of betrayal, non-protection, grievance, feelings of emotional disorientation and distress. Her experiences have provided her with emotional strength to listen to severe experiences of abuse and to understand mentally ill people.

*"I think working with people that have been very badly abused certainly does affect you and much more horrendous than mine. Yet they all minimise it as much as I do. Because it's a sense of normalising their experiences that they can cope, that they can survive and I think it's that understanding that you know, and also that some people have worked and the abuse has been horrendous and what has upset them the most was the betrayal of the mother, the mother's betrayal of them and the non-protection which is something that I've experienced so that I've got an understanding of that". (36.12-36.31)*

Also her own experience has provided her with an understanding of surreal sensations and feelings of dissociation.

*"Also you know, the trauma seeing my mum being hit and die and my whole world fall apart and feeling completely mad for a long time (36.31-36.36) It was surreal in real life but came to life through the therapy experience. Just being around for other people that are struggling with the same journey you know it makes it easier, but then working with people, each patient, you go on that journey with them and you develop yourself and wouldn't give that up. Right I think I have talked enough." (45.1-45.13)*

Her experience gives her an understanding for people who have done similar things

*"without that understanding I don't know if they would find it easier to put words to it. I think there are certainly times that I've felt as though I have broken down and been very distressed and sort of hiding in the cupboard being in that space and that space all on your own. I talked to so many people that have done that or like that and you know they've gone into retreat," (36.43-37.6)*

Also it provides her with compassion and empathy for people that are distressed and very frightened or disturbed

*"I think I have a greatest compassion for the [.....] people that are very distressed and very frightened and distressed. Of course you can be there with them, not totally, you know still separate but with them, then that helps them to come through that. I work better with people that are in that sort of situation or*



*are quite damaged or disturbed. And there's a lot of people who wouldn't work with the clients that I work with. But I seem to have a lot of success with them"* (37.11-37.26)

She has emotional strength to help with problems in her clients and emotionally disturbed people.

*"And he said to me you know it wasn't your physical strength that was important for me it was your emotional strength because I knew that that would help [.....] taken that from me. So I think that I do have emotional strength because I've coped with a hell of a lot of different things."* (38.18-38.27)

It also provides her with the ability to recognise depression and symptoms related to her patients.

*"I think in relation to this the patients and things. I think certainly coming from a place of having a poor self concept and low self esteem, and probably a bit prone to depression helps because you recognise it in others, I think that's the difference you actually recognise it in others, that helps."* (40.30-40.40)

Her accounts demonstrate that being trained as a therapist requires a high level of training, both with patients and with one's own therapy.

*"Strangely do you know, I retrained as a therapist, I think we were doing the training at the same time as the patients doing therapy, you are doing the training and doing the training at the same time as practicing with patients and doing your own therapy. You know you are learning about it, doing the therapy and practicing as well its such a mind blowing experience, its so hard to hold it all together."* (43.17-43.30)

#### **6.5.5.5. Summary of strategies for overcoming abuse and developing resilience**

Zoe did many things to get over the death of her mother, her loneliness and neglect. In childhood she went regularly to talk to her GP (in fact, she was overmedicated), had long conversations with her aunts, and did many activities with her grandmother (crochet, sewing, etc). In her late teens and young adulthood she visited her psychiatrist, continued going to the GP and visited her aunts. She would also go out and take long walks with her dog when she used to



scream in the fields. When she was an adult, she stopped drinking and taking pills when she was at the point of losing the opportunity to get her teaching certificate. As an adult she became involved in psychodrama, which facilitated her grieving for her mother. Her psychiatrist offered her a job to work with mentally ill patients where she still works. She feels she is helping others, enjoys working and can work with even the most disturbed patients. She had psychotherapy training and had psychotherapy herself.

#### **6.5.5.6. Discussion**

Zoe had the lowest empowerment score in the whole sample. However, she showed high determination to stop medication and carry on with her studies. She used imagination very much, for many years and helped her to heal. She used active imagination when in drama therapy. Her creativity, multiple activities –from crochet to carpentry- and sports provided her with a positive space towards mental health and skills.



### 6.5.6. Analysis of the sixth participant

Table 6.10 List of themes for participant 6 (Aged 53)\*

Themes	Meaning units** Number of page, dot, number of line**
<b>Family structure</b>	
Unstructured family ' <i>complicated family structure</i> '	(1.20-2.24) (2.24-2.26)
Parents divorced, father remarried 3 times	(1.20-1.23) (13.15-13.29)
Mother remarried once	(1.20-1.23) (13.15-13.29)
Father alcoholic and domestic abuse	(10.2-10.25) (22.18-22.32)(22.46-23.9)
Extended family	(12.15-12.21)
<b>Invisibility</b>	(2.2-2.24) (5.24-5.33)
<b>Feelings</b>	
Disappointment	(10.48-11.11)
Sadness	(8.8-8.11) (8.8-8.19)
Sense of not belonging anywhere	(8.25-8.29) (13.36-13.43) (14.9-14.22)
Awkwardness	(17.11-17.15)
<b>Change of schools</b>	(8.37-8.44)
<b>Escape</b>	
- Reading	(12.11-12.15) (34.17-34.41) (18.1-18.5) (18.6-18.28) (18.28-18.41) (21.10-21.20)
- Writing poetry	(17.47-18.1)
- walking in nature	(21.20) (21.33-22.3)
<b>Rape</b>	(29.39-29.45) (29.46-30.18)
And getting married with the person who raped her	(40.31-40.38)
<b>Memory problems</b>	
Bad memory	(22.28-22.37) (22.41-23.4)
Selective memory	(33.27-33.34)
<b>Effects</b>	(18.28-18.41?) (19.37-20.4) (20.33-20.44)
Body react (eating)	(23.7-23.26)
Low self image	(23.31-23.39)
Hate sports	(20.26-20.29) (20.48-21.10)
Fear of man	(20.49-21.6)
Never learn to socialize	(12.44-13.9)
<b>Understanding</b>	(12.15-12.26)
She went to the funeral	(16.26-16.28)
Rethink	(16.36-16.45) (16.45-17.15)
<b>Neglect</b>	(9.19-19.21) (20.13-20.29)
<b>Inner power</b>	(25.15-25.27) (27.18-27.24/27.29)

\* at the time of the interview.

\*\* Paragraph between parenthesis



### 6.5.6.1. Antecedents

Rosy is the first child of her parents. Her parents got divorced when she was four years old. Both father and mother remarried. Her father remarried very quickly, and had two children of the second marriage and three children of the third. She is the only child of her mother's side and one of six children by her father's side. Rosy had limited contact with her father's other children: she used to occasionally see them. Rosy's story shows how her father invisibilised her and neglected her:

*"I really had limited contact with my father's other children. The two older ones when my parents had divorced first I used to visit, but not that frequently. It was more likely I would see my father on his own and when he remarried for the third time I initially, this was when I was in my teens and I used to visit quite regularly when the three children were quite small but then the situation changed in that my father's third wife, her parents didn't know that he had been married before and they came to live next door to them so it mean that I didn't see the family any more after that and I would see my father occasionally, either at his place of work or at my aunts." (2.2-2.24)*

In her account, Rosy describes her father as an alcoholic and there was violence between him and her mother when she was about four. Her mother was probably at the point of killing her father with a carving knife, when her mother realised that this would have to end. Her mother tried to shield her as much as possible from the violence. However, Rosy could hear it from upstairs or other parts of the house.

When her mother divorced, Rosy and her mother went to live with her parents, because Rosy's grandfather was ill. This made her mother lose her independence. Her mother was the youngest of nine children; this gave Rosy a quite extended family with *"lot of aunts and uncles and cousins around."* Rosy describes her family as a *"complicated family structure"*.

When a teenager, Rosy was quite close to her father's third family, his children were babies and toddlers and she used to help look after them or take them to the park. But due to the family problem of hiding the other two marriages of her father, she could not see her new siblings growing up.



In the move to her new home, her maternal grandmother looked after Rosy, from the age of five to nine years old. She changed schools at different stages in her childhood.

The memories of her grandfather are mainly related to his grumpy temper and his dementia. However, a pleasant memory of him prevails in Rosy with a visit to see a goldfish and feeding the goldfish. His grandfather died a year later. Regarding her father's parents, they retired and lived in England, but again her visits were limited by the presence of the new family of her father...

*"I saw a little bit more of them then but there again I wasn't a regular visitor because of the situation with my father's family, new family. So I was never...I could never be visiting the family at the same time that they were there because I didn't exist as far as they were concerned." (5.24-5.33)*

Despite her having most contact with her grandmother, Rosy has few memories of her grandmother on her mother's side.

*"My main memory with my grandmother is sitting in the kitchen having been served Brussels sprouts for my lunch and refusing to eat them and sitting there all afternoon and having them fried up again for my tea. Grandmother was one for...and she knitted me ribbed woollen vests which I hated because they used to itch terribly (laughs)." (5.44-6.6)*

Rosy's mother "was not a motherly person". Rosy had many cousins to play with; she always had family around when living in the house of her maternal grandmother. Her mother was working so other members of the family took care of her. She had happy times with the extended family in the countryside, but in contrast, she had the feeling underlying of sadness and feeling not belonging to anywhere. Rosy developed a particular attachment with an aunt who was a warm person.

In her reconstruction of the facts, Rosy remembers her continuous disappointment with her father's false promises to take her out somewhere and see him coming home drunk and just sleeping or when he broke into the house.



At nine years old, Rosy's mother remarried and moved away from the extended family. Rosy was very unhappy. Rosy was not invited to the wedding, nobody told her. Rosy did not to socialise.

As a teenager Rosy had a boyfriend across the road. Then when she went to college, she met a man in the street, had an affair with him and, after a short relationship, he raped her. She finished her previous relationship with the boy across the road. Then, Rosy carried on the relationship with this man, married him and she had two children from that marriage. She divorced when she found out her husband was having another relationship. Her main escape from disappointment was reading.

When her father died, Rosy had a difficult time when she discovered that the children of his third marriage did not know she existed. Her father's third wife did not want her to go to the funeral. Rosy was hurt by this rejection. She then understood her feelings of awkwardness and why her father very carefully managed her visits to see him. She went to the funeral with her son. At her father's funeral, the vicar told a story of his life in which Rosy's mother and herself never existed; neither his second marriage nor his children.

#### **6.5.6.2. Analysis**

In terms of power, Rosy's accounts illustrate most of the feelings of disempowerment and the overcoming of neglect and invisibility.

#### ***Dominance power: power over others (Elworthy,1996:79, 180)***

When little, Rosy was bullied by a cousin who was quite bossy.

*"I was bullied a bit by one of my older male cousins (laughs) who liked to throw his weight around and tell me what to do." (8.40-8.44)*



As a child she learned that children were under the control of adults.

*“the idea of children having rights or needs or things like that I don’t think really was around. As children the family expectation was that you just did whatever your parents...decisions that the parents made” (9.36-9.43)*

Her father was an alcoholic, and when Rosy was little her mother experienced domestic abuse that forces her to take the decision of divorce.

*“He was an alcoholic and there was violence between him and my mother. I mean when I was four she got to the point where she made the decision that she was probably going to kill him if she stayed with him. She said that it was when she found herself taking the carving knife to him that she realised that this just had to end, it was ridiculous. It wasn’t worth hanging on for I think is what she said. She had I think, tried to shield me as much as possible from the actual arguing and the sort of violence and things like that, but obviously as a young child you hear it going on even though you were upstairs in bed or whatever it might be and looking back I can see that probably...I mean I had a tremendous fear of conflict for years.” (10.10-10.36)*

This was due to the concealment of her father having other children.

***Powerless: “Without power to control or to influence somebody/something” (Oxford Advanced Learner’s Dictionary, 2000:989)***

Rosy’s accounts show that there were many situations that made her feel without power or that she was not in a position to control it. The facts of experiencing neglect through her life made her sad and created feelings of not belonging.

*“but underneath that there was definitely a sadness and I can remember there being sort of...one particular time I can remember crying at night and one of my aunts who was visiting at the time, coming in to me and asking me what was wrong and I had no idea at all of what was wrong but at that age you hook on to whatever you can put it on. I can remember saying “I want my daddy” and my aunt saying “ohh, dear, dear” and getting quite a lot of sympathy actually so I think I realised that this was quite a good line to spin. But I was just aware of a feeling of I think not quite fitting in from quite an early age, not quite belonging anywhere.” (8.8-8.29)*

When her mother remarried again, she resented the absence of the extended family.



*"Having lived with my grandmother or grandparents and sort of moved around with her and later when my mother remarried the sort of move out of the area where our family lived and out of the sort of extended family, was quite difficult for me." (8.29-8.37)*

The fact of being in different primary schools made her feel unsettled.

*"I went through a whole procession of different primary schools and never really settled anywhere" (8.37-8.40)*

Also, there were feelings of not belonging to some of the extended family.

*"Other aunts and uncles sort of came and went a lot but there was never any close relationship with them. There again I think it was the family as a whole were not one that had been brought up to a readily demonstrated affection" (9.25-9.33)*

Therefore it was difficult for her to socialise and this increased her loneliness.

*"And never really learnt to socialise and so it was not the skills that I learnt either living with her so a lot of difficulty." (12.35-12.39)*

Her mother got married without inviting or telling her of the ceremony.

*"And they just went and got married and the thought that I might have needed to be there or would have liked to have been there or anything like that to feel a part of what was happening never occurred. So there's a sense as I say, a sense that permeates really my childhood and the things that I struggled with for years of a sense of not really belonging anywhere and the general feeling of being a nuisance." (13.29-13.43)*

These situations increased even more her feelings of being a bother.

*"I mean in some ways it was almost a sort of Victorian expression that little children should be seen and not heard, and preferably not seen too often either (laughs). There was that sort of feeling around." (13.43-13.49)*

Also, she perceived the rejection of her own father and his third wife.

*"there was a sense of not being...being rejected I suppose. And although his third wife was very good with me initially and made me feel welcome and sort of was fine with me being with the children, when her parents moved down that just came to an abrupt end. And at the time I just accepted it that somehow I just couldn't go there anymore." (14.20-14.32)*

This situation was prolonged until her adulthood and she discovered the reason and confirmed it when her father died.



*"And I suppose I was in my early teens then so I was getting to the stage where I was probably starting to live my own life, was taking up more of my time and that sort of thing so there wasn't the same sort of pressure to be with the family in that sort of way. I discovered when my father died how hurt I actually was by that. I didn't know it until then." (14.36-14.47)*

All these situations made her aware of her feelings of inadequacy and ineptitude.

*"looking back I would say that the sense of not being good enough which is something that was with me for many years" (11.20-11.23)*

***Inner Power: 'power over' self (Elworthy, 1996:79, 180)***

Rosy compensated by being more intellectual which lifted her low self-esteem.

*"anything and I was a much deeper person and sort of...so I coped with my feelings of inadequacy by looking for other things to compensate with and I suppose to some extent the natural thing for me to do was read and therefore study and therefore the academic side of things was a way in which to compensate for my feelings of inadequacy and low self esteem." (25.15-25.27)*

That enabled her to think deeper and gave her the knowledge to relate at a different level to people.

*"I compensated emotionally by sort of saying I am a deep meaningful person and the fact that that terrified a lot of people didn't matter because I relate at a different level to people." (27.18-27.24)*

Her relationship to her extended family provided her with some relationships of attachment.

*"always on a Sunday there used to be a family gathering and people coming in and out and having tea and things." (7.16-7.20)*

Going to the countryside, provided her with happiness and a sense of being part of a family.

*But...I can look back and see happy times in the sense that it was a family thing that we would go primrose picking in the spring and bluebell picking and it would be a group of sort of aunts and children and we would go off somewhere in the countryside and those were sort of positive memories (7.47-8.8)*

When a child, reading was an important way to escape.

*"And my main escape and enjoyment was in books, in reading and that's what I filled most of my time with from the age when I could read." (12.11-12.15)*



Writing poetry provided her a way to express her emotions. Reading was an activity that stimulated her intellectually and provided her with an idealised world.

*"I read a great deal. From a fairly early age I wrote poetry and that's where I put my emotions. My interests were from my reading so I developed an interest in psychology and philosophy and these things from reading. And I suppose I went into a world which was safer, both at the intellectual level because I was interested in things that were intellectually stimulating and to a certain extent had a scientific, academic sort of feel to it and there were an awful lot of historical novels and it was very much the big, happy family full of emotion and romance and there was very much an idealised view of that which looking back now I see...it was because I didn't have very much connection emotionally that could be expressed, with people around me that I couldn't work out the mechanics of it in my relationships that I had so it very much took on this sort of idealised form." (17.47-18.28)*

Reading and walking in the countryside also provided her with an escape to a safer place where she could lose herself.

*"I used to look for escape and that was in books. I spent as little time as I could in the real world. The world didn't feel like a safe place so you seek another place and you can lose yourself. So very much...there were elements of dissociation there in a very limited way. It was removing myself in books and also in nature. (21.10-21.20)*

*When my mother remarried we went to live in a little corner shop, which she ran and it was one of the little shops where we opened at seven o'clock in the morning and closed at seven o'clock at night and people would come and knock on your door after that. And she was open late on Saturdays as well but on Sundays it was sort of our mother's day off and we would go up into the local countryside and walk because if she stayed there then people would be knocking on the door asking for this, that and the other. So we used to try and get away and we used to go and camp and we had a tent and we would camp on the moors. So that was an escape. It was very much a case of being in nature and being able to...the sort of pressures of who you were and what other people thought of you just weren't there. So that was an escape. To the extent where I could lose myself completely if I wanted to. I could just close my eyes and I would be gone. I'm not quite sure where I went (laughs) it was very much a feeling of dissolving into things and not being there anymore. And in the same way with reading, I would be in that book or whatever it was. I just wasn't there anymore and that the most comfortable way of being." (21.20-22.12)*

Rosy's story also suggests that imagination helped her to create new perspectives of reflection.

*"and just a good imagination in the sense that I believe that we create our own perspectives through which we view and experience things and I'm fortunate in*



*having been encouraged by my mother to be reflective, read very widely from an early age and so have some skills in creativity that can be employed in creating the framework that makes ones experiences meaningful in a particular way.” (38.37-38.1)*

### **Empowerment: the process focus on women’s’ ability to influence their own lives in order to stop and overcome child abuse**

Long-term therapy helped her to attain empowerment and recognise that it is important to take care of oneself. Buddhism provided her understanding of things.

*“Years of therapy (laughs). I’m not sure that I’m...there’s still a part of me that isn’t totally convinced that my lot isn’t to be (inaudible). There’s still a part of me that feels like that at times. It’s learning to care for ourselves isn’t it? Realistically. Recognising that nobody else is going to do it for you and that’s okay. It’s okay in the sense that...it’s something about permission, permission to not be neglected and if you can give yourself that permission then it’s easier for others to follow suit and for me it has been about developing a sense of inter-connectiveness which has grown out of that initial experience of being able to let go of myself and go into nature that has taken on a different form which makes not only nature a safe place but people safe as well, in recognising one’s commonality and not needing to emphasise difference in order to feel you exist. And for me part of that process was coming into contact with Buddhism and that gave me a vehicle for understanding things which I had a sense of but hadn’t been able to put into a conscious mental framework. So it gave me the language to create the framework through which I could view life which made it an okay place to be if that makes sense.” (37.14-38.6)*

SP What has helped you to make sense of what happened?

*“The use of life (laughs). My own therapy (inaudible) and just a good imagination in the sense that I believe that we create our own perspectives through which we view and experience things and I’m fortunate in having been encouraged by my mother to be reflective, read very widely from an early age and so have some skills in creativity that can be employed in creating the framework that makes ones experiences meaningful in a particular way. If that answers your question.” (38.33-39.2)*

#### **6.5.6.3. Rosy’s statement to the world**

Rosy considers the positive and negative aspects of social experiences (good and bad aspects of human society), and that all humans have the capacity of doing both. Also she mentioned that research sometimes assumes situations and



processes and can result in biased assumptions. It is therefore important to research what kind of bad things can happen, but also what positive things can happen.

*"I think that as human beings we have the potential and capacity within us for a whole range of stuff, good and bad. And it's very much that there but for the grace of God go I." (46.45-47.1)*

*"Acknowledging that we could abuse, that it's a circumstance, that we are capable of doing these things just as much as anybody else, I think is important. And so often where I think research can be difficult is that often you don't research these successes and I can remember when I was doing my teacher training and it was in the belief that if you weren't breastfed you were a delinquent, you know that simple psychological equation (laughs) that somehow sort of appeared. And I can remember being very, very cross with this. Probably because my mother gave up breastfeeding me very early. So if you go out and look at these delinquent children and the correlation between them not having been breastfed and whatever, a lot of them haven't been breastfed but what about all the people that haven't been breast fed who aren't delinquent. Where's the research on them? And it is so difficult to look at the people who have been abused and who have successful lives and who have found a way of dealing with it and somehow...these are the people we ought to be talking to, to look at the coping strategies, to find out sort of what makes it possible to deal with this" (47.12-48.3)*

Destructive coping strategies were of value and proved to be positive factors over a period of time. In essence, it is important to celebrate the strength in the face of adversity and trauma.

*"I always look at what their coping strategies are and sometimes those coping strategies are the kind of things which can be quite destructive for them but acknowledging that there were coping strategies, that they were of value and that they were actually doing their best and it was a positive thing over a period of time. It is very important. It is about the sort of empowering. So let's celebrate our strength in the face of all the tragedy and the trauma that there is. And we can do that but we should be doing a lot more with our patients I think." (48.4-48.22)*



#### 6.5.6.4. Use of her experience in psychotherapy practice

Rosy strongly argues that because she has experienced how it feels to be suicidal, depressive or psychotic, the ordeal has helped her to understand that notions of inadequacy might be an intrinsic part of human nature:

*"I think it's fundamental in that I know how...I don't know how all my patients feel, obviously I don't, because everybody's experience is individual. But, I do know how it feels to be suicidal, I do know how it feels to be in the depths of depression. I do know how it feels to feel psychotic, to see things, to not know what reality is. I can now see these things rather than kind of something being wrong and inadequacy, as part of what it is to be human. And therefore I view my patients as human beings who have had all sorts of different experiences and are trying to make sense of them in some way and are trying to create their own framework through which to view the world, that makes it meaningful for them and makes it acceptable. And I see my role as a therapist as working alongside them as they do that. And in asking some questions about sharing some different perspectives that they might not have thought of before."*

Active imagination can help in the psychotherapy process.

*"... In helping them in their creative process so that the narrative of their lives can be something which has some meaning to them and that they can build on. And you know all sorts of personal experiences are fundamental to my belief in the possibility of that which is the key thing. If I hadn't been able to do it myself I wouldn't be able to believe in the other people being able to do it." (39.8-40.3)*

She also wonders how much her own ability to endure abuse has been helpful or unhelpful to her life.

*"There are times when I have wondered to what extent my own ability to tolerate abuse for want of another word is helpful or unhelpful. I do ask myself periodically whether because of my early experiences as a child, which as I say are minimal compared to what other people have gone through, but whether my tolerance of high levels of emotion, personal difficulties and things like that which for a lot of my life may have seemed normal and I feel periodically need to examine whether I give out the right messages in the sense of what is acceptable and what is not. So as well as my experiences have been fundamental to my role as a therapist," (40.4-40.26)*

*"So I am aware that there are...there are things that I have to be wary of. That to be suicidal there is a part of me that's okay, and that can be very useful. I mean some of the abuse and things that some of my patients have disclosed to me, I can hear it. And I can...I have to be careful about the line between something being acceptable and okay in the sense of, this is what we have to work with, this is where we start, we use it as a foundation for what we build, and not giving the impression that somehow you are accepting it in the sense of saying 'Yes, it's okay to do this, to be like this' or whatever." (40.36-41.7)*



Rosy says that it is 'a delicate balance', that is why she does not encourage anger in her clients...

*"It's again a delicate balance I think and I'm aware that I don't work with my clients in the way...in situations of abuse in the way in which I am aware some therapists do. I don't encourage them to be angry, to say 'this should never have happened' and 'the person who did this to me is evil and dreadful' because my own experience and generally the experience I've had with my patients is that this is not helpful in the long run. And that I need to be able to say 'this behaviour is not acceptable' and it's not what I want and it's not what I'm prepared to accept any longer, but to say that the person who perpetrated this is therefore evil is quite counterproductive, particularly if it's been parents who've abused." (41.7-41.31)"*

but also she underlines her need to be careful because her own tolerance could be counterproductive.

*"As I say it is a very fine line to walk I think and I do think that I need to keep an awareness that sometimes my tolerance could be counterproductive as well as helpful." (41.49-42.6)*

Accordingly, she reflects on what normality is and what illness means to her. Basically, it concerns imagination and creativity of how people perceive things. Ultimately, it is a personal process that psychotherapists may not be able achieve for their clients.

*"what does it mean to me to be mentally healthily? Does that mean I will never be depressed again? Does that mean...what does it mean? I suppose for me it is about imagination and creativity in many ways in that I have become more and more aware over the years that the way in which I perceive things is a creative process, has been a creative process. And the way in which I perceive things now is totally different to the way in which I perceived things 30 years ago, 20 years ago or even ten years ago. That one might say I'm a different person. And that...if you haven't got a conceptual framework for understanding that, that can be a bit scary. I suppose for me part of the process of psychotherapy is often, not always, but often loosening up their conceptual framework in a way that makes other ways of viewing things possible for them. And that is very much a creative process but not one I can do for them." (44.2-44.33)*

Rosy's accounts emphasise that the understanding and psychotherapy, a process can be both creative and powerful. She describes the process of active imagination and the privilege and enriching process both to the client and the psychotherapist.



*"I think it's a very powerful way of viewing our relationship with our clients. Because to be allowed into the world of someone who is frightened, distressed, traumatised in different ways, confused, so to be allowed into that world, and it is the world of their imagination, to be allowed into that world and to be invited into that world is a tremendous privilege and also a tremendous way of enriching your own life in a sense of when you read a book by someone else or a poem or see a play or hear a piece of music, there are ways in which you can resonate with that based upon your own experience. But also things that can help you in your creativity and your views of yourself and I think therapy is very much a two way process in that sense" (45.18-45.43)*

Her experience provided her with the ability to reflect.

*"So if you've had...and I was fortunate in that although emotionally there was a little space for me to be reflective, my mother was quite good in encouraging me academically and that gave me a doorway I suppose into my emotions which were differently grounded but helped to develop the fairly disorganised and chaotic and has helped in giving me a foundation for developing that reflective ability." (46.17-46.31)*

#### **6.5.6.5. Summary of strategies for overcoming abuse and developing resilience**

Rosy developed the virtue of deep analysis to compensate for her low self-esteem.

Reading and studying were very important in this endeavour.

*"However, I made a virtue of necessity in the way that a lot of sort of people who have no self esteem...there was sort of the opposite sense of a grandness. So that I could tell myself that I was better than other people because I didn't engage in small talk and silly social nonsense which was not worth anything and I was a much deeper person and sort of...so I coped with my feelings of inadequacy by looking for other things to compensate with and I suppose to some extent the natural thing for me to do was read and therefore study and therefore the academic side of things was a way in which to compensate for my feelings of inadequacy and low self esteem." (25.5-25.27)*

Rosy is aware of her problems of bad memory. Chaos and disorganisation were consistent patterns that accompanied her studies.

*"It was quite a struggle because of my memory. I found passing exams very difficult and I was not your stereotypical academic student or success because my mind was fairly chaotic in many ways. If you look at it in terms of attachment patterns and things like that, I was sort of very disorganised and chaotic in many ways. So I didn't read books that I should have read or was expected to read and my interests were a bit odd or peculiar or different so scholastically it was very difficult to see me going down any particular recognised pathway and my mother was told that...she actually went to one of the parents days when I was at secondary school and I think that was the only*



*one she ever went to and she was told I was not university material (laughs)."*  
(25.27-26.4)

When she had problems with her ex-husband, she behaved and functioned automatically. In other words, she was always working on a day-to-day basis, by just getting on with things. As a result, she tended to repeat many patterns, which were similar to her grandfather. In retrospect, in Rosy's context, it is interesting to examine her own patterns of powerless-to-empowerment.

#### **6.5.6.6. Discussion**

Rosy has used her experience in her work with clients to understand them especially neglect, depression and psychosis. Her education and intellectuality enabled her to think deeper and to understand people on a profound level. Reading was very important in her childhood, as well as writing poetry, walking in the countryside and the use of active imagination.



### 6.5.1. Analysis of seventh participant

Table 6.11 List of themes for participant 7 (Aged 49)\*

Themes	Meaning units** (Number of page, dot, number of line)
Family Structure	(1.21-1.23) (1.24-1.27) (1.33)
Grandparents	(2.15-2.27) (2.31-2.47) (3.30-3.36)
<b>C</b> Maternal grandmother	(15.46-16.2) (14.46-15.6) (15.16-15.17) (15.21-15.26) (15.27-15.30) (15.31-15.46)
<b>A</b> Paternal grand mother	(13.32-13.37) (13.38-13.40) (14.1-14.3)
<b>E</b> Father was captured in war in his 18's	(14.12-14.33) (14.25-14.38)
<b>G</b> Father alcoholic	(6.36)
<b>O</b> Mum a bit dominant	(9.15-9.29)
<b>R</b> <b>Attachment figures</b>	(3.30-3.36) (3.44-3.49)
<b>I</b> - Biology teacher	(12.5-12.24) (13.4-13.6) (32.32-32.39)
<b>E</b> - Mother's friends	(9.42-9.44) (10.10-10.13)
<b>S</b> - Auntie	(10.21-10.24) (10.27-10.31) (10.32-10.44) ()
- Positivity	(10.25-10.36)
- Neighbours	(10.48-11.3)
- Other teachers	(10.4-10.5)
<b>Bullying brother</b>	(4.24-4.37) ()
Physically aggressive	(5.12-5.20) (4.34-4.37) (5.13-5.20) (5.20-5.33) (5.6-5.13) (21.10-21.16) (21.38-21.42)
Emotionally abusive	(21.6-21.10) (26.16-26.20) (26.22-26.29) (26.29-26.32)
Feeling terrified	(4.39-4.42) (20.36-20.39) (20.40-21.3)
Brother always angry and difficult	(4.26-4.32) (4.32-4.34)
<b>Brother out of control</b>	(4.42-4.46) (4.46-5.2)
Mother frightened	(5.1-5.2)
Neglect	(26.41-26.44) (26.44-27.15) (29.22-29.31) (30.23-30.29)
Seems odd to call it abuse	(5.37-5.40) (26.33-26.41) (40.45-40.48) (40.48-41.4)
Bullied by others	(34.15-34.22)
Husband, bullying	(31.11-31.15) (31.18-31.30) (35.45-35.48) (42.23-42.43) (36.2-36.6) (36.6-36.14) (36.15-36.20)
<b>Culture of hiding</b>	(16.44-17.15)
-Grieving again	(17.17-17.31)
<b>Interests as a child</b>	
Reading	(18.12)
Colouring, drawing and painting	(18.18-18.22) (32.39-32.46)
Sports	(18.13) (18.15-18.18) (19.34-19.37) (19.38-19.39) (18.45-18.49)
Playing on the bikes	(18.49-19.1)
Playing on other people's gardens	(19.46-20.1)
Gardening	(20.2-20.7)
Camping	(20.7-20.9)
Playing on the swings	(20.9-20.10)
Cooking	(18.22-18.33)
Playing cards	(19.41-19.46)
Photography	(33.6-33.7)
Imagination	(33.6-33.7) (33.46-34.4) (34.5-34.12)
Understanding	(39.46-40.2) (40.2-40.7) (40.7-40.13) (40.13-40.26) (40.27-40.38) (43.7) (43.9-43.11) (43.20-43.22)
Inner strength	(27.48-28.3) (36.25-36.33) (36.36-36.43)
Helping others	(38.48-39.2) (39.2-39.9) (39.9-39.13) (39.14-39.17)
Poor memory	(21.16-21.23) (21.23-21.25)



<b>Effects from the abuse-</b>	(34.20-34.22) (34.22-34.29) (34.29-34.34) (37.13-37.20) (38.8)-(38.10) (5.45-5.47) (35.8-35.14)
Powerless	(35.14-35.24) (37.1-37.4) (37.25-37.28) (43.26-43.28) (45.20-45.25) (42.43-43.1)
Brother alcoholic	(6.38-6.47)
She and her mum suffered depression	(8.38-9.2) (43.33-43.36)

\* *At the time of the interview.*

\*\* *Paragraph between parenthesis*

### 6.5.7.1. Antecedents

Norma describes her family as 'fairly, standard, normal' (1.21). With a father, mother and a brother three years older than her. Her father was 11 years older than her mother was. Her mother is still alive.

The very detailed description of Norma's grandparents shows how important they were in her life. Norma remembers the comforting presence of her maternal grandparents. When Norma was very little, her paternal father had Parkinson's disease. He used to fall over and then she started to fall over too. The illness of her grandfather made her feel afraid due to the trembling nature of the disease. Her paternal grandmother was from another country, she was 'a bit rough' but her personality changed through the time. Her paternal grandmother was a 'feisty woman' who drove around Europe. Her grandparents died when she was in her twenties. Her maternal father was very depressed and completed suicide. Norma became very distraught when she discovered that her mother was hiding the fact that her grandfather had committed suicide.

Since she was three, her brother used to bully her up until about the age of 18. He inflicted physical and emotional abuse upon her. Norma was neglected by her mother. In her early years, she was left sleeping in her pram at the garden whilst her mum concentrated on the housework or attending to the demands of her older brother.



In her childhood, Norma used to play the piano. She used to read a lot; she enjoyed drawing, colouring and painting as well as practiced sports, particularly cricket, table tennis and swimming. She also used to play cards, played on the bikes, on the swings, camps or in people's gardens.

She was good at school but her mother did not encourage her to go to University, even though she did encourage her daughter's best friend to undertake a teaching career. She got a job when 16 instead and got married. Her husband has been bullying for many years, he is very domineering. But he is changing his ways.

She found it very difficult to recognize that she has been abused. However she said that if her clients had reported what she had suffered, she would have understood, without doubt, that such actions or experiences were indeed a form of abuse.

#### **6.5.7.2. Analysis**

Norma's story shows that in her childhood she suffered from neglect, and emotional and physical abuse from her older brother. She had different positive attachment figures, such as her paternal grandmother, her aunt and her biology teacher. Her father suffered from being a prisoner in a war and her mother quit from singing to become a housewife who would frequently concentrate her attention more in the housework than on her daughter. Norma always behaved as a 'good girl' despite the continuous attacks from her brother towards her. Her brother was so aggressive that even her mother felt intimidated by him. He always wanted the attention for himself. Norma accounts her abuse as mild, for the researcher that abuse might be severe.



***Dominance power: 'power over' others (Elworthy, 1996:79, 180).***

Others exercised the dominance power that Norma experienced in two different ways: by omission (neglect) and commission (physical and emotional abuse from her brother). In some extent, this abuse was fed by the patriarchal system of a vertical family structure where the oldest children (especially if they are boys) are expected and accepted to be the most powerful. This is considered what a 'normal family' is.

Her maternal grandmother in some way suffered the consequences of a vertical power structure in her late adulthood when her grandfather scolded her for dropping things, which made her more nervous and insecure.

Norma's brother seemed to be angry most of the time, he was uncontrollable and even Norma's mother was sometimes afraid of him. Norma was always very careful of not annoying him. The physical and emotional abuse she suffered made her feel very frightened. Her mother could not leave them on their own, even when they were grown up children, they must had a babysitter who may take care of them.

*"He would become physically aggressive. For example, we might be sitting at the kitchen table and I might say something and he'd have been round, trying to hit me, which you've got to...that's quite a distance to come...I'm just reflecting." (5.11-5.19)*

Norma had relationships outside of her marriage and the majority of them were quite abusive and dominant.

*" And then during the time I was in turmoil and having affairs which seemed to be the only way I found...to kind of break out and assert myself, which is very sad isn't it, in itself, because of all the difficulties that it causes. But I suppose out of three people, probably two of them were pretty bullying as it turned out. (36.28-36.38).*



**Powerless: " Without power to control or to influence somebody/something" (Oxford Advanced Learner's Dictionary, 2000:989)**

Norma described her mother's feelings of inadequacy, as well as her grandmother's insecurity in her later life. For Norma the effects of the bullying at the hands of her brother have been reflected physically at different times in her life

*" I don't know whether that's cause or effect really, of perhaps feeling quite powerless as a child " (37.10-37.13). " I've been almost dopey, but I think that's partly thinking about the subject but it had quite a profound physical effect on me, yes. " (43.5-43.9). " I was actually ill when I was 15 or 16. I had glandular fever quite badly so that I missed a whole year of school effectively so I sort of had it and went back to school and got the whole full blown disease again. With the high temperature and was laid very low for weeks so that meant I'd missed so much of one year so I just never went back to school for that year" (34.12-34.24). "But yes, typically if I'm feeling depressed or powerless I feel sleepy "(44.21-44.23).*

Norma further described her feelings of powerlessness further; her body reactions towards the physical abuse were mainly feeling frozen.

*"Frozen I think. You know, a bit paralysed (inaudible). That one instant that I can remember the most when he was bashing me up and my mother was standing over. He was there and my mother was there. And her being tearful and saying, "You'll put her in hospital" but I don't remember having any sense of power myself, to do anything about it. You know, I don't remember kicking back or punching back, which is quite horrible really. I mean I often do find myself in a parallel...not literally but that feeling of sort of not being able to move or not being able to do...in groups sometimes or in talks or...yes. It's quite difficult... " (43.27-43.47)*

She had other relationships and aggression happened after the relationship was ended.

*"I was stalked for two years by one of these people after I'd finished the relationship, so that's fairly extreme in the sense of bullying or abuse if you like. He used to follow me around wherever I went but it was aggressive as well. He once drove his car very fast towards me down this road to collide with me and then he suddenly backed off. So it was kind of physical as well. " (36.42-37.5)*

**Inner Power: 'power over' the self (Elworthy, 1996:79, 180)**

Norma was neglected during all her childhood and once she escaped from her pram when she was very little.



*"I was definitely neglected and bunged up the garden in my pram but I can remember escaping and I couldn't walk yet. I crawled and I crawled. I mean this is in suburbia so they were quite big houses with big gardens so a block of 500 yards from one end of the road and I escaped out of my pram, it was one of these very old fashioned big prams and tipped it up. So I got to the end of it and tipped it up, crawled out, crawled right down the length of the garden, passed down the side of the house and there's a bit more garden in the front and along the road to the corner, before she discovered that I'd gone. I find that fascinating. That's the thing that keeps me going sometimes; "Yes! I overcame all this neglect and abuse and I escaped", because to some extent I relate to my dad's mum and I think well I've got some feistiness in me that is more buried. " (27.15-27-44*

Playing in a different way and in a different setting allowed her a way to nurture herself, such as becoming involved in drawing, colouring, swimming, sports, photography, gardening, camping and playing in the road and on swings.

*" I just used to do the things that most people do, a bit of sport, a bit of drawing and colouring. I was always wanting to do something". (19.17-19.21). "I liked swimming actually, yes. The parents of a friend of mine used to take us swimming quite a lot. And I used to play sport at school. But I don't think I was hugely artistic in those days. Although I can remember I had a camera and used to like taking photos. Yes that would have been when I was quite young so that was quite exciting. I used to do a bit of gardening actually. I had a bit of the garden to myself. I seem to think we spent a lot of time muddling round outside. Playing with other kids in the road. I had a couple of girlfriends up the road, and she was like the eldest of a family of four, and just making camps and things like that and going to the swings or something round the corner. I used to do cooking sometimes. There wasn't much in the way of television." (19.28-20.6)*

Norma found power within herself through education and an enhanced self-esteem.

*"But what helped me was the advancing myself, getting education, feeling good about different aspects of myself that I had felt good about before " (37.13 – 37.18).*

Also, Norma found a way to balance and focus her rage.

*"...it could either be that I'd be frozen or I'd be in a big rage myself. That would have been the only way I could get myself to claim my power back would be in a rage. And that would like propel me but that then would have been a bit too much." (43.49-44.7)*

Even Norma knows that her character is shy and timid but she may react with courage and braveness to defend other people.



*"I mean, I am now fairly shy and timid, but if someone needed help, I was like a rottweiler. Probably because of that feeling of neglect of myself. If somebody needed help, and it would be a perfect stranger I'd cross the street to fight their corner, you know, if I saw somebody being unfairly treated. It sort of developed that side of me. And so I've been able to be...what I could do to be quite courageous and brave, sort of because of it and in a way it's difficult to sort of forgive other people for not having the guts to do it themselves. My parents or my mum should have been able to put her embarrassment or difficulty on one side to get help for her daughter, who'd asked her for it so many times. "* (38.31-39.5)

### ***Empowerment: the process focus on women's' ability to influence their own lives in order to stop and overcome child abuse***

Norma discovered the notion of empowerment for the first time in an assertiveness training course.

*I think assertiveness training was the first thing I came to that helped that really changed my life because it made me self-aware, because it wasn't just the training, it was what went with it. And to try and find that middle road where you've got the power being generated by the anger but it's in a more controlled way. It's more useful than either feeling frozen or raging about something.* (44.8-44.21)

Psychotherapy training was also a way to understand her mother

*I suppose my training as a psychotherapist or just being more aware or just being older and realising that... nobody said that life's perfect so parents are only just trying to do the best they can.* (38.1-38.7)

Also, she is empowered when understanding the relationship between power and control

*"it doesn't feel like the battle's over, I have to say. But maybe that's what life is; it's constantly trying to find a comfortable position in the face of other people's power and presence".* (44.30-44.36)

#### **6.5.7.3. Norma's statement to the world**

The message from Norma is to tell that sometimes people can be too focused on the child who is creating the problems but she recommends that 'the easy one' needs attention because maybe they are not giving trouble but actually needing help.



"...sometimes it doesn't have to be a major situation, sometimes things only have to be subtle and a bit invisible and insidious to have quite a profound effect and I suppose if there's anybody out there that feels that their experience wasn't much, then it's almost that that's part of what it's done to you" (44.45-45.6).

Norma suggests to children to do something until people listen to them.

*(SP) What would you say to a child that had the same situation that you had?  
(Norma) Kick and scream a bit. Demand attention. Make people hear that you're not happy (46.9-46.15).*

#### **6.5.7.4. Use of her experience in psychotherapy practice**

Norma uses her childhood experience as self-awareness and it provides her with a way to empathise and understand people's difficulties in order to overcome difficult situations in their lives.

*"It has given me I suppose an ability to empathise with somebody who is sort of a bit beaten down and who doesn't quite realise yet what is happening to them. That there is something subtle about why people go into a situation that's...why they are attracted to another person that has the potential to bully and they have the potential to go into victim mode and how that might not be obvious."  
(39.39-40.4).*

*It gives me an understanding; ...yet at the same time a tolerance for someone's inability to see that they need to get out. At the same time a strong feeling that I can see what's happening and that whilst you wouldn't want to influence...to actually to be able to point out to someone what I think is happening. (40.9-40.19)*

#### **6.5.7.5. Summary of strategies for overcoming abuse and developing resilience**

The physical abuse and neglect that Norma suffered for so many years (all her childhood) had an impact on her both emotionally and physically. Attachment figures were her dad's grandmother, her maternal grandmother, her biology teacher and other teachers and neighbours. The use of imagination but more



importantly sports and children's games were important in overcoming the abuse: giving her a safe place to be, and facilitating the development of different skills mainly by activities including reading, drawing and sports, such as cricket, cycling. She also played board games which she used to play with her grandfather. Psychotherapy and training in assertiveness were the strategies that helped Norma to gain empowerment.

#### 6.5.7.6. Discussion

Even though Norma would classify as abuse the cases where her clients had suffered from neglect, she found it quite difficult to accept that the neglect she suffered from is an act of abuse.

*"But it's funny, when you said neglect, I did feel that in a sense I was abused. It seems too strong a word but I was certainly neglected by my mother because while she was very...I mean she used to stuff me in the pram up the garden for hours to sleep. Maybe I was quite a sleepy child or maybe I didn't cry hard enough. But I think I was neglected. I don't think I was given enough attention of the right sort and partly because my mum really is a bit more concerned with getting the housework done, even to this day". (26.26-26.43)*

However, Norma understands that even she might be in an abusive situation but she has the strength to change this to a non-abusive situation

*" And I suppose I've had to change. I've had to get a little bit harder because I could be very soft and let my barriers down too much. being very strong. But I could always spring into "not being abused" mode at fairly short notice." (36.9-36.17)*

This section sought to describe and deconstruct the different elements of power that might intervene in a situation of abuse of a woman when she was a child. It is interested in the external and internal elements of the experiences of women when they were girls.



The validity method of the subcategory of inner power is shown in Appendix 27. It was carried out with only six participants, and it was based on the disagreements, which were the following units:

Table 6.12 Validity of Inner power

Participant	Meaning Units disagreed
1	No disagreements
2	(2.30-2.37) (4.32-4.42) (22.39-23.4) (33.26-33.47)
3	(14.45-15.15)
4	(11.26-11.28) (11.29-11.30) (11.31-11.36) (11.37-11.41)
5	No disagreements
6	(7.16-7.20) (7.47-8.8) (10.36-10.44) (18.31-18.38)

The next section seeks to integrate the different categories of power found and to continue with the IPA analysis.



## 6.6. Integration of cases, discussion and conclusions

The integration of the cases is analysed by continuing the initial individual analysis of cases under the IPA as suggested by Smith (2004:64), who states that the researcher 'is interested in learning something about respondent's psychological world', where the meaning is central. He also states that there are no strict rules for the analysis. He suggests that the researcher may comment on the "similarities and differences, echoes, amplifications and contradictions in what a person is saying" (2004:67).

The process of the integration of cases involves several steps. Firstly, a major table of the participants' accounts. (Table 6.15) is included in this section. It illustrates the range of different issues and topics experienced by the participants.

Secondly, after careful analysis, a master table of themes for the group was made including clusters that enclosed seven superordinate themes: family structure, locus of control, attachment, culture of hiding, understanding by psychotherapy, escape by imagination, and the effects of the abuse (See Table 6.14).

Thirdly, an integration of the cases concerning the category of power was made. This was constructed with a final statement outlining the meanings inherent in the participants' experience, which may illustrate the nuances of the different types of power revealed in the interview study.

It can be seen from Table 6.15 that, in general, the participants' accounts gave twenty different topics in total. The twenty topics are: What makes the violence appear; lack of figures of attachment; family structure; control–locus of control; determination; feelings; understanding; creativity and imagination; bullying, the culture of hiding, hobbies, psychotherapy, attachment, rape, effects from the abuse, suffering, knowledge; other facts of interest, memory problems and concealing the fact of being hit.



Table 6.13 Major table of the participants accounts-

Summary of topics and issues experienced by participants						
Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7
Master theme 1	Master theme 1	Master theme 1	Master theme 1	Master theme 1	Master theme 1	Master theme 1
What makes violence appear	No figures of attachment	Family structure	Family structure	Family structure	Family structure	Family structure
Vertical family structure	Absent father	Nuclear family	Father, mother, and older brother	Nuclear family	Unstructured family	Grandparents
Bullying by other members of the extended family	Ill mother	Ill mother	Mother died when she was very young	Mental illness in the family (mother, uncles)	Parents divorced,	Maternal grandmother
Cinderella Syndrome	No adults outside the family	Father became important		Alcoholism within the family	Father remarried 3 times	Paternal grand mother
One adult controls another	Excluded from the extended family	Close relationship with her young brother	Death of mother in an car accident	Death of mother in an car accident	Mother remarried once	Father was captured in war in his 18's
Different treatment from other members of the family	Bulling brother	Very good relationships with extended family	Tranquillisers since very little	Tranquillisers since very little	Alcoholic father and domestic abuse	Father alcoholic
Loss of control by parents	Mental illness of brother		Drinking at home	Drinking at home	"Invisibilization", covered up.	Mum a bit dominant
Verbal and physical abuse by stepmother						
No affection from parents						
Emotional abuse						
Master theme 2	Master theme 2	Master theme 2	Master theme 2	Master theme 2	Master theme 2	Master theme 2
Control	Control -locus of control	Control	Few figures of attachment	Determination	Feelings	Attachment figures
Self-discipline	Saying 'no'	Did not want to stay in a fearful environment	Many kind adults around	Stop taking tranquillisers and drinking	Disappointment	Biology teacher and other teachers
Smoking	Saying 'stop'		Specially a couple from her fathers church		Sadness	Mother's friends
Locus of control	Not let being bullied				Sense of not belonging anywhere	Auntie
Being independent-successful	Did not 'bargain' herself					Positivity
Mother's death						Neighbours
Trying to being good						
Master theme 3	Master theme 3	Master theme 3	Master theme 3	Master theme 3	Master theme 3	Master theme 3
Understanding	Creativity	Culture of hiding	Hobbies and activities	Escape using Imagination	Escape	Bullying from brother and from others
Psychotherapy	With nature	Wanted to tell her mother	As a child she selected to read	Playing	Reading	Physically aggressive
Self-acceptance	Songs		As teenager, she read and played tennis. Church activities.	Talking to /walking with the dog	Writing	Emotionally abusive
	Dance			Talking to her mother	Walking in nature	Feeling terrified
	Reading			By <b>psychical performance</b>		Brother always angry and



Writing  
Drawing  
Using imagination  
In adulthood  
Sports- Horse riding

Screaming outside home  
**By activities**  
Going to Brownies  
Activities in church  
Sports  
Crocheting  
Sewing  
Knitting  
playing with nature  
she love horses but did not  
do horse riding  
Mechanics  
Riding motorbikes  
Carpentry

difficult  
Brother out of control  
Mother frightened  
Bullied by others  
Husband, bullying

Master theme 4	Master theme 4	Master theme 4	Master theme 4	Master theme 4	Master theme 4
<b>Escape</b>	<b>Psychotherapy</b>	<b>Master theme 4</b>	<b>Master theme 4</b>	<b>Master theme 4</b>	<b>Master theme 4</b>
Creative work	in adulthood	<b>Creativity with her mum and grandmother</b>	<b>Culture of hiding -Concealment-</b>	<b>Hiding and not hiding</b>	<b>Rape</b>
Reading		Dressmaking	Control of the information about her mother's death	Could not speak about abuse by father's friend	Marrying the person who raped her
Writing		Knit		Not hiding when a stranger flashed her and her friends	Reading
Drawing		Sew		Abuse by mother's friend	Colouring, drawing and painting
		Gardening		Could not speak with anyone when her mum was distressed	Sports
Sports		Baking		Not talking about her mother's death to her father or sister	Gardening
Horse riding		Other activities: Church			Camping
Imagination		Playing piano a bit			Playing on other people's gardens
					Playing on the bikes
					Playing on the swings
					Cooking
					Playing cards
					Photography
					Imagination

Master theme 5	Master theme 5	Master theme 5	Master theme 5	Master theme 5	Master theme 5
<b>Effects from the abuse-</b>	<b>Suffering</b>	<b>Master theme 5</b>	<b>Master theme 5</b>	<b>Master theme 5</b>	<b>Master theme 5</b>
Pain	Lack of nurturing	<b>She consider her abuse years later in a seminar</b>	<b>Other facts of interest</b>	<b>Locus of control</b>	<b>Effects from the abuse-</b>
			Self-protection	Attachment	Powerless
					Bad memory
					Memory problems
					Brother alcoholic
					Selective memory



Verbal abuse  
Eating problems  
Acting out violence  
Her first response is that she wants to hit others  
She becoming involved in a situation of DA

Bullied at school  
Nor being valued by teachers  
Bullied by other adults and teachers  
Emotional abuse  
Sexual abuse  
Dyspraxia  
Being put aside by the new brother  
In early adulthood she could not grieve

She and her mum suffered depression  
Poor memory

Master theme 6	Master theme 6	Master theme 6	Master theme 6	Master theme 6	Master theme 6
<b>Hide the fact of being hit</b>	<b>Other facts of interest</b>	<b>Effects</b>	<b>Understanding in psychotherapy</b>	<b>Other facts of interest</b>	<b>Effects</b>
	Hide the facts of being bullied + culture of hiding Memory problems Did not like to be a girl Acceptation- understanding			Mother continuously made her go to doctors and dentist.  Neglect Witnessing domestic abuse	Bodily reactions (eating)  Low self image Hate sports Fear of males Never learnt to socialize
<b>Master theme 7</b>	<b>Master theme 7</b>	<b>Master theme 7</b>	<b>Master theme 7</b>	<b>Master theme 7</b>	<b>Master theme 7</b>
	<b>Effects of the abuse:</b> Anorexia Cleaning Work			<b>Understanding</b> Psychodrama Psychiatrist Psychotherapy	<b>Other facts of interest</b> Understanding Neglect Change of schools <b>Master theme 8</b> Concealment Mothers' marriage Invisibility
					<b>Master theme 6</b> <b>Neglect</b>  Seems odd to call it abuse



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Analysing the results of the table 6.13 above it can be seen, that the family structure of all participants was different. Isabel's family structure was a rigid vertical family structure led by her main abuser and the most powerful member of the family: her mother.

An absent father, who was her mild abuser at each opportunity, distinguishes Natalie's family. Emotional pain due to a lack of nurturing existed through her childhood. Anne did not suffer abuse within her family. Her family was a very close unit and also it was close with the extended family. However, with the close family, she did not tell her family about the boy or the maths teacher.

Elaine's family was incomplete when her mother died. The concealment of major life events, such as the death of her grandmother and her own mother were not explained to her. With the intention of not making her unduly suffer from the tragedies, the true facts were not told to her. This prevented her from grieving throughout her childhood until she was an adult.

Zoe's family was affected by alcoholism and mental illness. Her mother's tragic death increased the neglect. She was unnecessarily prescribed tranquillisers, by her mother in her early years of childhood, and by her GP's in her teens and early twenties.

Rosy lived in a complicated family structure, as she described. She lived in a nuclear family for her first five years of her life, then her mother divorced her father to escape from domestic abuse. After that, she lived within an extended family for some years until her mother got married for a second time, but without letting her know. This was probably with the intention of not upsetting her, but by not even inviting her to the wedding contributed to her feelings of rejection for 'not belonging'. The various marriages of her father brought her a further extended family. But she could not enjoy it and participate as she wanted to. Her existence was again made 'invisible' by not acknowledging her to the children and other family of her third fathers' marriage. These was the main facts that contributed to



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her feelings of disappointment, 'not belonging', sadness and general awkwardness throughout her life.

Rape, suffering, feelings and 'other facts of interest' were the topics that differed from other themes for clustering. Some of them were integrated in the analysis of the previous paragraph, particularly in the case of Rosy. Subsequently, a further clustering of the themes were constructed, and will be explained in detail below.

After ordering the sequence of the themes in the most appropriate sequence, other than the previous order in the transcript, it is necessary to try to make better sense of the connections between the themes that emerged from the interview analyses. Thus from the eleven topics, themes were constructed by clustering the topics. (Results of this second analysis of the entire group are shown in Table 6.14. Some of the themes were clustered together, emerging as superordinate concepts, others remained the same, and few of them disappeared but were already included in previous analysis of the first stage of this integration of the cases. All these processes were carried out as Smith (2004) suggests. It is achieved through constantly checking the researcher's own perceptions and interpretations against what the person actually said. The themes were selected not only because of their prevalence within the data, but also because of the richness of particular passages that helped to enlighten aspects of the participants' discourse. The earlier transcripts of the interviews were again consulted.

As a result of this, a master table of themes for the group was created (see Table 6.14 below). This table was designed to illustrate an integration of a thematic analysis of the participants' accounts. This process was made by clustering the previous analysis to a major superordinate understanding of the experiences of the interviewed participants.



Table 6.14 Master table of themes

	Participant 1	Participant 2	Participant 3	Participant 4	Participant 5	Participant 6	Participant 7	
<b>Family structure</b>	<ul style="list-style-type: none"> <li>-Vertical family structure leaded by mother</li> <li>-What makes violence appear</li> <li>-Bullying by other members of the extended family</li> <li>-Cinderella Syndrome</li> <li>-One adult controls another</li> <li>-Different treatment from other members of the family</li> <li>-Loss of control by parents</li> <li>-Verbal and physical abuse by stepmother</li> <li>-No affection from parents</li> <li>-Emotional abuse</li> </ul>	<ul style="list-style-type: none"> <li>-No figures of attachment</li> <li>-Absent father</li> <li>-Ill mother</li> <li>-No adults outside the family</li> <li>-Excluded from the extended family</li> <li>-Bullying older brother</li> <li>-Mental illness of older brother when young adult</li> <li>-Death of youngest brother when young adult</li> </ul>	<ul style="list-style-type: none"> <li>-Nuclear family</li> <li>-Mother ill</li> <li>-Father became important</li> <li>-Close relationship with her young brother</li> <li>-Very good relationships with extended family</li> </ul>	<ul style="list-style-type: none"> <li>-Father, mother, and older brother</li> <li>-Mother died when she was very young</li> </ul>	<ul style="list-style-type: none"> <li>-Nuclear family</li> <li>-Mental illness in the family (mother, uncles)</li> <li>-Alcoholism within the family</li> <li>-Death of mother in an car accident</li> <li>-Taking tranquillisers since very little</li> <li>-Home drinking</li> </ul>	<ul style="list-style-type: none"> <li>-Unstructured family</li> <li>-Parents divorced,</li> <li>-Father remarried 3 times</li> <li>-Mother remarried once</li> <li>-She was not invited to her mother's wedding</li> <li>-Father alcoholic and domestic abuse</li> </ul>	<ul style="list-style-type: none"> <li>Grandparents</li> <li>Maternal grandmother</li> <li>Paternal grandmother</li> <li>Father was captured in war in his 18's</li> <li>Father alcoholic</li> <li>Mum a bit dominant</li> </ul>	
<b>Control</b>	<ul style="list-style-type: none"> <li>-Self-discipline</li> <li>-Smoking</li> <li>-Locus of control</li> <li>-Being independent- and successful</li> <li>-Mother's death</li> <li>-Trying to being good</li> </ul>	<ul style="list-style-type: none"> <li>-Saying 'no'</li> <li>-Saying 'stop'</li> <li>-Not let being bullied</li> <li>-Did not bargain herself</li> <li>Memory problems</li> </ul>	<ul style="list-style-type: none"> <li>-Did not want to stay in frighten environment</li> </ul>	<ul style="list-style-type: none"> <li>Went to get the information</li> </ul>	<ul style="list-style-type: none"> <li>Locus of control</li> </ul>		<ul style="list-style-type: none"> <li>Bad memory</li> <li>Selective memory</li> </ul>	<ul style="list-style-type: none"> <li>-Sometimes stopeed by her mother</li> <li>-by being careful</li> <li>-By avoiding him</li> <li>-By escaping towards her mother</li> </ul>
<b>Culture of hiding</b>	<ul style="list-style-type: none"> <li>Hiding the fact of being hit</li> </ul>	<ul style="list-style-type: none"> <li>Concealing the facts of being bullied + culture of hiding</li> </ul>	<ul style="list-style-type: none"> <li>Wanted to tell her Mum</li> </ul>	<ul style="list-style-type: none"> <li>Control by adults of the information about her mothers death</li> </ul>	<ul style="list-style-type: none"> <li>-Hiding &amp; not hiding</li> <li>-Could not speak about abuse by Father's friend</li> <li>-Not hiding when a stranger flash her and her friends</li> <li>-Keeping quiet about abuse by mum's friend</li> <li>-Not talking about her mother's death to her father or sister</li> <li>-Could not speak with anyone when her mum was distressed</li> </ul>	<ul style="list-style-type: none"> <li>Mothers' marriage</li> <li>Invisibility by her father's wife and therefore to her fathers' children</li> </ul>	<ul style="list-style-type: none"> <li>Hiding the information that her maternal grandfather committed suicide.</li> </ul>	
<b>Understanding</b>	<ul style="list-style-type: none"> <li>Psychotherapy</li> <li>Self-acceptance</li> </ul>	<ul style="list-style-type: none"> <li>Understanding</li> <li>Psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>She considers her abuse years later in a seminar</li> </ul>	<ul style="list-style-type: none"> <li>Understanding in psychotherapy</li> </ul>	<ul style="list-style-type: none"> <li>Understanding-healing by psychodrama</li> <li>Psychotherapy</li> <li>Psychiatrist</li> </ul>	<ul style="list-style-type: none"> <li>Understanding</li> </ul>	<ul style="list-style-type: none"> <li>Psychotherapy training</li> <li>Age</li> <li>Assertiveness training</li> <li>She defend other people</li> </ul>	



Few or no figures of attachment	Horse riding training coach when a child -A couple when an adult	No figures of attachment Absent father Ill mother No adults outside the family Excluded from the extended family Bulling brother Mental illness of brother	Strong attachment	Many kind adults around	Her dog, her maternal grandmother. Probably her two aunts she used to visit and the GP and drugs to - but they over prescribed her.	Her aunt and maternal grand mother	Attachment to her Aunt, and Biology teacher
<b>Escape by imagination Creativity and sports</b>	Creative work Reading Writing Drawing Sports Horse riding Imagination	Escape: Using creativity With nature Songs Dance Reading Writing Drawing Using imagination In adulthood Sports- Horse riding	Creativity with her mum and grandmother Dressmaking Sewing Knitting Gardening Baking Other activities: Church Playing piano a bit	As a child she selected to read Play tennis Church activities	Reading Talking to /walking with the dog Talking to her mother By psychical performance Shouting outside home By activities Going to Brownies Activities in church Sports Crocheting Sewing Knitting Play with nature She loved horses but did not do horse riding Mechanics Driving motorbikes Carpentry	Reading Writing Walking in nature	Reading Colouring, drawing and painting Sports  Playing on the bikes Playing on other people's gardens Gardening Camping Playing on the swings Cooking Playing cards Photography Imagination
<b>Effects</b>	Pain Fear Verbal abuse Eating problems Acting out Her first response is that she wants to hit out at others She become involved in domestic abuse	Did not like to be a girl Acceptation- Anorexia Cleaning Work Could not grieve properly because needs to be strong for the family	Fear of males	Could not grieve	Could not grieve	Feelings of sadness disappointment Memory problems Body react (eating) Low self image Hate sports Fear of males Never learnt to socialize	Depression Physical illness Sometimes bullied by others



As explained before, the superordinate process brought a total of seven themes: family structure; control; culture of hiding; understanding; 'few or no figures of attachment'; 'escape by imagination, creativity and sports'; and 'effects'.

### ***Family structure***

The analysis of the above master theme's Table 6.14 indicates that, regarding the family structure, for Isabel, verticality headed by her main abuser that in this case was her mother. The main abuse that she suffered was physical abuse that stopped with the death of her mother after an illness. For Natalie, even though it was a 'normal family form', her family was excluded by the extended family because her father was considered the 'black sheep of the family'. This situation contributed to the isolation they caused during the tuberculosis of her mother and all her illnesses, which prevented Natalie being properly nurtured and cared.

For Anne, even though her mother suffered tuberculosis the close family brought for her support and protection. For Elaine, her mother's death became a very important event because she was not informed or invited to the funeral. She therefore had no opportunity to say goodbye and to grieve. For Zoe, the tragedy as a result of her mother's death in a car accident increased the neglect and overmedication of what she was submitted to throughout her childhood and young adulthood. For Rosy, the unstructured family resulted in the hiding of important events and life decisions. She thus did not know what was happening or even invited to her mothers wedding. The various marriages of her father where her existence was 'wiped out' made her 'invisible' for her father's third marriage. It can be seen that illness and death were important factors of the neglect characterised by exclusion, hiding and ignorance; whereas in physical abuse, her abuser led a vertical family. Anne did not suffer from abuse within the family and brought her in contact with adults within the family but who were a source of good attachment. Also, it can be seen in this analysis that attachment and the culture of hiding are categories strongly linked to family structure.



***Control***

Control has emerged as a very important category from the participants' accounts. Control was, and is, very important to Isabel, 'being good' was not always a means to control the rage of her mother or father. Her mother used to lose control when she hit Isabel causing bruises, cuts and nose bleeds. However, control could not effectively function because anything could provoke the physical abuse inflicted on Isabel. Isabel mentioned control as a measure of her resilience. It was a measure of the effects of the severe physical abuse, which caused her impulses to hit out at others. Thus, she did manage to control her negative impulses by self-discipline (eating, cleaning). For Natalie, she controlled further abuse by saying 'no', 'stop'; by fighting back, and not 'bargaining' herself. The sexual abuse she experienced was mild, her father did not go any further. But possibly with a more abusive parent this would not work. Regarding the neglect, she managed to cope due to her incredible capacity to nurture herself through play, especially with nature. Anne did not want to be in a fearful environment. However she did nothing more determined about the maths teacher. In the case of Elaine, excessive control of information from adults and her own control of feelings so as not to upset adults, left her with a deep pain of not grieving. For Zoe, determination was the key factor that brought her success. She did not have anyone to talk to and grieve with, except her friendship with her dog. It provided her with company and helped her discharge profound feelings throughout screaming.

***Escape by imagination***

Escape through imagination for Isabel was a decisive factor that helped her to deal with the abuse; her use of imagination, reading, drawing and imagining a better life and horse riding provided her with a form of escape from her physical abuse. For Natalie, imagination brought her strength and it helped fill the emptiness caused by the lack of nurturing. Anne did a wide variety of home activities that provided her with strong bond attachments to her nuclear and extended family. Elaine used to mainly read. Zoe used an amazing array of activities along with her imagination: playing, imagining talking to her mother; screaming for a long time in the field in the



company of her dog; doing activities in church and the Brownies (that she used to go previous to her mother's death) and playing with nature. Rosy used to read, write poetry and go walking in natural settings.

### ***Effects***

Effects of the abuse in the participants varied, such as: fear, eating problems, and acting out violence. Her first response was wanting to hit out, and she become herself involved in a situation of domestic abuse. The experience manifested itself in a number of ways: low self image; a hatred of sports, in one case; a fear of males; never learning to socialize; anorexia and excessive cleaning work. Rosy's feelings of awkwardness, disappointment, and a sense of not belonging anywhere, were strong signs of what had been going on in her father's family.

### ***Understanding***

Understanding is also an important category that emerged from the general accounts of participants. Understanding brought them empowerment to overcome their problems: for example, understanding by psychotherapy; by realising (as with Rosy) what happened with her father's family and feelings of awkwardness; or in Elaine's case when searching and finding documents about her mother's death. Zoe's understanding was enhanced by psychodrama and psychotherapy.

The integration of the cases concerning the category of power was made after the analysis was already explained. It is shown in Table 6.15 below. This analysis is based on the suggestions of Smith's model (Smith, 2004). It was constructed considering a final statement outlining the meanings inherent in the participants' experiences that may illustrate the nuances of the different types of power found in the interview study. The researcher made sure that participant's phrases and statements, which could accurately represent participant's experiences, were included in order to support the related themes.



Thus the following section analyses the emergent themes on power listed on Table 6.15 below. These themes are: dominance power, powerless/disempower, inner power and empowerment.



Table 6.15 Integration of the cases concerning the category of power

Summary of master themes about power							
	Participant 1 - Isabel -	Participant 2 - Natalie -	Participant 3 - Anne -	Participant 4 - Elaine -	Participant 5 - Zoe -	Participant 6 - Rosy -	Participant 7
<b>TYPE OF ABUSE</b>	Physical	Sexual, emotional Neglect -lack of nurturing-	Sexual -Lecherously-	Neglect -Hiding-	Neglect W. D. A. SEXUAL	Neglect W.D.A. SEXUAL	Physical Neglect Emotional MILD
<b>SEVERITY OF ABUSE</b>	SEVERE	MILD	MILD	SEVERE	Neglect- W. D. A.- MILD Sexual mild		
<b>BY</b>	Mother & father	Father, stranger	Maths teacher	Father & carers	Mother, father & GP	Father & Mother	Brother and Mother
<b>Dominance power</b>	Two directions: (a) power and control exercised towards her 5.40 "She would hit me you know, on the back a lot you know? Not just once but maybe for a couple of minutes" 8.1 "I had nose bleeds and bruises and cuts"  (b) power and control from her towards others 12.1. "when I was younger, (.) a child, :I acted out the violence and hitting."  But also darkness 17.7 I hid it from everybody, because I didn't want to feel...I was afraid of what people would think (...) that I wouldn't be accepted or maybe they would agree that I was bad."	Two directions: (a) power and control exercised towards her 6.14 "because... I just thought they were going to drown me."  (b) imagining power and control from her towards others  But also darkness	12.6 "he would walk along and bend down and try to look at our knickers or suspenders belts"	12.40 "My father was very difficult and bad tempered"	23.42 "mum had got me prescribed tranquillisers, Phenabarbitone of all things, this was before I reached my teens"	29.39 "As children the family expectation was that you just did whatever your parents...decisions that the parents made(...)/I don't think really took into consideration any needs of children"	43.28 That one instant that I can remember the most when he was bashing me up and my mother was standing over. He was there and my mother was there. And her being tearful and saying, "You'll put her in hospital"
<b>Powerless/disempower</b>	15.18 "I don't remember ever thinking I could stop it. Except by being good, trying to be really good and that didn't work."	4.28 "I used to stay at home and I really hated that. I really hated being a girl, (...) I felt that was really disempowering."	16.26 "so I think it felt that all the cards were stacked in his favour"	6.24 "I wasn't told what had happened"	9.7 "Things fell apart after Mum died"	8.25 "But I was just aware of a feeling of I think not quite fitting in from quite an early age, not quite belonging anywhere."	36.39 "But I'm worrying about separating bullying and the bullying victim perhaps we all have it in us."
	36.1 and with the mental abuse realising that I'm						



actually a very sensitive  
erm... vulnerable person  
in some ways.

### Inner Power

in childhood	17.37 I think when I was young the drawing made me feel really good about myself 17.47... It was actually being able to be good at something and the horse riding I think was...the horse was my friend 18.4 going riding far away and being able to... escape in that way. 18.8 I loved books, I read all the time and (.) I think that was another freedom for me to just forget about everything."	6.8 "I ran back to my grandparents and said "I can't stay there, I just can't stay there"	16.32 "I used to immerse myself in the world of the books"	25.4 "Yet at one level I carried on and did my school work and completed my exams and it was like going through the motions but not really being there, I don't know if it was the medication I was on or me not being quite able to connect with things."	25.20 "the natural thing for me to do was read and therefore study"	44.27 "Yes, but I escaped out of my pram. I valiantly crawled away from it". But, yes, it doesn't feel like the battle's over, I have to say. But maybe that's what life is; it's constantly trying to find a comfortable position in the face of other people's power and presence.
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### In adulthood

14.33 "And becoming self-sufficient was the best. And working...throwing myself into work"	35.29 "I think poetry is a really powerful tool, you know, powerful therapeutic tool, I really do."	22.19 "until I got depressed and my husband and I went to (...) get the death certificate and find out how she died, when she died exactly"	21.19 "'well bloody hell I will do it, you are not going to stop me.'" So I stopped the tranquilisers and got the exam a second time around and managed to qualify as a teacher"	16.27 "It wasn't until going to my father's funeral (...) it did make me rethink what had happened all those years ago with me"	36.9 And I suppose I've had to change. I've had to get a little bit harder because I could be very soft and let my barriers down too much. being very strong. But I could always spring into "not being abused" mode at fairly short notice.
36.4 "and just because I'm vulnerable doesn't mean that other people are allowed (.) to misuse that. You know, that's... and also by achieving, I mean before... hhh. I suppose, I was very rigid on myself, the house had to be immaculate, everything had to be just right and I worked and worked and worked. Erm... but now I'm sort of much more open... and I don't have to drive myself."					

### Empowerment



in childhood	14.25 "I left home very early after my mother died. I took care of myself most of the time."	21.14 But really I had to nurture because I couldn't be nurtured."	6.41 "they weren't pleased with me at all but it was something about my safety"	14.47 "So I went back to live with him and there was my brother as well and my stepsister and brother."	19.35 "I was the one who was looking after the whole family, I was quite happy to be doing all this cooking and cleaning and looking after the place and looking after myself."	38.42 "I'm fortunate in having been encouraged by my mother to be reflective, read very widely, writing from an early age and so have some skills in creativity that can be employed in creating the framework that makes ones experiences meaningful in a particular way."	31.29 People valuing me in however small a way, that's what helped me overcome it. It's difficult to single it out really. I mean one of the ways is that I've been finding myself through education and learning, which was always one of the things that nourished me as a child.
In adulthood	9.41 "I think the psychotherapy that I had in the past three years..."	30.31 "I think having therapy. That was the main thing"	13.15 It was years later, absolutely might have been the very first counselling course I went on when they were talking about sexual abuse and I suddenly thought "Oh!" that kind of realisation and then I went on a seminar on sexual abuse which was held by a social worker, a male social worker, and he said that sexual abuse is very common	18.44 "I have had three quite severe bouts of depression and the second and third time I had psychotherapy and this last time was very good, very useful, the most intense and most useful and I think that I'm now in touch with feelings that I wasn't in touch with before."	40.44 "doing the Psychodrama week ones, I went along thinking I was going to find out all about psychodrama, thinking it was one of the things that would be taught, didn't realise we would all be ended up doing a major piece on the death of my Mum and that probably was the turning point"	38.36 "The use of life (laughs). My own therapy (Buddhism) and just a good imagination in the sense that I believe that we create our own perspectives through which we view and experience things"	44.8 I think assertiveness training was the first thing I came to that helped that really changed my life because it made me self-aware, because it wasn't just the training, it was what went with it. And to try and find that middle road where you've got the power being generated by the anger but it's in a more controlled way. It's more useful than either feeling frozen or raging about something.

\* W.D.A. Witnessing domestic abuse



Table 6.15 (above) shows how different elements of power were reconstructed from the participants accounts.

Regarding dominance power, the participants' accounts were reflected in three forms: power over others, power from others over them and darkness.

In the category of powerless, it was found that there was a relationship of this category with disempowerment, which was revealed by one of the participants. Thus a decision was made to include this category as a binary category as "powerlessness/disempowerment". In this category, the elements of: invisibility, 'not knowing', 'culture of hide' 'not belonging' and 'lack of control' were also found.

Regarding inner power two stages were found: childhood (up to 18 years old) and adulthood (after 19 years old). Elements of imagination, creativity, sports, locus of control, 'carrying on' and 'fighting back' were identified.

Regarding empowerment, two stages were also evident: childhood (up to 18 years old) and adulthood (after 19 years old). In childhood, playing was an important medium towards empowerment. Practising skills by creativity, reading, writing, sports or house activities were particularly positive; 'taking care of themselves' and 'prioritising safety' were also important elements of empowerment. In adulthood, psychotherapy, psychodrama, Buddhism and active imagination were important processes towards empowerment.

The following table shows the master themes regarding two aspects of the interview study: what brought their experience of abuse towards their profession as psychotherapists, and what they would like to tell the world (see Table 6.16).



Table 6.16 Summary of master themes about experiences as psychotherapists and 'statement to the world'

	Participant 1 - Isabel -	Participant 2 - Natalie -	Participant 3 - Anne -	Participant 4 - Elaine -	Participant 5 - Zoe -	Participant 6 - Rosy -	Participant 7
<b>Experiences as a psychotherapist</b>	19.21 "Realise that there's only so much you can moan and blame but at some point you have to get on and make a life for yourself."	41.35 "it is about empowering people and putting the blame back where it belongs"	17.45 "allowed me to allow other women who've been abused to be very angry about it and to encourage them to be very angry about it and to think it's not their fault."	18.27 "I think the motivation for caring professionally has been through my experiences"	37.44 "The feedback I get from patients is the strength that I've got, that's what helps them through."	45.26 "it is the world of their imagination, to be allowed into that world and to be invited into that world is a tremendous privilege and also a tremendous way of enriching your own life in a sense of when you read a book by someone else or a poem or see a play or hear a piece of music, there are ways in which you can resonate with that based upon your own experience. (...I think therapy is very much a two way process in that sense"	40.9 It gives me an understanding, ...yet at the same time a tolerance for someone's inability to see that they need to get out. At the same time a strong feeling that I can see what's happening and that whilst you wouldn't want to influence...to actually to be able to point out to someone what I think is happening.
<b>Tell the world</b>	20.23 "if someone is actually (.) abusing their kids to just- (2.0) think about what (a profound effects it have, how detrimental it is to (children)."	44.5 "my experience ehm... is part of me. I can't (.) pretend it hasn't happened. I have, I have to sort of integrate it into myself somehow. And, and there is life, there is life afterwards."	23.23 "children [and] girls who are being abused by a schoolteacher should all band together and tell the head teacher."	21.43 "just telling about the story it is very important"	41.41 "I think relationships with Mums, you never really question it until you need to question it."	46.45 I think that as human beings we have the potential and capacity within us for a whole range of stuff, good and bad. (...) "Acknowledging that we could abuse, that it's a circumstance, that we are capable of doing these things just as much as anybody else, I think is important."	47.3 "Find any way you can to make people listen."



In table 6.16 it can be seen, (above) that for Isabel, her experience of abuse brought to her profession the understanding to overcome abuse. As she commented: *"it is important to get on with your life"*. For Natalie, it is about empowerment and putting the blame where it belongs. For Anne, to encourage understanding when it is not your fault. For Elaine, her experience has been a motivation to get into the psychotherapy profession. For Zoe, her experiences brought strength to the surface. And for Rosy she perceived her experiences as a two way process.

In regarding to "telling the world", Isabel's accounts speak to parents who may abuse their children and to make them reflect about the impact that abuse had on their children. Natalie reflects on acceptance and the hope that 'there is life afterwards'. Elaine underlines the importance 'to say the story'. Zoe focuses on mothers, in order to question them about abuse and betrayal. Rosy acknowledges the human capacity for good and bad that is in each one of us.

The following table is the last table of this chapter. Table 6.17 shows the category of inner power, which is one of the focus of this study. Inner power has not been studied before in scientific literature. It has been defined as 'power over the self'. However, it is necessary to take into account other elements that different authors have identified, such as 'inner locus of control (Valentine and Feinauer, 1993). In Valentine and Feinauer's study they found in their participants *'the ability to reframe situations'*, imagination and also attachment. Participant's accounts were clustered and it resulted in several themes: inner direct locus of control, positive attachment, creative activities, imaginary, occupational activities, sports and dance, memory by forgetting, body screaming, cleaning, working, and understanding.



Table 6.17 Summary of analysis of master themes about INNER POWER

	Participant 1 - Isabel -	Participant 2 - Natalie -	Participant 3 - Anne -	Participant 4 - Elaine -	Participant 5 - Zoe -	Participant 6 - Rosy -	Participant 7 - Norma -
<b>Locus of control</b>	-Self-discipline -Smoking -Being independent- and successful -Mother's death -Trying to being good	-Saying 'no' -Saying 'stop' -Not let being bullied -Did not bargain herself	-Did not want to stay in frighten environment	Going to get the information	Locus of control		
<b>Attachment (positive bonds with adults)</b>	Her horse her training coach her peers -A couple when and adult	Memory problems No figures of attachment Absent father Ill mother No adults outside the family Excluded from the extended family Bullied brother Mental illness of brother	Strong attachment Father became very important She helped her mother with her little brother Being with very creative adults (7.28-7.37) She was going to the church with the curate and his wife Creativity with her mum and grandmother Playing piano a bit	Many kind adults around, but not real identification with them, only with her 'aunty and uncle'	Her dog, her maternal grandmother. Probably her two aunts she used to visit and the GP and – but they over prescribed her drugs.	Her aunt and maternal grandmother	Maternal and paternal grandmothers Auntie Biology teacher
<b>Creative activities</b>	Creative work Reading Writing Drawing Ballet Ice skating Imagination	With nature Songs Dance Reading Writing Drawing Using imagination		As a child she selected to read She read	Reading	Reading Writing Walking in nature	Reading Colouring, drawing and painting Photography Imagination
<b>Imaginary</b>					Talking to /walking with the dog Talking to her mother Play with nature		
<b>Occupational activities</b>			Dressmaking Sew Knit Gardening Baking Activities in Church	Church activities	Going to Brownies Activities in church Crochet Sew Knit Mechanics Driving motorbikes Carpentry		Gardening Cooking Playing cards
<b>Sports</b>	Horse riding		After her 18's with Horse riding (sporadically)	Play tennis	Sports She love horses but not practiced horse riding	Hate sports	Sports Playing on the bikes Playing on gardens Camping Playing on the swings Bad memory
<b>Memory by forgetting</b>		Bad memory		Bad memory		Bad memory Selective memory	Bad memory
<b>Body screaming</b>	Eating problems: anorexia and bulimia Her first response is that	Anorexia Did not like to be a girl		Shouting outside home		Body react (eating) Low self image	Physical illness



<p><b>Cleaning</b> <b>Working</b> <b>Understanding</b></p>	<p>she wants to hit Acting out Cleaning Work Psychotherapy Self-acceptance</p>	<p>Cleaning Work Understanding Psychotherapy Acceptation of being a woman</p>	<p>She consider her abuse years later on a seminar</p>	<p>Understanding in psychotherapy</p>	<p>Cleaning Psychodrama Psychotherapy Psychiatrist</p>	<p>Understanding</p>	<p>Assertiveness Psychotherapy</p>
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From the eleven clusters, the category of inner power (Table 6.17 above) shows that for the cluster of 'inner direct locus of control' elements of 'good behaviour', 'self-discipline', 'being independent', being strong and saying 'no' or 'stop', 'refusing to be in a frightening environment' or 'taking the initiative and obtaining the information that was missed' were all identified in the participants accounts and used as a personal way to control their experience of abuse.

Regarding the cluster of 'attachment' participants' accounts were variable in childhood. For Isabel, her horse riding coach and her horse were an important source of positive attachment against the 'bad mob' that she used to be with in her teens. Natalie had no figures of attachment. Anne suffered abuse by individuals outside of the family; she had strong attachment with her father, and very good attachment with her mother, grandmother and brothers. Elaine, despite the many kind adults around, only developed attachment with her 'aunt and uncle', and this probably gave her a model of good marriage. For Zoe, her dog was her main source of attachment, and also her maternal grandmother was a positive source of attachment.

Imagery was a very important part of the participants' accounts. It brought them a profound contact or way to 'reframe' a better or future situation, or a contact situation with a person who was not physically present.

Creative activities cluster included: reading, writing, drawing, dancing, playing the piano, creative work and playing in/with nature. Reading was the most mentioned activity by the participants.

Occupational activities as dressmaking, sewing, crocheting, knitting, baking, mechanics, carpentry, gardening, church activities or going to the Brownies were elements that also brought the resource of developing skills.



Sports was another cluster. This included sports such as horse riding, or playing tennis.

Poor memory was a cluster that emerged particularly in cases where neglect and invisibility were painful realities, possibly to avoid the suffering of 'not belonging anywhere'. Also, it was present when the impossibility to grieve was present.

The act of screaming or 'the screaming body' is a category that was initially included to 'visibilise' the extraordinary use of resources of Zoe. It was named in this way to honour her creativity to let release her desperation when she used to scream in the fields or in her car. Moreover, this theme brought the opportunity to host other expressions of the body that others participants' accounts share, such as eating problems -wanting to eat, anorexia and bulimia.

In the case of Isabel, who suffered physical violence, she acted out violence towards animals and friends in her childhood. And even now, she has a compulsion to hit out at others. Low self image and not being liked as a girl were also described by the participants.

Cleaning work in childhood and adulthood was described in the participants' accounts and found as a way to re-organise themselves and control the 'disorganization' brought for the tragedy of the death of another woman, their mothers. It was clustered also because it has been the 'historical role of women'. However, this category needs to be considered carefully because also was the cause of the severe physical abuse of one of the participants.

Working hard and throwing themselves into their work was another way to take control and re-organise themselves.

Understanding was an important account to the participants. It was mentioned by all of them. This cluster included the elements such as: psychotherapy, self-



acceptance, realising, acceptance of being a woman, knowledge/awareness, psychodrama and consulting a psychiatrist.

From this analysis a further clustering may be suggested for the inner power category in the following superordinate themes:

1. Inner direct locus of control
2. Positive attachment
3. Imagination and/by creative activities, sports and dance
4. Poor memory -Use of 'not good memory' by forgetting painful situations-
5. The 'screaming body'
6. Organizational occupation
7. Understanding

The first three (inner direct locus of control, positive attachment, 'imagination and/by creative activities, sports and dance' were noted from the 'inner child' brought by the co-researchers accounts; the next two themes (use of 'not good memory' and the 'screaming body') were conveyed on both periods of life (childhood and adulthood); and the last two (organizational occupation and understanding) were mentioned in the adulthood of the participants' accounts.

Different categories and elements were brought to the interview study for the categories of power. Imagination was present not only in inner power but also in all categories of power: dominance power, powerless/disempowerment, empowerment and inner power. Elements and categories such as darkness, invisibility, escape, disempowering, the screaming body, bad memory, culture of hiding, organizational occupation and understanding also emerged from the interview analyses.

A more profound examination of these findings will be done in the discussion chapter.





DISCUSSION

CONTENTS OF THE CHAPTER

The chapter begins with an introduction to the topic of inner power and resilience. It then discusses the methodology of the research, including the design of the questionnaire, the survey, and the interview study. The main body of the chapter is a discussion of the findings, which is divided into several sections: sources of childhood abuse, personal experience of abuse and perception of help in psychotherapy, confounding factors, and predictors of resilience. The predictors of resilience section is further divided into deconstruction of Power and analysis of the category of Inner Power, which includes seven sub-points: (1) Inner direct locus of control, (2) Positive secure attachment, (3) Imagination and creative activities, (4) 'Use of poor memory', (5) The 'screaming body', (6) Organisational occupation, and (7) Understanding. The chapter concludes with a proposed understanding of inner power and a re-definition of resilience.

**Chapter 7**

**DISCUSSION**



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## DISCUSSION



This chapter integrates the series of studies described in this thesis. In this chapter, the findings of all the studies are presented here as well as the core issues which have been identified through (a) the construction of the questionnaire, (b) the components of the survey and (c) the accounts presented in the interview study, are all conveyed. A summary of the methodology is presented to remind the reader of the whole process involved in the various parts of this thesis. Furthermore, analysis and interpretation of the results are presented in the discussion of the findings section of this chapter. This was achieved by triangulating and integrating the different approaches used in the research, *i.e.*: quantitative and qualitative studies, and the literature review. Thus, the reader will find in this chapter the following sections: Section 7.1 is the general introduction to the chapter; 7.2 summarises the methodology of the research; section 7.3 serves answer to the key research questions; section 7.4 is a discussion of the findings; 7.5 provides the main conclusions; and section 7.6 describes areas for future research.

### 7.1. Introduction

In the introduction of this thesis it was explained that the research is composed of three studies: a systematic review to find suitable questionnaires, a survey and an interview study. The previous chapters have sought to assert the theoretical bases of this research, to explain the procedures of each study and to show the results of each study. The thesis uses quantitative and qualitative approaches to enhance our understanding on imagination, power, resilience and childhood abuse in male and female psychotherapists, with a particular focus on women. This mixed methods approach was made sequentially in an iterative process; whereby the systematic review provided key information to design a questionnaire that was



used in the survey. The resulting information was used to identify a sample for the interview study. This research supplements a body of knowledge concerning the different types of power that psychotherapists as children and adults may use in their lives to positively cope with trauma, particularly with child abuse. It confirms gender aspects and types of child abuse, which males and females in this particular professional group have experienced. It also provides new information concerning the effects of psychotherapeutic intervention to decrease trauma resulting from child abuse.

The analysis of the results highlights that imagination is a significant element of inner power both in childhood and adulthood. From the participants' accounts about their inner child it was revealed that imagination in playing, creative activities and sports feed empowerment. This can contribute for building resilience to cope with the wounds of child abuse and neglect, as well as the trauma of being a witness of domestic abuse.

To facilitate accessibility, the following section presents a summary of the findings of the three phases of the research: the design of the questionnaire, the survey, and the interviews. The three studies are triangulated in the discussion of the findings section.

## **7.2. Summary of the methodology of the research**

This work aims to contribute to our knowledge concerning the relationship between different types of power and their resilience in overcoming childhood abuse by examining a sample of psychotherapists and counsellors who are members of the UPCA<sup>1</sup> based in the United Kingdom. A mixed methods approach was utilised, incorporating a systematic review for the design of a questionnaire, and a survey using the questionnaire designed, followed by an interview study. The aim of the

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<sup>1</sup> UPCA is Universities of Psychotherapy and Counselling Association



research was to examine information related to a key question, namely: what factors help to overcome childhood abuse?

The objectives were: (a) to describe the factors involved in overcoming childhood abuse through both a quantitative analysis and a qualitative analysis, (b) to explain the findings in feminist terms, particularly in relation to power and imagination and (c) to attempt to define 'inner power'.

The quantitative approach is a non-experimental design; it adopts a retrospective, cross-sectional study, using a questionnaire. Different types of childhood abuse were investigated, namely physical abuse, sexual abuse, neglect, emotional abuse and witnessing domestic violence. The researcher had no knowledge of the race, physical impairment or sexual preference of the participants. The questionnaire study aimed to develop explanations for the way the construction of power may help to surmount trauma. It was done by linking the general health of the participants and the symptoms of trauma with ways of coping and power. The questionnaire discounted recent life events and general emotional health that could act as confounding factors.

The qualitative approach implemented a retrospective design with a stratified purposive sampling<sup>2</sup> using a semi-structured interview with seven female participants. The examination of the women's accounts was made using interpretative phenomenological analysis (IPA).

Participants' accounts from the interview study revealed how women had constructed their empowerment to overcome the abuse, and how different types of power had been interrelated with developing resilience. *Dominance Power, Powerlessness/Disempowerment, Empowerment* and *Inner Power* were the categories that emerged from the analysis and were analysed in depth.

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<sup>2</sup> The different types of childhood abuse were sampled, namely: physical abuse, sexual abuse, neglect, emotional abuse and witnessing domestic violence. For more detail see methodology chapter.



Finally, a triangulation of factors is presented in section 7.4 given by: the questionnaire, the interview study and the theory/literature review. The method for triangulation was phenomenological, examining at three main points suggested by Sokolowski (2000), (1) considering the whole and also the parts of the phenomena, (2) identity in manifold and (3) presence and absence. A triangulation and crystallisation of the studies is constructed in order to understand in more detail the role of imagination in surmounting trauma.

### 7.3. Answering the key research questions

In this section the reader will find a summary of all the answers to key questions and asked for the whole research, namely: (a) The design of the questionnaire, (b) the survey, and (c) the interview study. In the section 7.4, the reader will find a thorough discussion of the overall results of the thesis.

#### 7.3.1 Design of the questionnaire

The questionnaire was designed with the objective of selecting the precise instruments which could provide the most valid and reliable questionnaires to evaluate each of the following factors - general health, recent life events, coping strategies, childhood abuse, trauma and power. The key question of this part of the research is stated in table 7. 1:

**Table 7.1 Part 1: Research question of the design of the questionnaire study**

<b>Key question</b>	Which are the most relevant, reliable, and valid existing questionnaires suitable for adult professionals in mental health who have possibly experienced abuse?
<b>Particular question</b>	Which questionnaires can give the highest reliability and validity for each factor?

In order to design a high quality reliable core questionnaire, a systematic review of the literature was conducted in order to find the most suitable questionnaires, following the procedures recommended by the CRD Report No. 4 (Khan et al,



2000). This systematic review was conducted for each of the following factors: Psychiatric morbidity, life events, coping strategies, power and symptoms of trauma by childhood abuse. The following questionnaires were selected: "General Health Questionnaire (GHQ-12)" (Goldberg and Williams, 1988), "The List of Threatening Experiences (LTE-Q)" (Brugha and Cragg, 1990), "Ways of Coping Questionnaire (WAYS-R)" (Folkman and Lazarus, 1988), "Trauma Symptom Checklist-40 (TSC-40)" (Briere and Runtz, 1988), and "The Empowerment Scale" (Rogers, Chamberlin, Langer and Crean, 1997). Additionally, two sections were designed to measure the 'impact of child abuse in the psychotherapy practice' and 'dominance power'.

### 7.3.2. The survey

The purpose of this section reiterates the key research questions of the survey detailed in table 7.2.

Table 7.2 . Part 2: Research questions of the Survey

<b>General question</b>	<i>'What helps people overcome childhood abuse?'</i>
<b>Particular research questions</b>	
Q <sub>1</sub>	<i>What is the prevalence of childhood abuse among psychotherapists?</i>
Q <sub>2</sub>	<i>Are there particular resilience strategies that people use to overcome abuse?</i>
Q <sub>3</sub>	<i>Is personal power an important contributor to resilience?</i>
Q <sub>4</sub>	<i>Is being a psychotherapist a contributor to resilience?</i>
Q <sub>5</sub>	<i>Are there connections between power and resilience?</i>

The answer to the **key research question** of the survey is as follows:

#### ***'What helps people overcome childhood abuse?'***

After discriminant<sup>3</sup> analysis and multiple regression analysis controlling for Recent Life Events (LTE-Q) and General Health (GHQ-12) questionnaires, the factor that overall predicts the least symptoms of trauma regarding gender is the subscale of

<sup>3</sup> "Discriminant function analysis" or discriminant analysis is an interpretative analysis that is related to a variety of multivariate techniques. It is the researcher job to identify the functions that makes theoretical sense which best predicts group membership. *"It helps to clarify what appears to be the case from simply examining the univariate effects and the various multiple comparisons"* (:41). It uses MANOVA and ANCOVA comparisons to screen the function of different groups of variables. *It is used when we have several dependent variables and we wish to use these sort our cases, or participants, into a small number of discrete groups on the basis of their patterns response* (:52). It is usually used as an exploratory technique to find the patterns of the data (Giles, 2002).



*Self-Esteem-Self-Efficacy.* This subscale is part of the Empowerment Questionnaire (Rogers *et al.*, 1997). This is a more consistent subscale of the questionnaire, which according to Rogers *et al.*, (1997) was constructed with a corresponding idea of internal locus of control described by Rotter (1966).

**Table 7.3** Subscale of self-esteem-self-efficacy of the empowerment questionnaire (Rogers *et al.*, 1997).

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I generally accomplish what I set out to do
I have a positive attitude about myself
When I make plans, I am almost certain to make them work
I am usually confident about decisions I make
I am often able to overcome barriers
I feel I am a person of worth, at least on an equal basis with others
I see myself as a capable person
I am able to do things as well as most other people
I feel I have a number of good qualities

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\*Answer from Strongly Agree (1), Agree (2), disagree (3) to strongly disagree (4)

Rotter describes internal locus of control when “*the person perceives that the event is contingent upon his/her own behaviour or his/her own relatively permanent characteristics*” (Rotter, 1966:1); that is the equivalent to internal locus of control reported by the participants in the interview study. The subscale also is equivalent to other definitions of self-efficacy and mastery. The questions of this subscale are shown in table 7.3 above. Also, overall the scale *Power-Powerlessness* is a subscale that helps those participants who have fewer symptoms of trauma to overcome abuse. This subscale, according to the outliers of authors of the questionnaire (Rogers, *et al.*, 1997) implies that participants believe they have the right to get angry if they do not like something. It also recognizes the use of anger as a motivating force as a means to achieve positive change. Regarding the interview study what was reported as helpful in overcoming childhood abuse was the use of imagination. This helped feed inner power, and the internal locus of control can be considered as an element, which is part of the inner power. This internal locus of control, as explained above, is equivalent to an internal locus of control whereby the person recognizes her/his own actions as a part of their own control over a particular situation of stress, chaos or perceived danger (Rotter, 1996). *Righteous Anger* is the other subscale of the Empowerment Questionnaire, which emerged from the analysis. It tended to help those who reported slight



symptoms of trauma. Seeking help was another coping strategy, which also helped to overcome childhood abuse.

The answers to the particular research questions are as follows:

***Q<sub>1</sub> What is the prevalence of childhood abuse among psychotherapists?***

The prevalence of childhood abuse was 57%, irrespective of gender. From those who were abused, 64% were women. This suggests that such a high prevalence may be due the definition of abuse (subjective) used in the research. Overall, the group of psychotherapists who reported abuse, referred to all the types of abuse considered in this research, namely: sexual, physical, neglect, emotional, and witnessing domestic abuse. The types of abuse reported were suffered either single or in combination, whereas witnessing domestic abuse was always reported in combination with at least one more type of abuse.

***Q<sub>2</sub> Are there particular resilience strategies that people use to overcome abuse?***

Different types of statistical analyses were done including for the whole sample, and by gender. Overall, people found that *Self-Esteem-Self-Efficacy*, feeling powerful, looking for support and acknowledged anger led to diminished trauma. In particular, regarding gender, different ways of coping are used: for example: women who had fewer traumas used confrontation (borderline significance) and self control as coping strategies. However, *Seeking Social Support* and *Self-Controlling* were the *Coping Strategies* which helped those who reported more trauma within the group, and who reported no significant symptoms of trauma.

On the other hand, for men, only one coping strategy emerged from the discriminate analysis, '*Accepting Responsibility*' was the Coping Strategy that resulted in higher trauma. In other words, it was necessary to understand that being abused was not the fault of the abused person. This "understanding" was found to be the most helpful coping strategy.



Regarding gender, for both, women and men, the *Self-Esteem-Self-Efficacy* subscale of power, was the subscale that particularly helped participants to overcome abuse.

***Q<sub>3</sub> Is personal power an important contributor to resilience?***

Not all types of power contributed to resilience. The data of the survey showed that overall *Self-Esteem-Self-Efficacy* and the subscale *Power-Powerlessness* were significant mediators of resilience and the qualitative study showed that *Inner Power* is a mediator to *Empowerment* and can lead to resilience. Therefore *Self-Esteem-Self-Efficacy*, *Inner Power* and *Empowerment* are important contributors to resilience.

***Q<sub>4</sub> Is being a psychotherapist a contributor to resilience?***

Being a psychotherapist in some ways fulfilled the need to understand the abuse suffered. Statistical analysis showed that female psychotherapists who consider that '*Psychotherapists Who Have Experienced Child Abuse Might Help A Little More*' in the psychological treatment of a victim of child abuse tended to sleep better ( $\rho = -.416$ ,  $p.018$ ), and male psychotherapists with the same belief tended to have less *Sexual Problems* (This is not significant as this sample was a group of only 13 male psychotherapists).

***Q<sub>5</sub> Are there connections between power and resilience?***

Quantitatively speaking, the connection is *Self-Esteem-Self-Efficacy*. Overall it is not feeling *Powerlessness* (*Power-Powerlessness* subscale), but having high *Self-Esteem-Self-Efficacy*. With regards to gender it is *Self-Esteem-Self-Efficacy*. As regards the results of the qualitative approach, it strongly suggests that imagination can create a vital link towards strengthening resilience.



### 7.3.3. Interview study

In this section, both the central and particular research questions are presented and addressed. The **central research question** and particular research questions of the interview study are shown in table 7.4:

Table 7.4 Part 3 Theoretical research questions of the Interview study

<b>Central Research question</b>	<b><i>What helped female psychotherapists overcome their own abuse?</i></b>
<b>Particular research questions</b>	
<b>TQ1</b>	<i>What are the psychological factors and processes involved in the development of personal skills to make creative and conscious use of the experience of childhood abuse in their professional practice?</i>
<b>TQ2</b>	<i>Are there different types of power that can help survivors explain their own resilience?</i>
<b>TQ3</b>	<i>Is imagination involved in the exercise of inner power?</i>

#### ***What helped female psychotherapists overcome their own abuse?***

Interviews of female psychotherapists who reported abuse and agreed to participate in the interview were analysed in two different ways: (a) an entire analysis was conducted on each interview to obtain a complete understanding of the story, facts and situations presented by the participant, and (b) an analysis where the objective was to find what types of power were present in the participant's accounts. The analysis was done by employing Interpretative Phenomenological Analysis (IPA), which aims to analyse a person's subjective experience thereby understanding in greater detail how the individual responds to a specific topic: her/his own childhood abuse in this case. In this research, four constructs of power that emerged from the analysis: *Dominance Power*, *Powerlessness/Disempowerment*, *Empowerment*, and *Inner Power*.

In terms of the analysis of the complete interview, the aim was to investigate how participants overcame their own childhood abuse. *Empowerment* and *Inner Power* were elements identified as the main categories that could explain their resilience. In the integration of the interview analysis for the category of inner power, I found that the following seven elements composed inner power: a) '*Inner Direct Locus Of Control*', b) '*Positive Secure Attachment*', c) '*Imagination, Creative Activities*,



*Sports And Dance*', d) *'Poor Memory*', e) *'The Screaming Body*', f) *'Organization Occupation*' and g) *'Understanding*'.

The particular research questions of the interview study were as follows:

***TQ1 What are the psychological factors and processes involved in the development of personal skills to make creative and conscious use of the experience of childhood abuse in their professional practice?***

The findings confirm that the key psychological factor is the use of imagination. This can be manifest through the process of creativity, sports and active imagination and can contribute to the development of personal skills. It can thus lead to the discovery of a positive and balanced way to overcome abuse.

The development of personal skills that use the imagination, for example reading, drawing, writing, gardening, sewing, baking, and dancing can assure the establishment of *Self-Esteem-Self-Efficacy* throughout the different stages of development. The development of personal skills in children facilitates the natural progression from child to young person to adult while simultaneously assuring the establishment of *Self-Esteem-Self-Efficacy*. This process can finally result in an empowered, healed, resilient person. The actual process of Empowerment led by understanding was mainly developed by the psychotherapeutic training, which through the exercise of active imagination provided a very useful way to understand themselves and others that had experienced child abuse.

***TQ2 Are there different types of power that can help survivors explain their own resilience?***

Phenomenological analysis investigates the presence and absence of a certain phenomena, in this study, power was one of the variables analysed and deconstructed. In this deconstruction, different types of power were found, namely: *Inner Power, Empowerment, Powerlessness/Disempowerment* and *Dominance Power*. From the different types of power found, *Inner Power* and *Empowerment* were part of the explanation of their experience of resilience. From all seven participants' discourses, *Inner Power* was highlighted in the qualitative approach.



*inner Power is a mediator between Powerlessness/Disempowerment and Dominance Power. For example, Natalie<sup>4</sup> explained when she was asked: What has helped you to overcome the abuse? She answered: "I think having therapy. That was the main thing (.) because I wasn't happy with my body, I, I used to (.) want to be really thin. I mean I still...I went into therapy for another reason (.) and that was because... my husband was...erm.. he was working away... and (.) he always said he hadn't had an affair but there was some woman he used to go Barn dancing with [somebody] near to Edinburg and he stopped coming down, he didn't come down much (.) and he was just :cold and he was just different and (.) and anyway, you know, it just went on and on and I just got to the stage where I thought...you know that blue car I showed you in the garage I thought I'm going to fill it up with petrol and get a big can of petrol and a rag and I'm going to drive up there and I'm going to throw a rag with petrol in her letter box I'm going to set fire to it and then I'll obliterate her... and make her nothing but ashes. And I was sitting on the stairs though and I was just crying and I... I thought 'I know I'll go to prison and when I'm in prison...' I hadn't done my MA then and I thought well I'll do my MA and I'll read lots of books and I'll do some exercises but then, you know, then common sense took over and I thought that I've got children and I've got animals, you know, what would happen if it all fell apart. So, and then I rang the helpline and I just left a message and said "I'm really desperate, please get back to me" so they...actually the strange thing is (.) that this was an employee assistance programme telephone Line and actually I work for them now. I work for them now. I mean it's face to face counselling but they have a helpline you can ring up. You know, So I was given six sessions and after the second session the counsellor said "I think you need long term therapy" (laugh). She said "I've spoken to my supervisor". (laugh) So, I went for that reason and then all the other stuff...we have a saying 'All roads lead to Rome'. Have you heard that saying? (30.31-31.47).*

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<sup>4</sup> Identifying details have been substituted



This experience illustrates that imagination is a factor that intervenes in all these types of power, but the reflection on the positive and negative consequences of the impulses of anger were internally balanced and led towards a positive decision to ask for the help. This process can actually lead to a greater focus on helping other people in psychological need.

### ***TQ3 Is imagination involved in the exercise of inner power?***

Imagination emerged from the participants' accounts as an essential part of their *Inner Power*. Imagination was evident in all categories of power. In relation to the original focus of the interview study the core categories of power, the presence of imagination, featured in all participants' experiences. This finding assisted in the understanding of the relationships between power, imagination, and resilience in the experience of childhood abuse. In brief, imagination can be considered as the faculty of *Inner Power*.

## **7.4. Discussion of the findings**

The systematic review was effective in finding suitable and reliable questionnaires that helped to structure a solid questionnaire to investigate the different variables considered in this study, namely: socio-demographic variables, psychiatric morbidity, recent life events, coping strategies, empowerment, posttraumatic symptoms of childhood abuse, impact of childhood abuse in practice, and dominance power (see table 7.5).

The design of the questionnaire and the way the questionnaires were mailed was planned according to the methods suggested by Edwards *et al.* (2002) conducted a systematic review where they studied 292 randomised controlled trials including 258,315 participants.



Table 7.5. Structure of the questionnaire

Measurement	Variable that investigates
Introductory section	Socio-demographic variables: age, gender, marital status and childrearing
General Health Questionnaire - 12. (Goldberg, 1978a).	Minor psychiatric illness (including anxiety, depression, dissociation)
RLE-Q Recent Life Events Questionnaire (Brugha and Cragg, 1990).	Recent life events occurred in the last three months
Ways of Coping Questionnaire-Revised. (Folkman, S. and Lazarus, R., 1988).	Coping strategies
The Empowerment Scale (Rogers, S. E, Chamberlin, J., Langer, E. M., Crean, T. 1997).	Empowerment
Childhood Trauma Questionnaire - 40. (Elliot, d. M. and Briere, J. 1991).	Symptoms of Childhood abuse trauma
Impact on psychotherapy practice <sup>5</sup>	Impact of child abuse in psychotherapy practice
Dominance power	Power over others at work <sup>6</sup>

In the study mentioned above, Edwards and collaborators identified methods to increase response rate to postal questionnaires in health (2002). From the suggested strategies in the results of their article, the strategies adopted in this research were: (a) personalised letters, in these coloured ink was not used, rather coloured paper was used in all correspondence including the questionnaire itself. (b) Participants were contacted (by letter) before sending out the questionnaires. (c) These were sent by first class post and (d) stamped return envelopes were used. (e) Incentive was not conditional on response (but a sachet of coffee, tea and sugar was enclosed in the envelope with the questionnaire). (f) Non-respondents were provided with a second copy of the questionnaire, and (g) participants knew that the survey was a university research. The logos of the university and sponsors of the research were displayed in the headings of questionnaire and written communications with participants. The response rate of the self-selected sample (n=124) was 83% (n=103). (For further details see table 3.18 in Chapter Three).

The results of the quantitative study can be found in greater detail in Chapter Five, and those of the qualitative study, in the same level of detail, can be found in Chapter Six.

<sup>5</sup> Silvia Pimentel-Aguilar, Profr Digby Tantam and Mrs.Carol Saul

<sup>6</sup> Silvia Pimentel-Aguilar, Profr Digby Tantam and Mrs.Carol Saul



In this chapter, only the integrated and triangulated discussions are presented. The results of the survey indicated that 57% of the 103 participants had experienced childhood abuse, and 43% had not experienced childhood abuse. From the group that had childhood abuse 64% were women, and 36% were men<sup>7</sup>. Comparatively, in their study, Briere and Elliot (2003), found in a sample of the general population that 14.2% of men and 32.3% of women reported sexual abuse in childhood and 22% of men and 19% of women reported physical abuse when children. In this thesis, a proportion of 13.8% (n=5) males and 25.3% (n=17) of females reported sexual abuse; whereas 19.4% (n=7) and 20.8% (n=14) (males and females respectively) reported physical abuse.

A significant difference in the occurrence of symptoms of trauma was found between the abused and non-abused groups. In the abused group it was found that the respondents had major problems getting to sleep, and more symptoms of anxiety, depression and dissociation. In the non-abused group these problems where they occurred were less severe. However, even when the results showed symptoms of trauma in the two groups mentioned above, the levels of such symptoms were so minimal that they neither represented a syndrome of trauma, nor any broader spectrum of a mental disease in any of the participants. Therefore, these minimal levels of trauma symptoms reflect the resilience of the respondents who suffered childhood abuse. Resilience, as it emerged in this study, is a complex interaction between coping styles, different types of power, inner power empowerment, imagination, recent life events, and emotional health.

This resilience is strongly linked to (a) the use of imagination in childhood and (b) the psychotherapy and psychotherapy training that all of the respondents of this thesis have received at some point in their lives. Thus, in general terms, the data obtained from the survey provided information on the participants in the following way: their current emotional health, their life events, their coping strategies, and how much empowerment they had. As presented before in this chapter, there are different types of child abuse in this thesis: physical, neglect, emotional, sexual and

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<sup>7</sup> It should be noticed that in this thesis the sexual preferences of the women and men involved in both the survey and the interviews were not considered.



witnessing domestic abuse. After analysis, the results of the survey showed that even if the prevalence of childhood abuse was high, nevertheless the trauma symptoms as a result of the abuse were low. This strongly suggests that psychotherapy training helps to significantly decrease the level of trauma that may have resulted from child abuse.

#### **7.4.1. Sources of childhood abuse**

As indicated above, the results showed that a high proportion of psychotherapists reported the experience of childhood abuse. These results are supported by the work of other researchers. Nuttal and Jackson (1994) conducted a survey in the United States. They sampled 1,635 clinicians (clinical social workers, pediatricians, psychologists and psychiatrists) and received 656 questionnaires (42% response rate), where the 13% of men and 20% of women reported sexual abuse in childhood; regarding physical abuse, they uncovered that 7.3% were men and 6.9% were women. They found that parents perpetrated physical abuse whereas male strangers or acquaintances mainly were responsible for sexual abuse. Elliot and Guy (1993), studied mental health professionals and compared this group with other professions. They found higher rates of physical abuse, sexual molestation, parental alcoholism, death of a family member in psychotherapists. However they did find that this group experienced less symptoms of anxiety, depression, dissociation, sleep disturbance and impairment in interpersonal relationships than the other participants with other professions. Pope and Summers (1992) conducted a national survey of 500 psychologists in the United States, 290 completed questionnaires were returned (58% return rate). The 33.1% of participants reported having experienced sexual or physical abuse in childhood (up to adolescence). In all categories of abuse except in physical abuse, women reported more than men having been abused in childhood. In the questionnaire study of this thesis, the 35% were male respondents and the 65



were females<sup>8</sup>; also, the 27% (n=16) of men psychotherapists reported abuse, whereas the 73% (n=43) of female reported having the experience of childhood abuse.

However, a contrast is reported by Elliot and Briere (1992), in a study of childhood sexual abuse they surveyed 6000 professional women in the United States. This national survey had 2,963 participants and survey twelve careers (attorneys, public accountants, chemists, engineers, financial analysts, fine artists, microbiologists, musicians, nurse practitioners, occupational therapists, social workers and statisticians). 26.9% of them reported child sexual abuse. Participants who reported being molested in childhood reported more symptoms of anxiety, depression, dissociation, sexual problems, sleep disturbance and post-traumatic symptoms than the non-abused professionals.

On the other hand, there are different types of childhood abuse, which have been developed through the investigation of researchers and practitioners over time. In this research, different types of childhood abuse were considered such as: physical, sexual, emotional, neglect and witnessing domestic violence. In this research all types of abuse were found. Only neglect and witnessing domestic violence were not reported when experienced independently of other types of child abuse. However, all types were reported as being experienced in combination with other types of abuse. According to Walker (1992) abuse may come from different sources, frequently from more than one source. Commonly abuse is presented in more than one form, and this quantitative study corroborated this tendency.

#### **7.4.2. Personal experience of abuse and perception of help in psychotherapy**

As reported in the results of the survey chapter, 71% of the participants considered that 'a therapist who has been abused can help a little more' (33 cases missing). According to the findings of Howe *et al.* (1988), female respondents tended to

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<sup>8</sup> Percentage equivalent to gender proportions of the UPCA members (35% males, 65% females) which indicates that this study has no gender bias.



consider more severely the disciplinary actions than their male counterparts. Participants of Howe *et al.* study reported to be more likely to report a case involving physical abuse (74% of the cases) than a case that involved emotional abuse (47% of the cases).

Also, there can be a strong influence on the attention and credence given to histories of childhood abuse than the clinicians who did not experience abuse. It is important to understand, and not merely to minimize, the consequences and send a report of the abuse of a parent who has hurt her/his son/daughter (particularly physical abuse by a father and emotional abuse by a mother) which can have considerable consequences for the child.

Similarly, Hibbard and Zollinger (1990) conducted a survey of 902 professionals working in legal, social and medical fields of child sexual abuse cases (physicians, nurses, child protective workers, lawyers, law enforcement officers and psychologists) that attended day-long multidisciplinary seminars on child sexual abuse. The commentators investigated the perceptions and awareness of child sexual abuse. Hibbard and Zollinger (*op. cit.*) found that 20% of the professionals were not knowledgeable regarding some important indicators of child abuse in general and child sexual abuse in particular. This situation may hamper the legal and medical intervention and remediation of children victims of childhood abuse. For example, in the interview study of this thesis, a participant (Anne) reported that she was not aware of the prevalence and identification factors of childhood sexual abuse until she went to a training programme where she even discovered she was abused (by a peer) herself.

#### **7.4.3. Confounding factors**

In the literature review, it was seen that there is a strong association between life events and a risk of maladjustment (Garmezy and Rutter, 1983). This was confirmed by the results of the survey. Life events include: parental divorce, institutionalisation, child maltreatment, economic deprivation, natural disasters and



war (Garmezy and Rutter, 1985; Cicchetti, 1989; Rutter and Quinton, 1984; Hodges and Tizard, 1989; Hodges, 1986; Emery, 1988; and Fonagy et al., 1994). Table 7.5 below, lists the specific life events that emerged from the interview study.

Table 7.6 Associations between life events and risk of maladjustment

<b>Pathogenic life circumstances according to Fonagy et al, 1994.</b>	<b>Life events reported in the qualitative study</b>
Parental divorce	1
Institutionalisation	1
Child maltreatment	7 ( <i>according to types considered in this study</i> )
Economic deprivation	1
Natural disasters	0
War	0
	<i>Other life events:</i>
	<i>2 death of a parent</i>
	<i>1 long term illness of mother</i>
	<i>1 short term illness of mother</i>

However, in retrospective studies similar to this one, it is important to consider that child maltreatment is a life event that often endures during the whole of childhood and even after adolescence. In order to clarify the situation, the effects of other possible life events had to be neutralised. In the survey, a consideration of the recent life events was therefore important as a confounding factor that might have caused depression or anxiety. After discriminant function analysis, another factor emerged as confounding factor: the GHQ-12 that measures emotional morbidity. In other words, the data of the survey showed that both general emotional health and recent life events were confounding variables, since most people experience some anxiety and symptoms of depression at one time or another. Nevertheless, the results of the survey showed that when a life event happened it caused a significant increase in symptoms of anxiety and depression. This was particularly evident in the group that reported abuse as compared with those who reported not having suffered from abuse in childhood.



#### 7.4.4. Predictors of resilience

It has been reported in the literature that life events and development of psychological difficulties are probably statistically related to the issue of child 's psychological attributes and his/her life history. This is because some do not exhibit psychological difficulties despite profound life adversity (Fonagy et al., 1994). Fonagy and collaborators (*op. cit.*) have studied predictors of resilience, and grouped such predictors of resilience into three large groups: (1) personal attributes, (2) protector factors and (3) characteristics of psychological functioning. (See table 7.7 below).

Table 7. 7. Predictors of resilient children

<b>Personal attributes</b>	<ol style="list-style-type: none"> <li>1. Higher SES</li> <li>2. Female gender if prepubescent, male gender after that</li> <li>3. The absence of organic deficits</li> <li>4. Easy temperament</li> <li>5. Younger age at the time of trauma</li> <li>6. Absence of early separations or losses</li> </ol>
<b>Protector factors</b>	<ol style="list-style-type: none"> <li>1. Competent parenting</li> <li>2. A good (warm) relationship with at least one primary caregiver</li> <li>3. The availability (in adulthood) of social support from spouse, family or other figures</li> <li>4. Better network of informal relationships and formal support thorough</li> <li>5. Better educational experience</li> <li>6. Involvement with organised religious activity and faith</li> </ol>
<b>Characteristics of psychological functioning</b>	<ol style="list-style-type: none"> <li>1. Good problem-solving ability and high IQ</li> <li>2. Superior coping styles</li> <li>3. Task related self-efficacy</li> <li>4. Autonomy or internal locus of control</li> <li>5. A higher sense of self-worth</li> <li>6. Interpersonal awareness and empathy</li> <li>7. Willingness and capacity to plan</li> <li>8. Sense of humor</li> </ol>

*Extracted from Fonagy et. al. (1994)*

Some of these predictors were reported by the female interviewees, for example: five out of seven females experienced abuse when prepubescent, the other two continued experiencing abuse after adolescence. None of them had physical problems or disabilities. Three of them had a fairly good network of informal relationships (friends, adults, aunts). One of them reported that when she was adult her spouse had provided social support to investigate how her mother died.



However, other predictors were reported absent. For example, one interviewee (Rosy) was younger when witnessing a domestic violence scene; however neglect from her father and 'invisibility'<sup>9</sup> (Lagarde, 1993) was present during all her childhood up to early adulthood. Three of them (Isabel, Elaine and Zoe) had lost their mother in childhood and for one (Rosy) her mother divorced from her father as a defence against domestic abuse. Only one of them (Anne) had generally competent parents; two (Rosy and Natalie) had partially competent mothers and the rest of them no competent parents. Only one of them had a warm relationship with at least one primary caregiver. All of them had experienced full-time education but they tended to be individuals who underestimated their abilities to succeed. Two of them participated in religious activities (Elaine and Anne), and one of them (Zoe) participated in a non-religious group ('Brownies'). Only one of them had a higher sense of self-worth (Anne), and all of them were criticized in some form about their ability to solve problems – especially maths - or about their intellectual capacity. Therefore, it could be seen that the participants of the interview study had only few of these predictors of resilience. Therefore what factors helped them to become resilient?

Childhood abuse trauma can leave the survivor with a complex range of psychological sequels: PTSD, phobias, anxiety and depression disorders (First and Tasman, 2004). The quantitative research showed that self-esteem-self-efficacy is an empowerment strategy common to both genders (males  $\beta$  -1.457, females  $\beta$  - 2.011). However, surprisingly, it also showed that men and women cope in different ways to overcome the trauma of childhood abuse. Men use the accepting responsibility scale ( $\beta$  1.897) and women used a variety of coping strategies to overcome trauma: confrontive (beta .017), self-controlling (beta .987) and seeking social support ( $\beta$  -.938).

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<sup>9</sup> Quotation marks are used in this section to indicate a concept that has been done either from participants accounts or created by other author or made up for using in this research; in this case 'invisibility'. The Mexican anthropologist Marcela Lagarde (1993) uses the term 'invisibilidad' which I have translated as 'invisibility' or in other words not being visible. Lagarde uses this term to establish when a women's action or presence is ignored, not seen or not take into account.



Self-esteem-self-efficacy subscale is described by Rogers et al. (1997) as an internal strength; this internal strength could be considered inner power: 'the power within' (Elworthy, 1996:80) or the 'power over' (Elworthy, 1996) the self. This subscale fits into the description of inner power.

On the other hand, the interview results bear some resemblance to those found in the survey. The results from the survey are corroborated in some aspects by the results of the interviews. All the seven interviewees mentioned that the psychotherapy they had received effectively provided them with the understanding to help them decrease the level of trauma that resulted from childhood abuse.

Nevertheless, psychotherapy is not the only way of coping with this trauma. For example, when a victim imagines that she or he is not being actually abused, by creating alternative positive mental scenarios, she or he somehow copes with trauma. However, in psychiatry this way of coping with trauma is considered to be a symptom of 'dissociation', which is when a victim creates in her or his mind an alternative reality to the actual one (First and Allan, 2004). According to the DSM-IV-TR "*dissociative disorders are a disturbance in the organisation of identity, memory, perception, or consciousness*" (First and Allan, 2004:1028). These disorders are classified as dissociative amnesia, dissociative fugue, depersonalisation disorder, dissociative identity disorder (multiple personality disorder) and dissociative trance disorder. Sinason, (2002) explains that there is a significant female bias with the condition of Dissociative Identity Disorder (DID), where cultural issues could influence this situation since males are more unlikely to externalise their trauma. She describes that many female children and adults she has assessed had been diagnosed or misdiagnosed as schizophrenic, borderline, anti-social disorder or psychotic. She states that dissociation is a way of "*creative resilience, which comes with a terrible price*"<sup>10</sup> (Sinason, 2002:4).

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<sup>10</sup> The coma and underline are mine.



Midgley (2002) investigated the concept of dissociation and found out that even the concept dates back to 1611; it was used as a psychological concept until the 1800's (Midgley, 2002; Braude, 1991). Then, the concept became more used with the discoveries of Charcot, Freud and particularly Pierre Janet who gave the first model of dissociation based in trauma symptoms (Ellenberg 1970; Ross 1989; Decker 1986; Haule 1986; Midgley, 2002). According to the literature there is an association between dissociation and long-term effects of child sexual abuse. *"As a defence, dissociation is seen to have a double edge: it provides protection from immediate experiences, but results in long-term fragmentation of the self"* (Midgley, 2002:39). Janet disagrees with Freud by stating that in the process of dissociation sexuality was not essential (Ellenberg 1970; Midgley, 2002).

In the 1970s it was generally agreed that dissociation was clearly linked with childhood sexual trauma (Hacking, 1995; Midgley, 2002). Kluft, (1984) offer his model of aetiology of dissociative disorders, 'the four factor theory' which comprises of: (a) the capability to dissociate, (b) overwhelming life experiences throughout childhood that cannot be dealt with by other defences, (c) the suggestion that the dissociative defence is formed towards personality construction by being associated with other intrapsychic structures and (d) a lack of nurturing and healing support prior to the process turn into to some extent permanent (Kluft, 1984; Midgley, 2002).

Dissociation is a survival mechanism but it is maladaptive once the trauma has ended, particularly when survivors look for help, as well as specialists and staff who lack training in childhood abuse and tend to doubt victims'accounts. Freeze, fight or flight are automatic responses when in danger, these are responses that humans share with animals to try to preserve their own lives. In order to get ready for survival, the body liberates abundant neurotransmitters such as adrenaline, steroids and endogenous opiates that alleviate pain. Individuals who have PTSD continue reacting in the same way, as if still at risk, when in reality they are not in danger (Zulueta, 2002).



Brain research results show the existence of dissociative identity disorders (Sinason, 2002). When infants are subject to deprivation they develop fewer opioid receptors and consequently require higher levels of endogenous opiate secretion to experience calm (Panksepp *et al.*, 1985, Sinason, 2002). Other researchers have found that survivors of accidents who later developed PTSD had a lower cortisol response than those who did not developed such disorder (Yehuda, 1997). These findings coincide with the report of Bremner *et al.* (1995) who described a smaller hippocampus on patients with chronic PTSD, which is related to the excessive cortisol emission subsequent long-lasting PTSD (Zulueta, 2002). In this thesis, the quantitative study showed that participants who had experienced childhood abuse have symptoms of dissociation significantly higher compared to the sample of those who have not been abused (for more details see chapter five). However, the level of trauma symptoms showed in the survey by the professionals (men and women) who reported childhood abuse was very low. Furthermore, some dissociative defences such as memory loss and imaginary figures have been used as a way of coping with abuse trauma, (for example: the mother who had passed away) as the participants of the interviews reported.

#### **7.4.4.1. Deconstruction of power**

Deconstruction of the category of power using the Interpretative Phenomenological Analysis and the methodology of phenomenology suggested by Sokolowski (2000), was conducted. The following sub-categories of power emerged when power, as a category, was deconstructed in the interview study: a) dominance power, b) powerlessness/disempowerment, c) empowerment, and d) inner power.

The phenomenological analysis was carried out according to three forms that are (a) parts and wholes, (b) the structure of identity in a manifold and (c) the structure of presence and absence. Early philosophers such as Aristotle and Plato developed the first two, and Husserl developed the third. The wholes can be analysed by pieces and moments; where pieces are parts that can exist independently from the whole. In contrast, moments are dependent parts of the



whole, but it cannot be a part that may become a whole, it is abstract. It is important to make a distinction of the pieces and moments, for example, seeing is a moment that is conditioned to the place and the point where the vision is, and it is also conditioned by other senses for example touch, hearing and kinaesthesia. This situation happened with the position of powerlessness/disempowerment where the situation of powerlessness led gradually to the process and feelings of disempowerment (Sokolowski, 2000).

Identity in manifold refers to the encounter of a structure or a form, for example a cube that can be distinct from its sides or functions. When we express something we may have three different expressions that can be referred to the same object or situation; in other words an identical fact might be expressed in a manifold or various ways. For example, an historical event may be experienced by the ones who participated in one way, and in another form for those people who remember the event; it can be experienced in a different form by those who write a book or a report in the newspapers. Therefore, the same event could be seen with anticipation by those who perpetrate or plan the situation, and it could be seen in a different way by those who were on the other side and resist the event. Thus the identity of an event cannot be reducible to one of their appearances (Sokolowski, 2000). In the situation of abuse and power, the four sub-categories of power need to be contemplated to understand the dynamic and interrelationship.

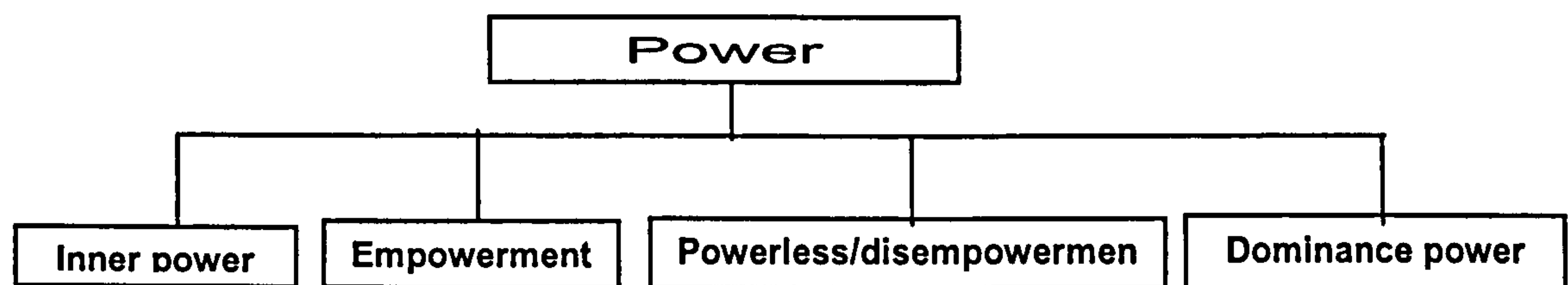
Regarding to presence and absence, the understanding of the event is related to '*filled*' and '*empty intentions*'. A filled intention targets something that is there, embodied. An empty intention targets something that is not there. An empty intention is a kind of absence that is present to memory but not presented. Presence is familiar to us whereas absence is a phenomenon. "*The absences we have given to us after a presence are different from the absences we have before a presence* (Sokolowski, 2000:34). Absence is very important in phenomenology, such as intuition can be explained as "*simply having the object actually present to us, in contrast with having it intended in its absence*" (Sokolowski, 2000:35). Some emotions such as hope, despair, regret, homesickness, or things that are concealed or secret can be understood taking attention to the absences. For



example the lack of power, or neglect can be understood and it can provide an identity not for the presence but for the absence or omission of care and control or knowledge. This could be exemplified by the case of Rosy who experience neglect and invisibility from her father and his third wife, for so many years until she was able to know the situation. Or by Norma who was left without care in her pram.

The subcategories found in the phenomenological analysis of power (see figure 7.1) interrelate with each other; this relationship is inter-dynamic. Whereas the dominance power is the source of powerlessness/disempowerment, the inner power is the source of empowerment, which acts as a resistance against the dominance power. Below is more detailed analysis of the interrelationships of these sub-categories. This in part contrasts with the literature and is thus expanded next.

Figure 7.1. Sub-categories of power founded.



From the sub-category of 'dominance power' as described by the interviewees the different ways in which the abusers exerted dominance power, that is dominance control over them, can be seen. This dominance power was manifested in oppressive ways, not always in physical abuse, but also psychological, using the element of 'imagination' as the carrier of this abuse, *i.e.* when the abusers told the abused that they were going to drown them (the nurses told to Natalie and her brother) if they did not do such and such a thing.

This sub-category of 'dominance power' is related to the 'powerlessness/disempowerment' in that when the abuser exerted his/her oppressive power against a child, the child felt completely powerless, and this impotence led him/her to feel disempowered when consistently oppressed. On this



point, Seligman, (1975) argues that the concept of 'helplessness' is when an abused victim realises that whatever she or he does to try to cope with the abuse exerted by her or his abuser, she or he cannot change her or his reality in any way. The individual consequently gives up and falls into a permanent situation of helplessness. However, Seligman fails to correlate his helplessness concept to the power domination and patriarchal forms of domination power. Therefore, in this study it is argued that the helplessness concept is considered, in fact, as a result of this 'dominance power' sub-category as it is configured by the author of this thesis. This 'dominance power' sub-category also generates what some authors have termed as 'hopelessness'.

According to the DSM-IV-TR trauma is explained as *"the experience of being made into an object, a thing, the victim of someone else's rage or of nature's indifference. Trauma represents the ultimate experience of helplessness: loss of control over one's own body"* (First and Allan, 2004:1030). Corby (2000) notes that the seriousness of the physical injury is a measure of the abuse. However, it is difficult to measure the severity of the harm that emotional abuse, neglect, or the witnessing of domestic abuse is actually causing to individuals. This is particularly the case regarding neglect, where he refers to the intention as a key variable in deciding whether an action is abusive or not. It was difficult for the participants who suffered neglect to define the lack of actions as abusive. For example, in the case of Elaine the lack of intention to abuse or cause harm by not talking about the death of her mother or not being able to facilitate her to grieve left Elaine powerless. Briere (2002) characterised the types of abuse in acts of omission and commission; the acts of omission may include physical and psychological neglect, and the acts of commission *"involve actual abusive behaviour directed toward the child"* these acts could be physical, sexual or psychological. Neglect is not just less than optimal childcare, and not only comes from one source (Walker, 1992).

In the case of participant Zoe, neglect not only came from her mother and father at different times of her life, it also came from doctors –GP and psychiatrists- i.e. she was subjected to further abuse by being over medicated with phenobarbital and other drugs for depression and anxiety. The part when she spoke about how she



could go to the dentist overmedicated by her mother, and how frequently she would visit the GP because of the worries of her mother, also suggests Syndrome of Munchausen by proxy. In addition, it coincides with the fact that her mother was psychologically disturbed. However, Zoe did find in herself creative ways for empowering herself, such as organisation skills in her reproductive territory: her own home. Screaming in the field was a way to get rid of her anger but also to energise her body while shouting her desperation out.

Post-traumatic stress disorder (PTSD) has three forms: acute, chronic and delayed. In the acute form, the onset of the symptoms is within the six months and the duration of less than six months. In the chronic form the duration is of at least six months. And in the delayed form, the start of symptoms is at least six months after the trauma (APA, 1980).

Concerning the category of “witnessing of domestic abuse”, it was found in the interview study that “domestic abuse” was not only perpetrated by men, as it is commonly believed. In this research, domestic abuse has also been found to be perpetrated by a woman towards a man as well as vice versa. This fact was witnessed by one of the participants (Isabel) in both facets, at different times of her life. However, it needs to be considered that male violence is more likely to be dangerous and cause serious injuries than domestic violence perpetrated by a female.

Inner power is an active component that responds to the activation of other types of power and can be expressed physically and emotionally. Empowerment is in contrast to powerlessness/disempowerment, and inner power is in contrast to dominant power but also to powerlessness and therefore to disempowerment. Powerlessness and disempowerment function as a binary category, because the feeling of powerlessness leads to the feelings of disempowerment. Empowerment is a category that embodies autonomy and health.

An example of how powerlessness led to disempowerment can be exemplified by Anne accounts about a situation with her Maths teacher, “*Another thing that*



*happened when I was a teenager and it was very mild for me but it was going on and looking back now I think “why did we all put up with it”, was that the maths teacher, especially in the first couple of years at senior school was incredibly sexually abusive to the girls. And this had been going on for generations, he had been there for years, 30 years. And everybody knew about it because one class would warn another and nothing, nobody did anything about it and we all put up with it. And I don’t know why. And it’s extraordinary. And he retired and he got an accolade for 30 years service in the school and I wanted to tear the paper up when I saw it. I wanted to go and scream and say “this bloke is dreadful. He doesn’t deserve all this, he should have been hauled over the coals for his job” (11:25-12.03).*

This suggests that harassment by maths teachers (which usually are men) can lead to disempowerment (since not many women commit themselves to Maths-related professions or even as technicians. Anne gives a positive answer to overcome this situation when she suggests to tell the world:

*SILVIA – “So is there anything else you would like to tell the world about your experience?”*

*ANNE- “Yes I’d like to tell the world that children, girls who are being abused by a schoolteacher should all band together and tell the head teacher. That’s what I’d like to tell the world. Yes I would, I would like to tell the world that. That actually there’s safety in numbers and probably it’s better to tell people that it’s going on until somebody believes you. But yes certainly about teachers. And one of my counselling students a couple of weeks ago said that she was actually sexually abused by her headmaster in the school she was in. and it was happening to lots of girls but again they didn’t do anything because they didn’t know what to do. They didn’t know what power they had. And I would like to tell the world that with a lot of people you can’t do anything about it on your own but if you all band together you probably can” (23:18-23:48).*



Surprisingly, imagination was an element present in the analyses of all the four types of power. Inner power was a category analysed in even more detail and seven elements were uncovered. The titles of the elements were named not only because they were the super-ordinated categories found from the analysis of the interviews, but also to honour participant experiences. The elements that underline inner power are shown in table 7.8.

#### 7.4.4.2. Analysis of the category of inner power

Childhood abuse has been explained from the point of view of different psychological theories including: biological, ethological, psychodynamic, behavioural, sociological, ecological, family dysfunction theory and feminist perspectives, which have been discussed to a greater or lesser extent in the literature review (Bentovim, 1992; Bowlby, 1973; Bowlby, 1985; Stainton *et al.*, 1989; Corby, 1989, Corby, 2000; Rush, 1981; Wilkinson, 1986; Briere, 2002). The elements of inner power are discussed based on the different theories that have analyzed the elements that emerged from the participants' accounts as part of their inner power illustrated in Table 7.8.

Table 7.8. Core elements of inner power

1	Inner direct locus of control
2	Positive secure attachment
3	Imagination, creative activities, sports and dance
4	'Poor memory' -Use of 'poor memory' by forgetting painful situations-
5	The 'screaming body'
6	Organisational occupation
7	Understanding

The results of the analysis of the participants' experiences regarding inner power led to the identification of seven superordinated categories or master themes: inner direct locus of control, positive attachment, imagination and/by creative activities, sports and dance, 'use of poor memory' by forgetting painful situations, the 'screaming body', organisational occupation, and understanding. Association of these categories to a specific age of the life of the participants suggests that 'inner direct locus of control', 'positive secure attachment', 'imagination and creative



activities, sports and dance' were used more during childhood. The 'use of poor memory' and the 'screaming body' were linked to both childhood and adulthood. The categories 'organisational occupation' and 'understanding' were associated with the adulthood of the participants (Table 7.9).

Table 7.9 Mainly used categories of inner power by the main stages of life

Childhood	Childhood & Adulthood	Adulthood
'Inner direct locus of control'	'Use of poor memory'	'Organizational occupation'
'Positive secure attachment'	'Screaming body'	'Understanding'
'Imagination, creative activities, sports and dance.'		Active imagination

### **(1) Inner direct locus of control**

Inner direct locus of control in this study is considered as a way to realise personal power. Inner locus of control developed when the interviewees were children and appeared to originate from internal values rather than from the expectancy and instructions of others (Valentine and Feinauer, 1993). Participants reported in the interview that they were able to say 'No', to say stop. Natalie for example, used to say *"I don't want piggy backs anymore"; "stop tickling me, I'm really tired"*. Others like Isabel took control of their lives in their early teens, she became very independent and successful at school and at work. As Isabel said: *"I left home very early after my mother died. I took care of myself most of the time. (...) I don't know. I think I grew up very quickly you know? I became very independent very quickly :and (2.0) became quite successful at work very early after university. (3.0) And becoming self-sufficient was the best"*. For Natalie fighting back was also important to feel in control. Another means of self-protection is not staying in a frightening environment (Anne). As teenagers and adults, taking control of their life was very important e.g. the action of going to the town where her mother died to investigate how it happened was important for Elaine. Rosy listened to her internal voice and spoke (by telephone) with the third wife of her father; she made her presence visible by experiencing control, gained from discovering information that had been hidden from her father and his third wife all her life. Rosy had the ability in her adulthood to change her own invisibility by taking control of the situation and not



letting others make her invisible once again. At the same time she took control of the information, informed her son and went to her father's funeral knowing this time a truth that others did not know.

Julian Rotter (1966) extensively researched internal vs. external control of reinforcement. In his article Rotter explains that external control is when an event is perceived as independent of the individual's action, and therefore attributed its happening as a result of luck, chance, destiny, unpredictability or other powerful forces; on the other hand, internal control of reinforcement occurs when the event is perceived by the subject as dependent on her/his own actions or her/his own characteristics. The concepts of internal and external control are based on the concept of reinforcement of the social learning theory. This reinforcement works to strengthen anticipation that a specific behaviour or event will occur as a result of their own actions, where the individual becomes selective in which aspects of her/his behaviour are going to be repeated and which others are not.

Alternatively, Valentine and Feinauer (1993) identify the internal locus of control as 'recognizing personal power'. They consider that actions such as self-direction, assuming responsibility for one self and taking control of their own lives or taking care of oneself are the most important actions of the inner locus of control. In the case of the participants' actions such as 'good behaviour' (even though it did not completely prevent stop the abuse-, 'self-discipline', 'being independent', being strong and saying 'no' or 'stop', 'refusing to be in a frightening environment' or 'taking the initiative and obtaining the information that was missing' were all identified in the participants accounts as actions of inner locus of control as a way to stop and overcome their experience of abuse.

## ***(2) Positive secure attachment***

Fonagy and collaborators (1994) conducted a study on attachment to illustrate that the mental representation of others could be a moderating influence to overcome abuse. They used Ainsworth's laboratory technique that is studying the behaviour



of 12-18 months infants during a separation from their parents for two-three minutes in an unfamiliar room and the appearance of a stranger; this technique of ‘anxiety provoking circumstances’ gave the following reactions in the children: (i) securely attached – even as manifestly upset, look to make contact with the parent, calmed and then exploratory play; (ii) physical avoidance – mix approximation to the parent with obvious purpose of physical evasion; (iii) anger or passivity – approximation to the parent in distress, not wanted to be comforted and continue presenting irritation or passivity and; (iv) confusion and disorganisation – showed upon reunion to the parent.

Analysis showed that maltreatment jeopardises the organisation and development of the attachment relationship. Insecure attachment (anxious, ambivalent or disorganised) of the child to its parents was identified as a marker of psychosocial deprivation, particularly of neglect and maltreatment. Fonagy and collaborators concluded, that bizarre and inconsistent behaviour is an aspect of the severely neglected, abused child and “*secure attachment is part of the mediating process*” towards resilience (Fonagy *et al.*, 1994:235).

Table 7.10. Figures of attachment in the interview study

Participant	Figure of attachment	No parental figure
1. Isabelle	None	Horse riding coach, horse
2. Natalie	None	None outside the family
3. Anne	Father, mother,	Maternal grandmother, brother and teacher
4 Elaine	Mother, but she died when was 8	Many kind adults around but only a couple for a certain period of time
5 Zoe	None	Dog and Maternal grandmother
6 Rosy	None	Maternal aunt
7 Norma	None	Teacher

Also, Fraiberg *et al.*, (1985) found that both denial of the affect and victims’ identification with the perpetrator are associated with trauma. Bowlby (1973) found that the attachment relationship to the child’s survival and the ability of the child to form attachments to caregivers was affected by the type of the attachment. In other words, when the attachment figure was the one who elicits the abuse, the child is likely to adhere to the aggressive figure instead of escape from him/her.



Herman (1992) emphasises that the healing process must be gradual so it does not endanger the protective security that the psychotherapist provides. This underlines the importance that attachment has in the process of recovery in the psychotherapy process. Herman compares the results of trauma to a repositioning of chemical action in the person's brain where the defence system becomes disorganised and the person might feel a risk in situations that are not dangerous. If the survivor is empowered, she/he will be able to make new relationships.

The concept of regulation and self-regulation is the principle, in which the social experience of attachment influences the development of the regulatory systems in the brain. The brain has the function of regulating all forms of cognition, affect and behaviour (Schore, 2003).

The work of Schore has mainly focussed on the functions of the right brain, the orbitofrontal system, the occipital cortex and its relationships with other parts of the brain. According to Schore, the right brain stores models of the attachment relationship that works internally. It processes emotional social information. In an interview with Carol Roz, Schore express that the most recent work on affect has direct application into psychotherapy and psychiatry. In which "all forms of psychotherapy are forms of affect regulation. The therapist is a psychobiological regulator of the patients' state. "A key to that is that the patient must have a felt experience on his/her own body" (Roz, 2001).

Self regulation is the ability to flexibly regulate emotional states through interactions in different social contexts; the affect regulation regulates expected negative or positive emotional states for coping with other humans or situations (Schore,2003). The brain is the entity that organises and regulates all this emotional information.

If the individual is psychobiologically attuned to a positive attachment it would lead the individual towards resiliency, if it is psychobiologically attuned to a negative attachment it would lead to a dysregulation of the affection, to a mild or acute emotional or mental disorder. This theory might be connected to the concept of



Oksenberg about benevolent and malign power when positive attachment is established and the individual face stress, the regulatory systems will find the correct strategies to deal with the problem successfully, however when insecure attachment is established the individual lose the ability to regulate feelings and might result in an affect dysregulation. The theory of Schore indicates that this loss of the ability to regulate feelings has an effect of trauma in adults.

In this study, positive secure attachment in the middle childhood of the participants with somebody (in the family, in their social relationships or with a pet) reflects the social support that female psychotherapists received and the existence of personal support brought to their inner-girls<sup>11</sup> by the presence of social acceptance and the presence of a positive model. But there also existed a positive feedback and alternative options for better treatment. In power terms, positive attachment brought them light in opposition to darkness (dominance power) that ignorance about an alternative way of life might give. Reading was also an important activity that brought light and an alternative positive way of living.

### ***(3) Imagination and creative activities***

When I did the review<sup>12</sup> of the literature on the relationship of imagination to the concept of power, I identified the work of Thomas Hobbes, the English philosopher of the seventeen-century as the most significant. Thomas Hobbes is a major authority on the study of imagination and power, which is the main theme of investigation of the qualitative study. Power is also studied in the quantitative study by the 'Empowerment scale' that measures the personal construct of empowerment (Rogers *et al.*, 1997). Empowerment in this study, as previously stated in the introduction of this thesis, is considered as the process focused on women's ability to reclaim power from abuses to change their own lives in order to stop and overcome childhood abuse. In the interview study, the element of

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<sup>11</sup> The term 'inner-girls' is used here to make visible the inner-self as a young female identity, to identify the inner-self from the experience of an adult woman.

<sup>12</sup> Without time limits.



imagination and creativities emerged when the variable of inner power was investigated.

In regard to the relationship between imagination and psychology the work of Sartre I considered highly relevant. The literature search with descriptors such as imagination and psychology identified Jean Paul Sartre (1905-1980), the twentieth century French existentialist philosopher, as the most significant. Sartre's extensive phenomenological analysis of imagination has been published under different titles including: '*The psychology of imagination*', and '*L'Imaginaire*'. This last book was also subtitled '*Psychologie Phénoménologique de l'imagination*', and another title *L'Imagination* was a critical essay published in 1936. On the other hand, '*The psychology of imagination*' was an essay in phenomenology. Sartre studied the nature of imagination in depth, and his '*The Imaginary: A phenomenological psychology of the imagination*' is considered one of his most important works. He studied imagination in a phenomenological way, as a part of human consciousness.

It is important to emphasise that imagination was an element found in all types of power reported in this thesis. Imagination in its different forms provided the participants with a space both to escape and to balance their inner selves, their inner girls. In his analysis of power, Hobbes (1588-1679) indicated that the first way the body relates to objects is through the senses. The senses are processed through the activity of the brain.

The body is the source of the sense that in relationship to an object may retain an image or an appearance that the specific object produced in us. For example, we imagine what we saw, felt, tasted, heard or smelt (Hobbes, 1651). I suggest that based in phenomenological analysis, it could be possible to add what is called the sixth sense that could be described as the absence of an object that produces a sensation. This means the sensation of omission, of something that our usual senses cannot represent with an image. The sensation of invisibility creates these effects. This could be well illustrated by Rosy's sensations of 'awkwardness', when



her status as daughter was reduced to 'invisibility' as far as the third wife of her father was concerned.

This sixth sense has been linked to aspects of 'female folk psychology', and in fact is popularly thought of as being a 'women's sense'. I propose that this sixth sense exists and it may provoke the imagination; in other words, in the representation or image of what that omission might be. That it is not only the "subjective evocation of an absent object" (Sartre, 1940) but also the subjective evocation of what that 'absent object' might be. This could be illustrated by the play of Natalie as a child fighting against neglect, *"And I had all my few toys and I had a dead seahorse and I really loved it (.) and every night I'd put them in my bed next to the wall so they wouldn't fall out and I was squashed [in] and then the next night I would take the inside one and put it on the outside so they all had a turn next to me. But really I had to nurture [them] because I couldn't be nurtured."* (20.43-21.15). It is important to say that Natalie made her toys mainly with pieces of wood that she found in nature and then painted them, because she used her imagination to create characters and animals. Her creativity provided her with the opportunity to have toys to play with and repair her need for love and nurturing.

According to Schaverien (2005) images are as words, and Hobbes explains that after the object is removed, the image is retained and is what '*Latins call imagination*' (Hobbes, 1651:9). On other hand, the image for Sartre (1940) – who has an extensive philosophical analysis on imagination - is '*a functional attitude*' (1940:16); For Hobbes (1651), images are decaying remnants of sensations and imagination is the awareness of the images. And for Sartre, the image has an inner nature; image '*like the sign, is a consciousness*' (1940:25). These might be exemplified with Natalie's accounts: *"drawing, drawing horses because I'm crazy about horses. I could draw pictures of places where I wanted to be out of my situation with the hills and mountains and trees and woodland and... [I was] very imaginative, very. But I suppose I lived in my head, not in my body, I lived in my head."* (21.36- 22.11). The expression of the desire for freedom helped release the pain and provided an opportunity to balance the self to positively reclaim inner control and help the ego to heal. The exercise of imagination was reported by all



the participants during childhood, such as: reading, writing, drawing, dancing, playing the piano, creative work and playing in/with nature. Reading was the activity mentioned most often by the participants.

After almost 400 years, since Hobbes first explained his philosophical analysis of how images are kept in the brain after the object is removed (Hobbes, 1651), the phenomenon is still under investigation. Regarding emotion and imagination, for example, Holmes and Mathews (2005) investigated if there was a relationship between imagery and emotion. Mental images are considered as powerful in their emotional effects particularly in clinical psychology (Borkovec, *et al.*, 1993; Holmes and Hackman, 2004). However, there exists little convincing scientific evidence. The hypothesis of Holmes and Mathews, was that images were more accessible to emotions than verbal representations. Their results showed that participants in the imagery condition reported more anxiety than those in the verbal-semantic condition. It was found that instructions to imagine aversive events increases anxiety more than those in the verbal semantic condition.

Meister *et al.* (2004), conducted a comparative investigation on music imagery with twelve academic music students. The study involved a research of the cortical network using functional magnetic resonance imaging (fMRI). Students played the right hand of a Bartok piece using fMRI, the other condition was to imagine playing the same music. Their results revealed activation of '*a bilateral frontoparietal network comprising the premotor areas, the precuneus and the medial part of Brodmann Area 40 were found*'. This could shed light on the characteristics of cortical areas implicated in music and motor imagery. Similarly, Ehrsson and collaborators (2003), studied imagery of movements of specific body parts (fingers, toes and tongue) compared with the actual body action of fingers, toes and tongue. To detect the somatropical activity in the brain, they used 'functional magnetic resonance imagining'. Their results demonstrated that imagery of action correspond to somatotopically sections of the primary motor cortex as well as when actually activating the body parts. These results demonstrate a direct relationship between motor imagery and the activation patterns of the same brain areas



(somatotopically organized section of the motor cortices) involved in the motor action.

There are different forms of imaginative and creative activity. For Hobbes, there is simple imagination and compounded imagination. Simple imagination is the imagining of an object as it was presented before, e.g. a horse as a horse, a house as a house, a tree as a tree, and compound imagination is a fictitious object e.g. a unicorn or a centaur. For Hobbes the expression of old and past images is memory, and experience is a recall of many memories. For Hobbes, dreams are the workings of the imagination when we are asleep. He also, considered '*waking imaginations*' – to the motion of imagination when we are awake, e.g. desire -and he suggests that both of them put the 'brain in motion'. Alternatively, for Sartre images are reflected on image using the method of phenomenology, where he found four characteristics: (a) '*the illusion of immanence*' (1940:5), (b) the phenomenon of quasi observation which is '*dealing with complete consciousness*' (1940:8), (c) '*the imagining consciousness posts its object a nothingness*' (1940:14), and (d) '*spontaneity*', that generates and preserves the object 'as imaged' (1940:5). Conversely, Schaverien (2005) - art psychotherapist and Jungian analyst - directs her analysis on three different forms of 'imaginal activity'. These are presented as: (a) waking dreams, (b) dreams and (c) art. Some of the participants used waking dreams, especially Zoe and Isabel; Zoe for example used to imagine long conversations with her mother –who died when she was 14 years old- "*I talked to her quite a lot, ask her questions, ask her advice and think, well... what would she do*" Zoe (25.31).

Creative activities were also a very important manifestation of imagination in the inner girls of the interview participants. For Jung (1916-1960), art forms could provide manifestation to inner images (1947). In this thesis, the cluster of creative activities identified by interviewees included: reading, writing, drawing, dancing, ice skating, playing the piano, creative work and playing in/with nature. These activities helped build creative skills that enhanced their self-esteem.



Sport was another cluster; this activity provided the psychological activity together with a physical activity of escape. This situation is well illustrated by Isabel: "...*the horse riding I think was...the horse was my friend. And it was the freedom, the freedom of getting out of the...going riding far away and being able to... escape in that way. (2.0) I think it was just an escape and the feeling of freedom. So was reading. I loved books, I read all the time and (.) I think that was another freedom for me to just forget about everything*" (17.49-18:11). This included sports as horse riding, or playing tennis. Physical escape and imaginal escape appeared to be a form of dissociation that provided the emotional space to recover from trauma.

Occupational activities as dressmaking, sewing, crocheting, knitting, baking, mechanics, carpentry, gardening, church activities or going to the Brownies were elements that also provided the space to develop coping skills. These were activities that combined the psychological activity of imagination with a positive way to address the stress or anger contained in the body. It provided a space where activities classified as mainly female activities, enabled the development of independence from male authority figures, but not from other women. However, the activity *per se* alternatively provided a source of development of skills that enhance their self-efficacy.

In adulthood, psychotherapy training provided space to engage in the process of active imagination. During this process, images produce 'psychological movements' whereas "*the self is held in a suspended state*" (Schaverien, 2005:131). Progressively, these images move towards a connection with the 'conscious mind'. Active imagination, 'mobilises the psyche' in which images act as words in spoken language. Active imagination is different from imaginary or creative activities because images work dialectically. Not all forms of expression are active imagination (Schaverien, 2005). However, in this study, all forms of imagination provided an emotional space to process the pain and horror of being abused. Imagination was also involved in strategies deploying forms of dissociation, to split and escape from the pain of the abuse.



#### **(4) 'Use of poor memory'**

It is quite complex to understand the connection between trauma and memory. Memory focused psychological therapy is an important aspect of emotional recovery on some traumatised individuals despite some polarised positions about lost and recovered memories (Berliner and Briere, 1999). The 'use of poor memory' reported by the participants suggests that it may be a form of dissociation to cope with the pain of being abused, abandoned or made invisible. It was a cluster that emerged particularly in cases where neglect, 'not knowing' and 'invisibility' were experienced as painful realities, possibly to avoid the suffering of 'not belonging anywhere'. Also, it appeared to be manifest when the impossibility to grieve was present. Briere (2002) explains that similar stimuli of the memories of abuse and trauma can trigger memories that then stimulate negative emotional responses or cognitions. He suggests that these types of memories may activate "*(a) anger and fear that remain conditioned to reminders of being repeatedly berated (b) broader negative self-perceptions and schemas associated with this stimuli (e.g. being bad or inadequate), and (c) intrusive sensory/implicit recollections of aspects of abuse experiences (e.g., his[her] father's rageful face)*" (Briere, 2002:179).

The use of poor memory by participants during childhood was a way to avoid the pain of the reality, providing an emotional space without pain. This space may have provided calm that helped to find the time for healing. For example, Rosy explained, "*So there were a few positive memories of him. I don't have negative memories of him. Those memories have just gone. This is the thing. I think my mind has quite successfully just dropped an awful lot actually. So I never had the memories there to explain or form a framework for how unhappy I felt and I suppose to a certain extent as a child I just thought that's how things were. And my main escape and enjoyment was in books, in reading and that's what I filled most of my time with from the age when I could read*" (11.46-12.15).

It seems that dissociating and/or splitting off upsetting memories related to trauma helps to bring a space where positive things and learning can be done instead.



Contrarily, Briere reports that *“trying not to think about something often results in a rebound effect”* (Briere, 2002:182; Wegner, 1994). Bremner *et al.* (1993) in a study of Vietnam veterans to investigate association between deficits of general memory and symptoms of PTSD, they found that veterans with PTSD scored significantly lower than veterans with no PTSD on the verbal memory subscales, specifically 44% lower on immediate recall and 55% lower on delayed recall.

However, Briere (*op. cit.*) makes the point that researchers such as Horowitz's (1986), Foa and Rothbaum (1998), and Rachman (1980) have suggested that post-traumatic intrusion (flashbacks, intrusive cognitions and nightmares) and avoidance (distractions, suppressed memories or feeling anything associated to the traumatic event) may be an innate self-healing activity.

#### **(5) The ‘screaming body’**

This category was named to honour participant's experience where screaming was a positive way to address the anger, desperation and stress contained in the body. Zoe used to scream in the fields when as a teenager or in her car as an adult. Furthermore, this theme brought the opportunity to host other expressions of the body that others participants' accounts share, such as eating problems -wanting to eat, anorexia and bulimia given by the accounts of Isabel, Natalie and Rosy. Holland and collaborators found that young women may *“attempt to take control of their body through anorexia, through celibacy or through constructing themselves as unattractive to men”* (Holland *et al.*, 1998:119).

Somatisation and eating problems are classified as disorders in the DSM. Somatoform disorders are described by physical symptoms that are not entirely justified by a general medical condition (DSM-IV-TR, 2004) and eating disorders are characterised as a constant disturbance of eating conduct or behaviour intended to control weight (i.e. anorexia nervosa and bulimia nervosa) which considerably damage the physical health or the psychosocial functioning DSM-IV-



TR, 2004). Both syndromes: eating disorders and somatoform disorders are intrinsically related to the body.

We are all embodied, and feminist perspectives about body conception of women are questioning its implicit 'whiteness', 'western', 'anglo', 'first world', etc. that implies the assumption of a privileged position with respect to other women (and other men who not had that privileged position). In the second wave of feminism the concept of the body has changed, in the sense that has changed from human body to men's bodies or women's bodies. Later, in the 1990s, the concept of corporeality became a philosophical movement of ideas exploring the subjectivity of embodied living women through the lenses of feminist inquiry (Brook, 1999, Grosz, 1994).

According to Cox (1978) stress "*is a threat to the quality of life, and to physical and psychological well-being*" (1978:v). Cannon researched the response to acute stress on cats, and he found a pattern of response to react to stress: freeze, flight or fight. Cox refers that psychological responses are the coping mechanisms and that physiological responses are mainly controlled by psychoendocrine systems, the sympathetic-adrenomedullary and pituitary- adrenocortical systems (1978).

Grievance is a feeling of loss that is emotionally and physically painful. Zoe lost her mother in a car accident, it was a very stressfull situation. Zoe's accounts show the pain of her grievance and loneliness, and how as a teenager and in her early twenties she used to scream to feel better. Zoe says in the interview study: -  
SILVIA- *[Do you mean that] you [spoke] with [your Mum] when she wasn't there? You were pretending she was there and speaking with her?* -ZOE- *Yes I talked to her quite a lot, ask her questions, ask her advice and think well what would she do. I used to go for long walks with my dog as well and walk up not far from where we lived, probably about 45 minutes walk, there were some hills and things. I would walk up there with my dog in the middle of the night and lay back in the heather and scream, scream my head off. Nobody ever came near me, they probably thought I was a strange person. My dog, my best friend would sit there and just look at me and then he'd come home. That was daft going up there, nobody*



*about. –SILVIA- Did you feel relief after your shout? –ZOE- Yes, wasn't a shout I would lay there screaming for about half an hour. I've done that in my later 20's [too]. At work if it was too much I would scream all the way home in the car, scream my head off and I also felt suicidal a lot of the time in my 20's and 30's in fact until I had therapy every month. You know, it was linked into menstrual cycle and things, I would take a real dip and I would feel as though I was in a black hole and had thoughts of killing myself, I would plan differently what I would do, but I think its just sheer desperation, feeling alone. I think probably I was quite mad really, still am but at least I understand it better now"* (25.26-26.27). In the literature search, it is noticeable that there are no accounts of the use of screaming as a cathartic tool in psychotherapy methods.

The psychiatrist Arthur Janov (1977) developed a technique called Primal Therapy, which concentrates its efforts to relief the repressed pain, and it seems to include screaming as part of his therapy. This intervention has been scarcely studied in formal research.

Within the interview study a theme that comes out was to control the body in some way; in the analysis was that participants often discuss issues around dieting, and eating. Traditionally western thought concerning the body has divided corporeal subjectivity into the binary entity of dualism comprised of the mind/body split. Critiques by feminists stress that this mind/body model of subjectivity privileges *"the mind for its transcendence or the body and its immanence"* (Brook, 1999:9). Also, in identity politics, issues of skin colour; its sociocultural interpretations, and its connections with the self and body need to be considered. It appears that, in the phenomenon of dieting and eating, where the subject attempts to make her body conform to a societal fashion and the bodies commonly defend against. In some western societies this has created dieting and eating disorders, and feminists are also interested in the complex issue of how the body interrelates with subjectivity and consciousness.

The conception of the body has changed politically, e.g. the early second wave women's movement was interested in the social identity of women: votes for



women, women's health centres and women's studies. Then, later feminists such as Sandra Harding (feminist philosopher of science) and Luce Irigaray (Feminist and psychoanalytic and cultural theorist), and post-structural theorists such as: Michel Foucault (1926-1984, philosopher and historian, critic of social institutions) and Jacques Lacan (1901-1981, Psychoanalyst, psychiatrist and doctor) opened up debates about ethics and subjectivity of 'the body'. As a consequence, the 'body' concept changed in theoretical and political debates influenced by post-modern ideas to become multiple bodies (Braidotti, 1994; Brook, 1999).

Feminist debate on eating disorders and cosmetic surgery state that there is a link between these disorders and attribute this to society's emphasis on body size in women, particularly in the concept of western heterosexual attractiveness, as well as being related to consumer capitalism (Brook, 1999). Abuse involves damage to the body and to the psyche. It causes debilitation by anxiety not only due to the after effects of the abuse itself but also in anticipation of the next attack (Doyal, 1995). Counts (1987) found that the physical condition of suffering from physical abuse by beating provokes a mixture of anger, shame and despair, which may cause a person to commit suicide.

However, in the case of the participants of the interview study, half of them reflected on their body reactions to cope with abuse. Participants tried to get control of their bodies in terms of screaming, dieting or eating as an ultimate source to regain control over themselves. For example in the case of neglect, that is a case of omission of care, Rosy comments: *"I used to binge eat as a child. –SP What does that mean?. –Rosy: I tried to emotionally nourish myself by eating. Chocolate in particular. It was somehow trying to...it was a way of (sighs)...there was a sense of deprivation around. We weren't financially very well off and one had to be very careful with money and so things like a bar of chocolate and things like that were special treats and so for me that became a symbol for being nice to myself or trying to say I was worth something. I felt awkward, unattractive. My body image really reflected mental state."* (20.9-20.20.29).



Taking control of the body as a kind of resistance to dominance power, which can be expressed through activities such as dieting, but at the same time, it falls into patriarchally defined standards about how a women's body should size. For example Isabel expressed how she takes control of her body: *"and to me hitting or doing something (that would harm somebody else) that I would regret (.) is being out of control. And (.) and then I think that actually, rather than: to... you know erm... to feel good about myself, because in my teens I felt really bad about myself, to try and feel good about myself. I tried to be in control of (.) every aspect of my life. I tried to... you know... when I was in my teens I had eating problems. I was very controlled about what I ate and the exercise. I had certain regimes that I needed to do to feel good."* (10:42-11:9).

The current debate, beginning in the last decade, concerns the way in which models, artists and women in positions of power tend to starve themselves to control their power in order to look attractive, especially for photographs and TV appearance. There is much controversy regarding gender and the perceptions of the (female) body. The debate originates from the analysis of feminists of the second wave, sex gender division (in the 1970s) where the concept of the 'naturally feminine' was considered to be an issue of women's oppression within the patriarchal order. It was claimed that femininity and masculinity were socially constructed concepts. Then, the term of 'social constructionist' was concerned with the different and unequal social meaning that women's and men's bodies represented (Grosz, 1994; Brook, 1999). For example in this sex-role theory explication, Phoenix (1999) pointed out the fact that it was ignoring issues of race and class of femininity.

Women's bodies are able to reproduce and physiologically have different functions. In the study of issues such as maternity (ideally free birth control), reproductive technologies, menstruation or menopause, feminist discussion has pointed out that the body has become an object. The adult female body has the capacity to change, to bleed, to reproduce. However, seen from a feminist point of view that deconstructs the phallogocentric perspective the female body as object has been



subjected to the phallogocentric ideals of fashion. The female body as sexual identity can be identified as unhealthy (Holland *et al.*, 1998).

Ultimately, however, control of the shape of a female body is in the hands of the individual woman. When women take control over their own bodies it can be a method of gaining control over their anxiety, anger and depression. In a different part of the interview, Isabel stated: *"What would happen when I was out of control? (...) I don't know. It changed through stages of my life. When I was young I became quite anorexic and bulimic and that was the way to kind of...when I felt out of control, to control things, especially bulimia. If I felt out of control I would (.) you know, er.. er... create problems with my food =(laugh) and over exercised. Er...(2.0) I used to run away from people when I felt out of control. Instead of committing to a relationship (.) I would just escape (12.14-12.32).*

The analysis of participants' accounts suggests that the control of their body might be the power of the powerlessness. In a way, women who have high economic, social and political high status may be sending subliminal messages to other woman about corporality. Authors such as Susan Bordo (1993) or Mary Wollstonecraft (1792) are some of the most key contributors to analysis to women's bodies and movement rights. At the present, Dance Movement Therapy may offer an alternative of psychotherapeutic help since its foundations are the bodily movement in relation with the inner world, authors such as Meekums (1994) and Payne (1994) are key contributors to theory and practice of body, movement and psychotherapy.

The analysis of this element of inner power suggest that dieting on one hand is a way of resisting to dominance power, and one way expression of doing that is 'I am going to make sure of the size of my body and in this way'. Women may feel in control of their lives, but on the other hand women are failing in patriarchally defined standards about a women's size and how much physical space women should take up. It appears that between more economic and social power a women has in society, the thinner they become. It seems that in western consumerist cultures fatness is seen as synonymous with poverty and a lack of education, a



lack of awareness and self-control. The debate in the social sciences regarding these relationships that is beyond the scope of this thesis and will therefore not be explored further. However it will be of interest for further research about how women's body size relates to women's relative power in different societies.

### ***(6) Organisational occupation***

It could be difficult to understand how 'house cleaning' could help develop inner strength in teenage girls. Organisational occupation in female territory in childhood and dedication to work in adulthood emerged from the participants' accounts. This suggests that such organizational occupation is an area of resistance to dominance power and a very feminine way of avoiding confrontation. It seems that these occupational activities comprised of elements of broader strategy for developing inner power. Occupation is a proactive mechanism that helped to regulate their lives. It was found to be a way to either re-organise themselves and so control the 'disorganisation' brought by the tragedy of the death of another woman (in this case their mothers of Isabel, Zoe and Elaine), or as a way to organise themselves as young adults. Both certainly worked to enhance their self-esteem. Through house organisation some participants took control of the chaos of the external environment, in a territory where males were unlikely to get involved. However, the isolation experienced due to confinement to the domestic sphere also makes women more vulnerable to abuse, which is carried out in home, in private. In this study particularly, the severe physical abuse of Isabel from her adoptive mother happened in private at home.

Nowadays there are some groups of women who are organizing themselves to take these kinds of domestic activities into the public sphere, for example going out to the pub to knit, or creating university clubs or societies that go out for shopping or sewing. They are making public what has been considered a private activity of women. Beyond the domestic sphere a greater value is assigned to these specific tasks.



In the case of the participants' accounts, organisation of the outside –such as home or work- provided regulation of the outside (the environment) that helped to provide balance to the inside (the self). Gareth Morgan is a research professor at York University in Toronto Canada. He is an economist specialised in organizations. Morgan's (1997) research is especially interested in metaphor, creativity, organization and management. He studies organisations in many ways: as organisms, as machines, as brains, as cultures, as political systems, as psychic prisons, as instruments of domination, as flux and transformation, as a metaphor.

In his study of organisms as systems, he argues that the principle of homeostasis indicates self-regulation and the capability to sustain a stable state. Live organisms look for a regularity of form and difference from the environment whilst sustaining a constant exchange with that ecosystem. This form and individuality is accomplished via homeostatic processes that communicate and control system operation. This system operation works on the foundation of what is named "negative feedback", where divergences from some standard or norm trigger actions to rectify the deviation (Morgan, 1997).

Morgan also describes the cell as a complex organism. As a system, the cell functions through efficient interdependence, the same as with other organisms of a more complex structure. One of the attributes of organisms as systems is "requisite variety" which is a principle that is associated with the idea of differentiation and integration. This feature explains that the "*intentional regulatory mechanisms of a system must be as diverse as the environment with which it is trying to deal*" (1997:41).

Contingency theory refers mainly to organisation and management in problematic situations, in order to stabilise temporary deviations in its operating environment. Burns and Stalker (1961) influenced the development of contingency theory with their studies. They made a distinction between 'mechanistic' and 'organic' approaches to organisation and management. They found that the mechanistic way is an approach where pre-defined required actions create an efficient way to respond to problems. On the other hand, the organic ways usually responds in a



more flexible manner to achieve a particular purpose in a changing situation. Morgan points out *"There is no one best way of organising. The appropriate form depends on the kind of task or environment with which one is dealing (Morgan, 1997:44).*

In the case of Rosy an example of mechanistic response can be illustrated by her words: *"I was left with a premature baby and a [1-]year old. My husband had gone bankrupt and the official receivers came in and sort of stripped the place of our worldly goods and I had to get out of the house and it was all pretty traumatic. And there again I coped in the ways in which I'd coped in my childhood. I coped by just getting on with things and by reading and there's a lot of blank time then but one image which is very clear in my mind is that I had the pram with the baby in it and [my baby] sat in a little seat in the front of the pram and we had two dogs and I had a dog attached to each side of the front of the pram and we would go to the park and I would get there with a book on the handle of the pram and I would be reading as we went because that was how I shut out everything that was going on. So I functioned on automatic I think for quite a long time. I escaped into books. (Rosy 34.11-34.41).*

It is important to be aware that any conclusions drawn are based upon participants' experiences. The identification of aspects such as organisational occupation helps to understand the important role of organisation as a way to regain control of the situation of abuse, especially in neglect.

Also, the cleaning work gave a way of getting control by organising the external environment. For example, Zoe, *"I think my Grandmother certainly and my [paternal] Grandmother, my Dad's Mum – I saw her from time to time after Mum died, because she lived just around the corner. She would come round, Dad would be at work and then he actually took a job in England, and my Sister went to University so I was left alone at 15 and a half [or] 16. I had to get myself to school and just keep the house" (6.12 -6.25).* Organisation gave the way to face and manage the difficult (negative) situation of abuse (by neglect) or grieving providing a self-regulation mechanism for the psyche (self). This increased the analytic



thinking and enhanced organisational attainments (Bandura, 1992), as well as strengthened personal power.

Working was another way, which helped participants to organise their lives, particularly in adulthood. It can be assumed that human beings are also organisms that need to keep in balance (harmony) with their environment. Morgan questions *“How organisation systematically achieves a ‘good fit’ with its environment? (...) What kind of strategy is being employed?”* (Morgan, 1997:56), but also he says, *“organisations are open systems that need careful management to satisfy and balance internal needs and to adapt to environmental circumstances”* (1997:44).

In the case of some of the participants dedication to work was a way to achieve equilibrium, *i.e.* Isabel said *“And becoming self-sufficient was the best. And working...throwing myself into work (.) er... was definitely...it made me feel...it was the only thing that actually made me feel good about myself because I always felt very guilty (.) and always the feeling of feeling very bad. My mother made me feel I was a bad person and my father thought that I wasn't good enough... :and being successful in work made me feel good enough. Well, just about (laughs) made me get through it, you know...”* (14.33-14.48).

However, the organisation can be used as an instrument of domination *“where individuals or groups find ways of imposing their will on others”* (Morgan 1997:303), and domination can take place in more than a few ways. One of them is ‘patriarchal domination’ that can be applied as gender stereotypes, and within the family where vertical power is exercised from adults to children.

One example is illustrated by Isabel's account when she explained: *“and if something wasn't clean then...let me give you an example, she would come into my room and she would check if I had dusted properly and if not she er... would sweep everything off (.) the table and break things and then make me clear them up and then she would hit me and yell at me and the emotional (.) abuse with the things she would say like I was not good, that I was bad. And, erm... I think it was a quick reaction to what she felt was bad behaviour. She had such a bad temper*



*that she would explode. And my father was more...I mean he did hit me with the belt and he did smack me and he did hit me during my childhood. And his anger as well he was a real...erm...he couldn't control a situation without yelling... (6.17-6.39).*

Organisational activities that can exercise the imagination in order to bring about a balance between the inner self and the external environment seem to help develop self-efficacy as an important element of the inner power, but they need to be enjoyable for the child/person, not something that is established by force and abuse. If organisational activity is a dynamic exercise of inner power; it can remain open, flexible and an innovative means to administer the daily tasks that need to be done, to have a clearer definition and control that work in other areas. It is a creative process as imagination seeks to find flexible approaches to organise in such a way to reach success.

Thus, organisational occupation brings integration and coherence between the outside and the inside. It comes as a contingency strategy that balances the inside and the outside as an art of coordination and conflict resolution. It is as an integrative mechanism dependent on achieving small tasks that enhances the development of competence and supports integration, and finally empowers the child/young adult. Gender stereotypes influence very much what type of work is done. In the case of the participants, some of the activities, especially those done at home, are considered by society as female activities.

### ***(7) Understanding***

This cluster was mentioned by all the participants. It included actions such as: psychotherapy, self-acceptance, realisation, acceptance of being a woman, knowledge/awareness of what abuse is, psychodrama and consulting a psychiatrist. Understanding according to Hobbes is *"embued with the faculty of imagining, by words, or other voluntary signs"* (1651:13). A sign for Hobbes is the *"evident antecedent of the consequent"* and also the clear *"consequent of the*



*antecedent*" (1651:16). Understanding for Sartre (1940), comes from knowledge of the signs and symbols, it *"is not pure reproduction of a meaning. It is an act. In making itself manifest, this act is a certain object and this object is, in general, a truth of judgment of a conceptual structure, but this act does not start from nothing"* (:118). For Valentine and Feinauer (1993) the exercise of the imagination provides the ability to 'reframe situations'.

Similarly, in psychotherapy, the act of recalling images to be explained in words to the psychotherapist. Jung (1875-1961) introduced the term 'active imagination' to describe the mobilising of the psyche in psychotherapy, when the act of recalling images is explained in words to the psychotherapist, and movement towards uncovering psychological truth might be achieved through the analysis of an image or a sequence of images and their interrelated associations.

According to Schaverien (2005), a 'waking dream' is a form of active imagination that it is not a simple daydream, and may surface suddenly as a 'visualised imaginary'. In this form "the active imagination is lived experience"; Schaverien also explains that *"active imagination emerge(s) spontaneously from within the transference/countertransference relationship"* (:133). All the participants were aware that the knowledge of the processes of abuse and the understanding of their own experiences, brought about by their personal psychotherapy, was an important factor in their recovery and healing.

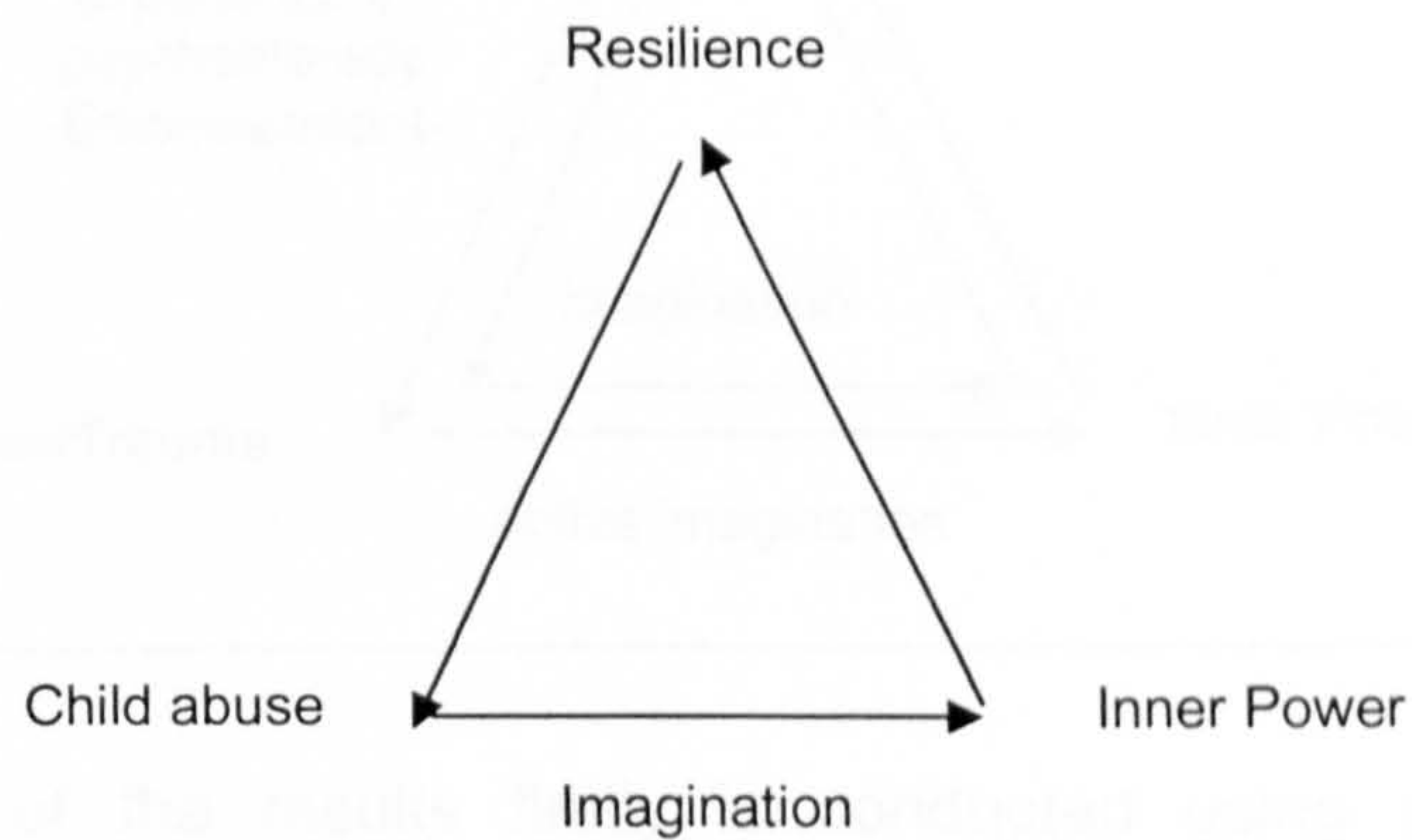
### **7.5 Towards a proposed understanding of inner power and a re-definition of resilience.**

Based on the elements found in the interview study, it can be re-constructed that imagination is present in all types of power. Active imagination, and creative and recreational activities mobilise imagination and develop power, in other words, imagination is a major resource for developing inner power. However, the development of inner power depends upon the presence of imagination as a way to 'escape' and provides an emotional space to build understanding.



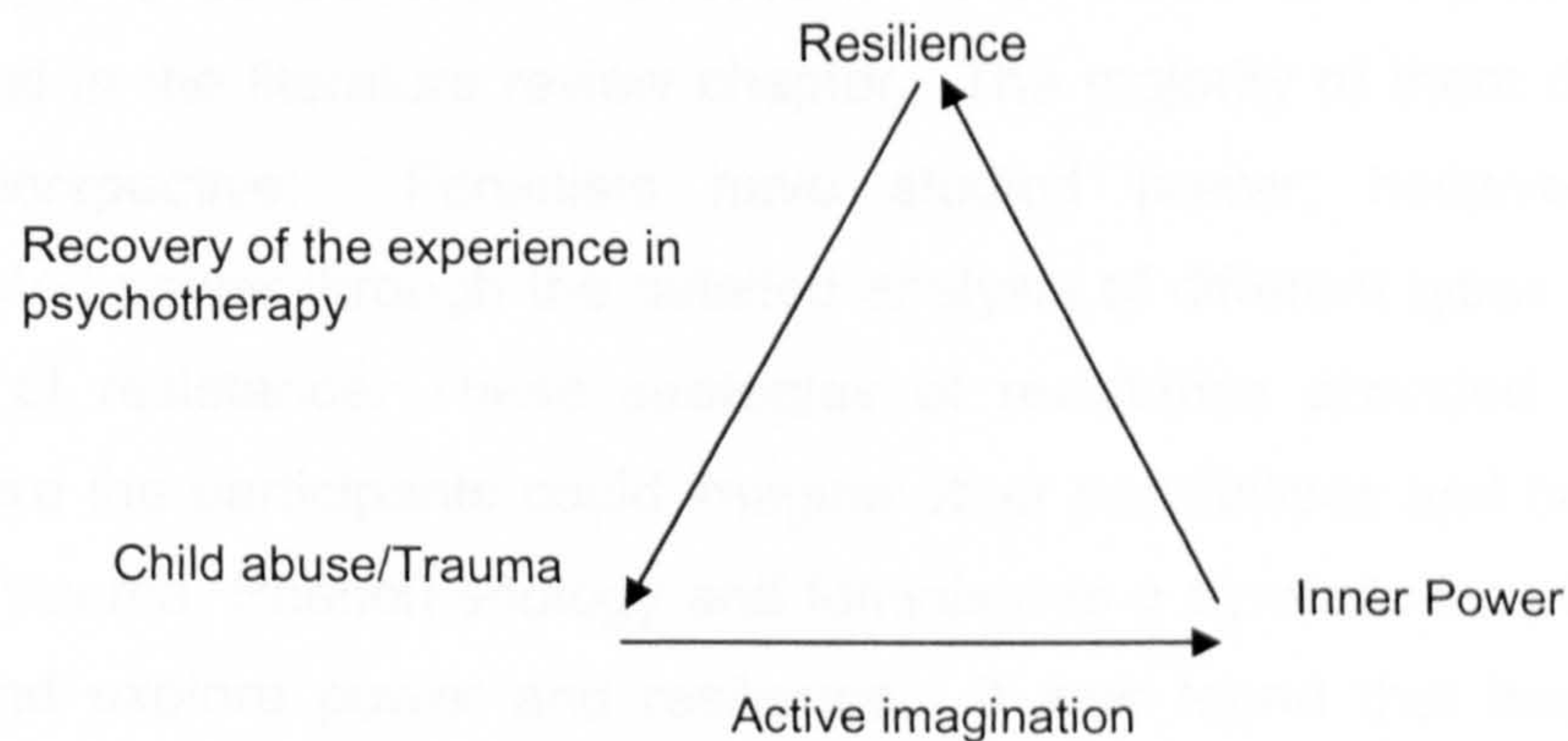
According to the findings of the present research, I suggest that the construction of inner power following childhood abuse is dependent upon the mobilisation of imagination. This imagination serves to reframe traumatic experience, which with a locus of control can become a source of empowerment. This, in turn, can enable the development of resilience. See fig. 7.2 below.

Figure 7.2. Building resilience in childhood



In adulthood, the survivor uses active imagination, which is supported in psychotherapy to help the client to understand what happened and thereby build resilience (Figure 7.3 below).

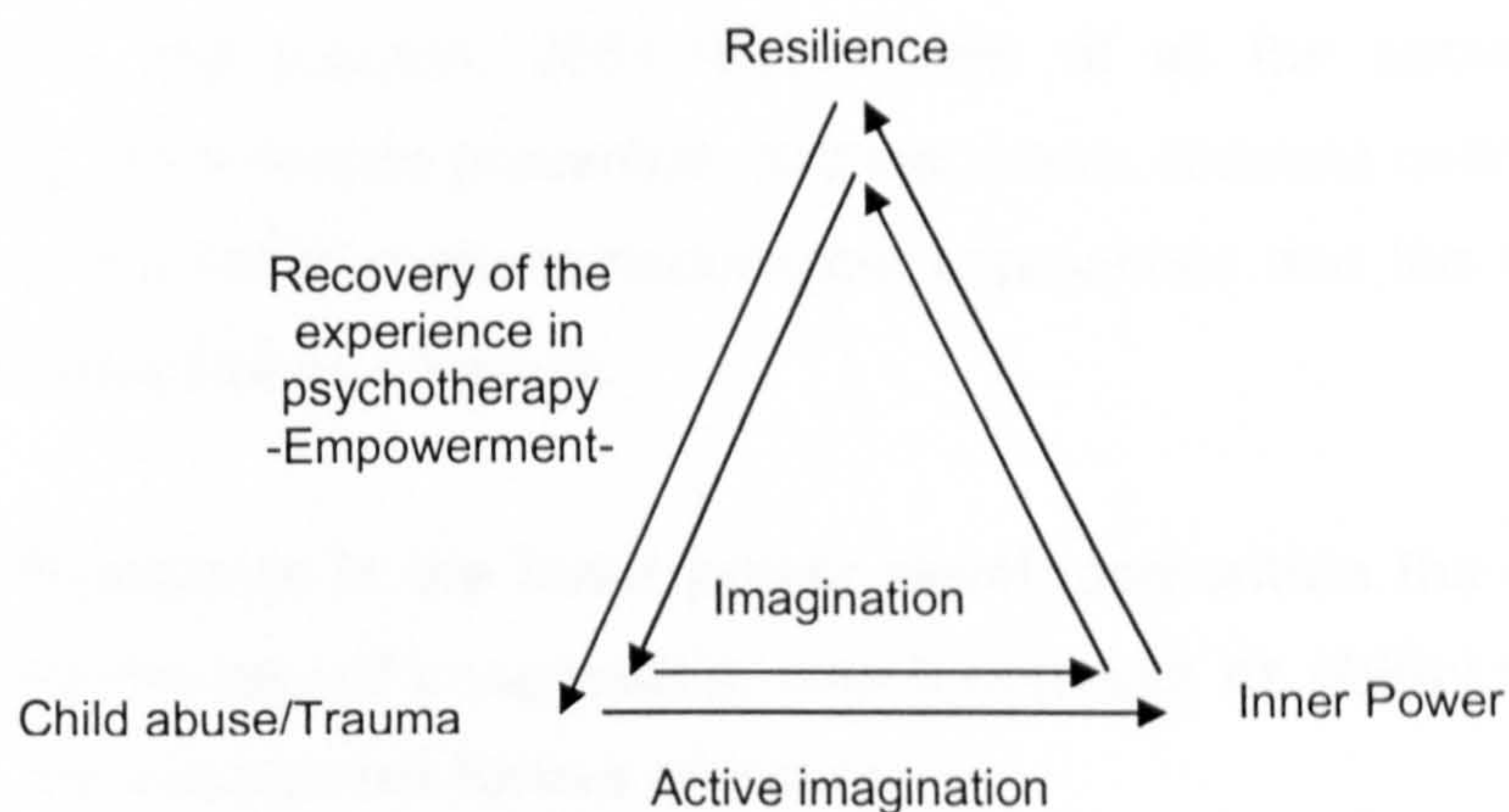
Figure 7.3. Building resilience in adulthood through psychotherapy





Therefore, if we observed both processes, these could be represented as in figure 7.4 below. Where childhood is represented by the internal triangle and the adulthood is represented by the external triangle.

Figure 7.4. Building resilience through life



The integration of the results firstly is conducted using phenomenology as Sokolowski (2000) suggests: (a) considering the whole and also the parts of the phenomena, (b) identity in manifold and (c) presence and absence, (details of these are in section predictors of resilience in this same chapter); secondly, integrating the different studies that compose this thesis; and thirdly, using a feminist approach.

Several approaches are used to discuss the explanation of child abuse and they are reported in the literature review chapter. The majority of them differ from the feminist perspective. Feminists have studied power; however none has deconstructed power through the detailed analysis of different types of power and strategies of resistance. These strategies of resistance provided an emotional space where the participants could imagine other possibilities and helped them to overcome trauma. Phenomenology and feminism is a dynamic lens that helped to analyse and explore power and resilience. It was found that imagination is a thread that links power and resilience. This thesis also revealed that imagination in research has been largely overlooked and the literature search showed that this has been culturally forgotten; in some ways marginalized by the dominance of



positivist analysis. Yet the power of imagination is an important part of human subjectivity and should be considered as a faculty of the human subjectivity that facilitates creativity.

A construct is *"a concept used for scientific purposes in building theories"* (Rudestam and Newton, 2001:18). In view of all the above comments and examining the evidence presented, a newer, more accurate definition of resilience, based on the feminist phenomenological approaches and the quantitative study, may be described as follows:

**Resilience is the inner power developed within the self and fed by the use of imagination, which conveys its ability to overcome the destructive forces of trauma.**





## CONCLUSIONS and SUGGESTIONS

In this thesis, I investigated the relationship between power, inner power and imagination in the resilience of psychotherapists and counselors who have overcome childhood abuse themselves. I was focused on understanding how one who suffered from childhood abuse of different types, especially on identifying what factors compose inner power in women and if the operational definition of inner power (power over the self) was correct. My main interest was to have a clear understanding of inner power, its role in empowerment to overcome the trauma of childhood abuse, and the factors that intervene on building it. The operational definition of the category of inner power was my development of the definition from Eworthy that describes inner power as "power over" (Eworthy, 1997:73).

In the introduction of this thesis, I proposed that imagination is a key element of inner power that helped in the process of empowerment to overcome the trauma of childhood abuse.

## CHAPTER 8



### Conclusions and Suggestions

#### Contents of the Chapter

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The main research question was: What elements contribute to recovery from childhood abuse?, and the aims of the research were to investigate any possible relationship between the power and resilience of British psychotherapists and counselors, and the possibility of their having been abused as children.



## CONCLUSIONS and SUGGESTIONS



In this thesis, I investigated the relationship between power, inner power and imagination in the resilience of psychotherapists and counsellors who have overcome childhood abuse themselves. I was interested on understanding those who suffered from childhood abuse of different types, especially on identifying what factors compose inner power in women and if the operational definition of inner power (power over the self) was correct. My main interest was to have a clear understanding of inner power, its role in empowerment to overcome the trauma of childhood abuse, and the factors that intervene on building it. The operational definition of the category of inner power was my development of the definition from Elworthy that describes inner power as “power over” (Elworthy, 1997:79).

In the introduction of this thesis, I proposed that imagination is a key factor of inner power that helped in the process of empowerment to overcome the trauma of childhood abuse.

An overview of childhood abuse (physical, sexual, emotional, neglect and witnessing domestic abuse), trauma, power, coping strategies and the feminist phenomenological position was presented. I proposed to utilize it as a lens to analyse the results of this, three part, mixed methods research. Feminist phenomenological theoretical position was considered the appropriate lens to underpin power and its relationship in the resilience process from trauma.

The Main research question was: What elements contribute to recovery from childhood abuse?, and the aims of the research were to investigate any possible relationship between the power and resilience of British psychotherapists and counsellors, and the possibility of their having been abused as children.



The Objectives of the research were: (a) To describe factors involved in overcoming childhood abuse through both a quantitative analysis and a qualitative analysis, (b) To explain the findings in feminist terms, particularly in relation to power and imagination and (c) To attempt to define 'inner power'.

In order to resolve the aims and objectives of this thesis a mixed methods approach was carried out. With this intention, the research was conducted in three sequential different phases; the results of one phase have fed the following phase, such that the next study became more focused each time. In the methods chapter, the three components of my research are reported as an integrated model with all the methods in the methods chapter followed by the results that cover an aspect of the next component. The three components are presented in the same order that the research was conducted.

First: the systematic review, second: the questionnaire survey and third: the interview study; but they are presented in an integrated format which shows the iterative relationship between them. Additionally, the final integration of these is in the discussion chapter. The introduction is presented in the first person voice in order to reflect my philosophical stance that is feminist phenomenological. However, the methods and results are presented in the third person in order to meet the possible need of readers that are more familiar with this type of reporting. The discussions chapter is in the third person or in the personal voice in order to reflect the nature of the study which is the mixed methods approach.

The objectives of each part of the research were achieved and are explained as follows:

(a) For the *Systematic Review*, reliable and valid questionnaires were selected to compose the core questionnaire: (i) "General Health Questionnaire (GHQ-12)" (Goldberg and Williams, 1988), (ii) "The List of Threatening Experiences (LTE-Q)" (Brugha and Cragg, 1990), (iii) "Ways of Coping Questionnaire (WAYS-R)" (Folkman and Lazarus, 1988), (iv) "Trauma Symptom Checklist-40 (TSC-40)"



(Briere and Runtz, 1988), and (v) "The Empowerment Scale" (Rogers, Chamberlin, Langer and Crean, 1997). Additionally, two sections were designed to measure the 'impact of child abuse in the psychotherapy practice' and 'dominance power'. An update search up to 2007 was conducted, results of this search show that each of the questionnaires selected are being used for many other studies, further analysis related to reliability or validity have been reported and the instruments have even being translated to other languages. These findings reaffirmed that all the questionnaires selected were the adequate instruments to use for this specific research, up to date.

(b) The *Survey* was completed by 103 psychotherapists/counsellors. Even the ideal sample size for this population (UPCA) was to have 124 participants; the sample survey reflected the same proportion of males (35%) and females (65%) of the UPCA (Universities Psychotherapists and Counsellors Association) therefore this survey has no gender bias. Over one third of the respondents were men and nearly two thirds were women. The age range was between 31 to 73 years, the average being 49 years. This study showed that 57% of the 103 respondents reported that they had been abused in childhood with a higher proportion of women of those reporting abuse (73% of the abused group) –this is maybe due bias by people who experienced abuse tended to participate in the study-.

The results show that the subscales *Power-Powerless*, *Confrontive*, and *Distancing* are positive empowerment mediators of trauma. *Self-Esteem-Self-Efficacy*, *Righteous Anger* (subscales of empowerment) and *Seeking Social Support* on the other hand, are the negative coping mediators for trauma. However, *Power-Powerlessness* and *Distancing* are not significant, as its p-value higher than 0.05 shows, and *Righteous Anger* is a borderline subscale. In other words, high scores in trauma (Beta) were associated with high scores in *Confrontive* coping strategy and *Distancing*. Conversely, low scores of trauma were associated with high scores of *Self-Esteem-Self-Efficacy*, *Seeking Social Support*, *Righteous Anger* (borderline) and *feeling powerful* (borderline). This suggested that self-reliance and confrontation increased peoples trauma, power obtained from support from



others, and 'Acknowledged Anger' (no significant) led to lower levels of trauma (negative values of Beta). At the gender analysis, for males, in the regression analysis two subscales were selected: *Self-Esteem-Self-Efficacy* (with a borderline p-value) and *Accepting Responsibility*. The results show that the less the *Self-Esteem-Self-Efficacy* the more the trauma, and for *Accepting Responsibility* the more the *Accepting Responsibility*, the higher the post-traumatic symptoms. For female psychotherapists/counsellors, After Regression Analysis, one subscale of the *Empowerment* questionnaire and three subscales of the *Ways of Coping Questionnaire* remained in the regression. The results show that post-traumatic symptoms were higher with low *Self-Efficacy-Self-Esteem* and low *Seeking Social Support* (negative values of beta). Between the more *Confrontive* (of borderline significance) and *Self Controlling*, the higher was the score in post-traumatic symptoms.

Correlation results show that the female psychotherapists reported sleeping better and performing their duties better (*i.e.* Psychotherapy and Counselling) due to their opinion that their profession is useful and their psychotherapy training.

(c) Seven *Interviews* were completed, transcribed, corrected and approved by the participants and then analysed. The categories of power and the elements of inner power were identified. In the discussion chapter I integrated not only the qualitative and quantitative approaches, but also integrated and analysed the themes that I found in the interview study. This provided the integration of the elements of the inner power category: inner direct locus of control, positive attachment, imagination and/by creative activities, sports and dance, 'use of poor memory' by forgetting painful situations, the 'screaming body', organisational occupation, and understanding.

Furthermore I integrated the different subcategories of power that I found in the study: dominance power, empowerment, powerlessness/disempowerment, inner power. Imagination was a key point of interest, and it was essential to find out if it had had a relationship to inner power. Association of the Inner Power category to a



specific age of the life of the participants suggests that 'inner direct locus of control', 'positive secure attachment', 'imagination and creative activities, sports and dance' were used more during childhood. The 'use of poor memory' and the 'screaming body' were linked to both childhood and adulthood. The categories 'organisational occupation' and 'understanding' were associated with the adulthood of the participants.

The discussion chapter integrates the mixed methods approach. Results of the three phases were triangulated. According to O'Cathain (forthcoming), in mixed methods studies it is likely that innovation is necessary. Therefore, it is important to acknowledge the convention of how the researcher is going to present the report of his/her results. Also, the decision of the order of presentation of the components (in the case of this thesis, quantitative first and then qualitative), data collection, analysis and findings was taken according to the format I decided to report the research (Johnstone, 2004:6). Therefore the presentation of the components of this thesis is reported in an integrated format (Creswell and Plano-Clark, 2007).

This mixed methods research has three marked components: a systematic review, a quantitative questionnaire and a qualitative interview study. The purpose of employing this mixed methods approach was sequential, that is that each component addresses an aspect towards the next component. The research is reported on an integrated model with all the methods in the methods chapter followed by the results that cover an aspect of the research and the discussion chapter. The discussion chapter integrates the results of all the three components towards building 'inner power' as a construct. In this way, the 'inner power' element has a pragmatic scientific background as a new proposed psychological element that provides empowerment.

*The findings of the research* showed that different types of power are present in the experiences of women who had overcome the experience of childhood abuse: inner power, powerlessness/disempowerment, dominance power and



empowerment. The triangulation point out that imagination is present in all the types of power and particularly that imagination is the faculty of inner power.

In light of the evidence of the research, the analysis of inner power phenomenologically deconstructed in this research identified areas of resistance to dominance power, such as the screaming body and organizational occupation. The inner power (sub) category is an internal force that is fed by the source of imagination (as in creativity, as in imaginary, as in sport or as in 'active imagination'). Imagination, thus, offers an emotional space that provides the escape required to process the emotions for recovery from trauma. Imagination, as it has been said elsewhere, is embedded in all of these sub-categories of power, however where imagination plays the most crucial role is in the sub-category of inner power.

Home activities were a very important metaphor in which the imagination embodied organization and control over the chaos caused by the neglect, the witnessing of domestic violence or the tragic death of a parent or close relative. Sports as a body activity seemed to be related to physical abuse, and reading and drawing with emotional abuse. This suggests that the type of activity is related to the type of abuse participants suffered from.

The use of imagination in its various forms described in this study provided an alternative to attain: hope, help, understanding, container, acceptance, self-esteem, control (inside-outside), and a positive way of reclaiming the human right of not being abused and of being free of violence of any kind. This 'reclaiming' of emotional space is a means to self-empowerment, which is a dynamic structure always in movement, and also is an active agency that leads to resilience by the use of imagination. This process of imagination helps to discharge anger and negative emotions and develop understanding related to childhood abuse. Also the continued deployment of imagination enhances creativity by helping to develop coping skills, abilities and autonomy in the survivors since childhood. It can



eventually lead them towards development of resilience and healing of trauma through the psychotherapy training process as adults.

Other psychological approaches involved in the analyses of power may find the categories of power and strategies of resistance identified by this study useful, including cognitive, systems, psychoanalytic and psychodynamic perspectives.

The search has several strengths. First of all, the review for searching and selecting suitable and reliable questionnaires was conducted in a very systematic way. The selection had the appropriate questionnaires that hold additional good characteristics, ideal for its practicality and short time to answer. The search was updated to check if there were other possible better questionnaires to use. The updated search yielded new designed questionnaires with focus on different specific situations (e.g. religion, chronic or acute illnesses). The questionnaires initially elected appeared translated in other languages or tested further. Therefore, it is possible to conclude that the updated search reinforces the idea that the questionnaires used in this thesis are the better tools for investigating the factors of the quantitative study.

The survey was carried making sure that respondents completed the questionnaires, through several reminders to try to increase the response rate. The interview has the strength of a careful sample selection, taking care of having a representation of each type of abuse, considered in the research.

Deep Interpretative Phenomenological Analysis was an adequate technique especially for psychology and qualitative interview analysis. It helped to deconstruct power in different categories and to make visible the powerlessness and the disempowerment that became one single category because conducted to the other in the majority of cases. Interpretative Phenomenological Analysis helped to examine the aspects of power in which imagination was a key factor that underpinned the different types of power that emerged from the analysis.



In a more profound analysis of power, inner power was analysed and several elements that construct inner power were discovered. Imagination was the faculty of inner power.

The mixed methods approaches give an opportunity that the different approaches provide per se, and the enrichment that the interwoven of the results and triangulation might give. The quantitative approach provided quantifiable measures for the different factors and the qualitative approach offered the sensibility to analyse in depth the participants' accounts through a phenomenological feminist lens. Interpretative Phenomenological Analysis gave the opportunity to deconstruct power and to find the elements of inner power to resilience. Mixed methods are the appropriate methodology for this research.

Regarding the limitations of the study, the sample size ideally needed 124 participants. However, with the 7% of confidence interval 103 participants was considered a good size, nevertheless is not large enough to enable generalisation from the results. This study showed that 57% of the 103 respondents reported that they had been abused in childhood with a higher proportion of women reporting abuse (73% of the abused group). There are three possible causes for people bias. (1) The participants that suffered a kind of abuse did not want to respond, (2) the participants that experienced abused were keen to respond, (3) this study comprises several kinds of abuse: physical, sexual, emotional, neglect and witnessing domestic abuse.

Another limitation of the research is respect to the survey, it was not requested the information about: the age of onset, the duration of abuse and severity of the violence for the quantitative study. However, in the qualitative study this information was obtained from the interviewed participants. The type of definition of childhood abuse (the subjective approach) may be another source of variation in the prevalence rate.



The contribution to knowledge that this thesis provide is a contribution to feminist research on the operation of power in women's lives and offers an alternative means of analysis of the multiple structures of power. The empirical examination of Inner Power as a category of power that might provide resilience to the trauma of child abuse is an important contribution to the knowledge of power, psychology and trauma. Whereas many feminist theorists have researched how power operates in terms of the exercising of dominance power, but in doing so they have mainly focused on the operation of patriarchal power to explain how men have dominated women, or how some women have appropriated patriarchal power strategies to dominate other women, and so on.

However, in this research it is argued that such theorists have neglected to study phenomena associated with the development of resistance to dominance, which involves the development of inner power and resilience to oppression. As discussed in chapter one, some commentators such as Elworthy (1996) have analysed inner power, but scientific and empirical studies on how inner power may be constructed to enable the development of resilience have, as yet, not been conducted.

A further contribution of this thesis to the study of power in women's lives involves the analysis of dominance power, which leads to different types of abuse. Thus, it is important to recognise that post-trauma symptoms are caused by the exercise of domination that characterises abuse. Dominance power, in psychological terms, enables the exercise of control of the subjugated other, which effectively robs them of an internal locus of control and concomitant self-efficacy for the duration of the abuse.

This analysis of the effects of dominance power mirrors other types of violence, including wars, violence on the streets, violence by police, and any others. This research has shown that the practice of abuse leads the abused towards states of powerlessness and disempowerment which is reflected in the higher incidence of



depressive disorders, anxiety disorders, helplessness and hopelessness that can end up in acute mental illnesses.

## **8.2. Suggestions towards a critical psychology**

This section attempts to make a reflection of the results of my research in a phenomenological exercise of the effects that childhood abuse has within a global context. As a part of a collective – Latin-American people - that has been systematically abused by other social groups, I am interested to offer my personal view and suggestions for public politics in a global ecological context. Particularly because feminism is also a political lens that is challenging the way society has constructed power relationships.

After analyse how power is constructed and how much child abuse (in its different forms) affect individuals in adult life, I did a phenomenological exercise on how abuse in general may affect human beings. Suggestions, as a result of the data analysed in this thesis, I proposed that radical changes might be suggested for implementation by public policy makers; by government bodies involved in the management of health and social care institutions (with an emphasis in mental health care institutions); those involved in the education of health and social care practitioners, and the education of the general public as individuals. Different layers of change need to take place to challenge abuse; this can be facilitated by the social tolerance of the exercise of domination -not only over women, but also over other subjugated aspects of our experience. This includes a wide range of categories: our environment, our children, socially and economically excluded people such as the poor, people of other colours, women of other colours/cultures, over the countries' self determination, over other sexualities, disabled people, older people, towards other scientists, towards other philosophers and all those who are socially marginal.



According to the ecological model of the Argentinean psychologist Jorge Corsi (1994), abuse is a widely distributed phenomenon not only within personal or familial factors. Social oppression and incidence of child abuse are interconnected in an extended system of abuse, and phenomenology *“goes beyond itself and tries to formulate an opinion about the whole”* (Sokolowski, 2000:208). Corsi, explains that the ‘ecologic perspective’ is a reciprocal interaction amongst different levels: ‘individual level’, ‘microsystem’, ‘exosystem’, and ‘macrosystem’. Corsi analyses the phenomenon of domestic violence and concludes that the individual level refers to four dimensions: conductual, cognitive, interactional and psychodynamic. The microsystem refers to the family structure and dynamic within the family. The exosystem are the institutions, organizations legislations, risk factors it also includes all those within the public sphere or system that one way or another aggravate the situation of abuse.

Finally, the macrosystem is the entire environment that surrounds the phenomenon of abuse, including socio, economical and political power models and structures that affects or influence abuse of any kind. Considering child abuse worldwide would be crucial in helping people see the need to stop acting and thinking that other cultures live as separate entities on another planet. Looking at the macrosystem that surrounds child abuse, I suggest that people should understand the importance of stopping the practice of marginalisation, of ‘invisibility’ and start practicing the recognition and understanding that the ‘first world’, or the ‘second world’ or the ‘third world’ does not exist.

To stop/prevent abuse it is suggested here that people need to face the inconvenient truth of not only identifying who are the victims of abuse. It is important to recognise if they are part of a cultural group who have systematically been the perpetrators of abuse or where they are actually directly or indirectly abusing others, and then stop the abuse.

For example, Gilbert (1992) explains that dominant countries/societies/cultures tend to set the standards for the major languages and they include in their



dictionaries entries portraying their cultures as superior and, at the same time, portray others as inferior, perpetrating simply by language dominance of power over the symbolic order of language which is a form of abuse, or violence. Gilbert states that *"no one is to blame for this, in a sense we are all victims to the culture we inherit"* (1992:479). Gilbert's analysis stresses that human beings are invested with the power that is implemented by social and economic systems, religions, traditions and families. He emphasizes in his theory of depression that *"we must recognise how power over children, power over 'outgroups' and individualistic greed and envy produce many casualties"* (:477).

Therefore, people need to be aware that all women and men are living on the same planet<sup>1</sup> and they need to stop using abusive economic policies that destroy natural resources and individuals. In as much as depression and suicide are correlated to unemployment and monetary devaluation (Bentovim, 1992), it is crucial to facilitate economic systems that improve psychological environments that effectively assist people to decrease violence and abuse against children. Also, the prevention of child maltreatment is a meaningful approach to psychological distress. *"Many women do not develop a consciousness divided in this way at all: they see themselves, to be sure, as victims of an unjust system of social power, but they remain blind to the extent they themselves are implicated in the victimization of others"* (Bartky 1990:16).

Willis, *et al.* (1992) list three types of prevention: (a) directed at the total of the population, (b) early identification of target individuals and (c) targeted at individuals already identified with the adverse consequences. This study suggests that children's and women's inner power can be enhanced by the exercise of imagination -through creative arts and sports- and through the exercise of 'active imagination' in psychotherapy. Active imagination can empower the women in this study through the reframing of traumatic experience through the occupational

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<sup>1</sup> The word 'planet' is used here to make visible the ecology and natural resources as well as the situation of the place where we all live within the universe.



activity of psychotherapy, and so will apply by extension to the different art-therapies –including music-therapy, drama-therapy and dance-therapy.

### **8.3. Future research**

The study has several limitations: The definition of child abuse in this thesis is very broad and it can therefore be difficult to evaluate people's reporting of their abuse as their definition may vary from the rest of the population.

This research has:

- Developed a three-part study, namely: (1) the design of a core questionnaire, (2) a survey and (3) an interview study.
- Integrated a quantitative approach (the survey) and a qualitative approach (the interview study).
- Investigated the experience of childhood abuse, seen through the eyes of a sample of female psychotherapists. This can be summarised by the following major themes from three different angles: the participants' general accounts, types of power, and inner power. Three different analyses were conducted: one of the general accounts, another to analyse power, and the last one to analyse the category of inner power. Qualitative research brought the opportunity to deconstruct the concept of power to see in more detail each of the four categories that constitute power in women in greater detail: inner power, powerlessness/disempowerment, dominance power and empowerment. It was found that imagination is the source of inner power.

Areas for future research

- Further exploration of male participants might contribute to understanding of further aspects of inner power.
- Further research with survivors, students, mental health patients or any other type of population might enrich or corroborate the core elements of



inner power found in this research and to facilitate further development of the concept.

- Further examination of other areas of exploration of empowerment, powerlessness/disempowerment and dominance power.
- Further investigation in eating disorders body size and power.
- These categories of power identified in this study could be useful way for others psychological approaches might use.
- There is a wide range of possibilities for further enquiry on the application of innovative special schemes of arts and sports with a focus to children in risk or actually experiencing abuse within the education, social services and psychotherapeutic arenas.

I would like to close this thesis with the comment of one of the participants:

*...“What does it mean to me to be mentally healthy? Does that mean I will never be depressed again? Does that mean...what does it mean? I suppose for me it is about imagination and creativity in many ways in that I have become more and more aware over the years that the way in which I perceive things is a creative process, has been a creative process. And the way in which I perceive things now is totally different to the way in which I perceived things 30 years ago, 20 years ago or even ten years ago. That one might say I’m a different person. And that...if you haven’t got a conceptual framework for understanding that, that can be a bit scary. I suppose for me part of the process of psychotherapy is often, not always, but often loosening up their conceptual framework in a way that makes other ways of viewing things possible for them. And that is very much a creative process but not one it can do for them.” (Rosy 12.2-12.33).*





Alper, S. (2007). Coping Response Inventory: Assessing the reliability of the Turkish college students and introductory-development of an alternative Coping Response Inventory (CRI). *Mental Health Research*, 5, 1-12.

Alper, S., Karadas, S., Karan, U. K., Ozer, O. A., Kara, H. (2005). The reliability and validity of the COPE inventory in Turkish sample: A preliminary study. *Journal of Psychology*, Vol 6(4) Dec. 221-226.

Alper, S., and Karadas, S. (2002) Coping with illness-related problems in patients with chronic obstructive pulmonary disease: The Swedish version of the Ways of Coping Inventory. *Scandinavian Journal of Caring Sciences*, Vol 18(1), 20-25.

APA. (2000). *Diagnostic and statistical manual of mental disorders*. 4th edition. Washington, DC: American Psychiatric Association.

Alper, S., Karadas, S., Karan, U. K., Ozer, O. A., Kara, H. (2005). The reliability and validity of the COPE inventory in Turkish sample: A preliminary study. *Journal of Psychology*, Vol 6(4) Dec. 221-226.

## REFERENCES



Bandura, A. (1982). *Self-efficacy mechanism in human agency*. *American Psychologist*, 37, 122-47.

Bandura, A. (1989). *Exercise of personal agency through the self-efficacy mechanism*. In Bandura, A. (Ed.), *Self-efficacy thought control and action*. New York: Prentice-Hall.

Bandura, A. (1997). *Self-efficacy: the exercise of control*. New York: Free Press.

Bandura, A., & Mullen, P. (1991). *Successful education: A self-efficacy approach*. *Journal of Educational Psychology*, 83, 1-10.

Bandura, A. (1997). *Self-efficacy: the exercise of control*. New York: Free Press.

Bandura, A., & Mullen, P. (1991). *Successful education: A self-efficacy approach*. *Journal of Educational Psychology*, 83, 1-10.



## REFERENCES



- Aguilar-Vafaie, M. E; Abiari, M. (2007). Coping Response Inventory: Assessing coping among Iranian college students and introductory development of an adapted Iranian Coping Response Inventory (CRI). *Mental Health, Religion & Culture*. Vol 10(5), 489-513.
- Agargun, M. Y.; Besiroglu, L.; Kiran, U. K.; Ozer, O. A.; Kara, H. (2005). The psychometric properties of the COPE inventory in Turkish sample: A preliminary research. [Turkish]. *Anadolu Psikiyatri Dergisi*. Vol 6(4) Dec. 221-226.
- Ahlstrom, G. and Wenneberg, S. (2002) Coping with illness-related problems in persons with progressive muscular disease: The Swedish version of the Ways of Coping Questionnaire. *Scandinavian Journal of Caring Sciences*. Vol 16(4) Dec, 368-375.
- APA (1980). *Diagnostic and statistical manual of mental disorders*. (3<sup>rd</sup> edition). Washington, DC. American Psychiatric Association.
- Agargun, M. Y.; Besiroglu, L.; Kiran, U. K.; Ozer, O. A.; Kara, H. (2005). The psychometric properties of the COPE inventory in Turkish sample: A preliminary research. [Turkish]. *Anadolu Psikiyatri Dergisi*. Vol 6(4) Dec. 221-226.
- Ayalon, O. and Van Tassel, E. (1987). Living in dangerous environments. In M. R. Brassard, R. Germain, and S.N. Hart (Eds) *Psychological maltreatment of children and youth* (pp. 171-182). New York: Pergamon.
- Bandura, A. (1986). *Social Foundations of Thought and Action: A Social Cognitive Theory*. Englewood Cliffs, NJ: Prentice-Hall.
- Bandura, A. (1992). Exercise of personal agency through the self-efficacy mechanism. In Schwarzer, R. (Ed.). *Self-efficacy thought Control of Action*. Hemisphere publishing corporation: United States of America.
- Bandura, A. (1997). *Self-efficacy: the exercise of control*. New York: W.H. Freeman.
- Baron, P.; Joubert, N.; Mercier, P. (1991). Stressful situations and adolescent depressive symptomatology. [French]. Situations stressantes et symptomatologie depressive chez les adolescents. *European Review of Applied Psychology/Revue Europeenne de Psychologie Appliquee*. Vol 41(3), 173-180.



- Bartky, S L. (1990) *Feminity and domination: studies in the phenomenology of oppression*. Routledge. New York.
- Bentovim, A. (1992). *Trauma-organized systems: physical and sexual abuse in families*. London : Karnac.
- Berliner, L. (1991). Therapy with victimized children and their families. In J.N. Briere (Ed.), *Treating victims of child sexual abuse* (pp. 29-46). San Francisco: Jossey-Bass.
- Bernard, B. (1995). Fostering resilience in children. EDO-PS-95-9. <http://ceep.crc.uiuc.edu/index.html> Consulted on March 2001.
- Bernstein, D., Ahluvalia, T., Pogge, D., and Handelsman, L. (1997). Validity of the childhood trauma questionnaire in an adolescent psychiatric population. *Journal American Academy of Child and Adolescent Psychiatry*. Vol. 36(3):340-348.
- Billings, A. G and Moss, R. H. (1981). The Role of Coping Responses and Social Resources in attenuating the Stress of Life Events. *Journal of Behavioural Medicine*, 4, 2: 139-157
- Bland, M. and Altman D. (1997) *Statistics notes: Validating scales and indexes. Cronbach's alpha*. *BMJ* 1997; 314:572  
<http://bmj.bmjournals.com/cgi/content/full/314/7080/572> Accessed 22 February.
- Bland, M. and Peacock, J. (2000). *Statistical questions in evidence-based medicine*. Oxford: Oxford University Press.
- Bodvarsdottir, I; Elklit, A. (2004). Psychological reactions in Icelandic earthquake survivors. *Scandinavian Journal of Psychology*. Vol 45(1) Feb 2004, 3-13.
- Bordo, S. (1993). *Unberable Weight: Feminism, Western Culture and the body*. Berkeley: University California Press.
- Borkovec, T. D., Lyonfields, J. D., Wiser, S. L., & Deihl, L. (1993). The role of worrisome thinking in the suppression of cardiovascular response to phobic imagery. *Behavior Research and Therapy*, 31, 321–324.
- Boulding, Kenneth. (1999). *The nature of power in Negotiation: Readings, exercises, and cases*. Lewicki, Roy J. (Ed); Saunders, David M. (Ed); et-al. (3rd Ed.). (pp. 180-192). Boston, MA, US: Irwin/The McGraw-Hill Companies, Inc.
- Bowlby J. (1973). *Attachment and loss, Vol II: Separation*. New York: Basic Books.
- Bowlby, J. (1985). *Attachment and loss, Vol 3*. Penguin, Harmondsworth.



- Bowling, A. (2001). *Measuring disease*. Open University Press. Philadelphia
- Braidotti, R. (1994). *Nomadic Subjects*. New York: Columbia University Press.
- Braude, S. (1991) *First Person Plural: Multiple Personality and the Philosophy of Mind*. London: Routledge.
- Bremner, J.D., Scott, T. M., Delaney, R.c., Southwick, S.M., Mason, J.W., Johnson, d.R., Innis, R.B. McCarthy, G., and Charney, D.S. (1993). Deficits in short-term memory in posttraumatic stress disorder. *American journal of Psychiatry*, 150: 1015-019.
- Briere J. and Elliot D. M. (2003). Prevalence and psychological sequelae of self reported childhood physical and sexual abuse in a general population sample in men and women. *Child abuse and neglect*. 27:1205-1222. Pergamon.
- Briere, J. (1992a). Methodological issues in the study of sexual abuse effects. *Journal of Consulting Clinical Psychology*, 60, 196-203
- Briere, J. (2001). TSC- 40 The trauma symptom checklist 40  
[www.johnbriere.com/tsc.htm](http://www.johnbriere.com/tsc.htm)
- Briere, J. (2002). Treating adult survivors of severe childhood abuse and neglect: Further development of an integrative model. In J. B. Myers et al. *The APSAC handbook on child maltreatment*. American professional society on the abuse of children.
- Briere, J. and Runtz, M. (1988). Multivariate correlates of childhood psychological maltreatment among university women. *Child Abuse and Neglect*. Vol. 12:331-341
- Briere, J. and Runtz, M. (1989). The trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of interpersonal violence*.
- Briere, J. N. (1992b) *Child abuse trauma: theory and treatment of the lasting effects*. Newbury Park, California; London: Sage Publications, Interpersonal violence: the practice Series.
- Briere, J., and Runtz, M. (1989). The Trauma Symptom Checklist (TSC-33): Early data on a new scale. *Journal of Interpersonal violence*, 4, 151-163.
- Briere, J., and Runtz, M. (1990) Differential Adult Symptomatology associated with three types of child abuse histories. *Child Abuse and Neglect*, 14,357-364.
- Brink, P. J. (2001). Editorial Representing the Population in Qualitative Research. *Western Journal of Nursing Research*. November Vol. 23 (7) 661-663.



Brook, B. (1999). *Feminist perspectives on the body*. Pearson Education Limited: Malasya.

Brown, G. W. (1989). Life events and measurement. In Brown, G. W. and Tirril O. H. *Life events and illness*. London : Unwin Hyman,.

Brown, G. W. and Harris, T. O. (1989) *Life events and illness*. London : Unwin Hyman.

Brugha, T. (2001). *Recent life events. Guidance on using questionnaire*. [www.doh.gov.uk/pdfs/qprecentlife.pdf](http://www.doh.gov.uk/pdfs/qprecentlife.pdf)

Brugha, T. S. and Cragg, D. (1990) The list of threatening experiences: the reliability and validity of a brief life events questionnaire. *Acta Psychiatrica Scandinavica*, 82: 77-81.

Brugha, T. S.; Bebbington, P; Tennant C. and Hurry, J. (1985). The list of threatening expetiencies: a subset of 12 life event categories with considerable long term contextual threat. *Psychological Medicine*, 15, 189-194.

Bruner, C.-A., Acuña, L. and Gallardo, L. (1994). La Escala de Reajuste Social (SRRS), de Holmes y Rahe en Mexico./ The social Readjustment Rating Scale (SRRS) of Holmes and Rahe in Mexico. *Revista Latinoamericana de Psicología*. Vol. 26(2):253-269. Abstract.

Bruner, C.-A., Acuña, L. and Gallardo, L. (1994). La Escala de Reajuste Social (SRRS), de Holmes y Rahe en Mexico./ The social Readjustment Rating Scale (SRRS) of Holmes and Rahe in Mexico. *Revista Latinoamericana de Psicología*. Vol. 26(2):253-269. Abstract.

Buckhout, M. (2001). Women's voices of resilience: Female adult abuse survivors define the phenomenon. *Dissertation Abstracts International Section B: The Sciences and Engineering*. Vol 61(12-B): 6697.

Burman, E., Alldred, P., Bewley C., Goldberg, B. Heenan C., Marks D., Marshall J. Taylor K, Ullah R. and Warner S. (1996). *Challenging women: psychology's exclusions, feminist possibilities*. Open University Press. Bristol, U.S.A.

Burnett, B. (1993) The psychological abuse of latency age children: a survey, *Child Abuse and Neglect*, 17: 441-54.

Burns, T. and Stalker, G.M. (1961). *The management of innovation*. London: Tavistok.



- Burr, J. (2002). Providing a contrasting view to evolutionary psychology's hypotheses on depression. *Psychology, Evolution & Gender*. 4.1 April 93-113.
- Busfield, J. (1996). *Men, women and madness: Understanding gender and mental disorder*. London.
- Chamberlain, J. (1994). A Psychiatric Survivor Speaks Out. *Journal of Feminism and Psychology*. Vol. 4, 2: 284-287. SAGE: London.
- Chesler, P. (1972). *Women and Madness*. Allen Lane: New York.
- Chesler, P. (1994a). Extracts from Women and Madness. *Journal of Feminism and Psychology*. Vol. 4, 2: 268-279. SAGE: London.
- Chesler, P. (1994b). Heroism Is Our Only Alternative. *Journal of Feminism and Psychology*. Vol. 4, 2: 298-306. SAGE: London.
- Chesney, Margaret A; Neilands, Torsten B; Chambers, Donald B; Taylor, Jonelle M; Folkman, Susan. (2006). A validity and reliability study of the Coping Self-Efficacy scale. *British Journal of Health Psychology*. Vol 11(3) Sep 2006, 421-437.
- Chi, S.; Lin, W. J. (2005). The Development of College Seniors Stress Questionnaire. [Chinese]. *Chinese Mental Health Journal*. Vol 19(6) Jun, 367-369.
- Chodorow, N. (1978). *The Reproduction of Mothering*. Berkeley: University of California Press.
- Cicchetti, D. (1989). The organization and coherence of socioemotional cognitive, and representational development: illustrations thorough a developmental psychopathology perspective on Down syndrome and child maltreatment. In R. Thompson (Ed.) *Socioemotional development. Nebraska Symposium on motivation*. (pp. 259-279). Lincoln: University of Nebraska Press.
- Cobley, C. (1995). *Child Abuse and the Law*. London: Cavendish.
- Cochrane review, (2007). <http://www.cochrane.org/resources/glossary.htm>. accessed April 2007.
- Cohen, L. H. (1988). *Life events and psychological functioning: theoretical and methodological issues*. United States of America: Sage.
- Coid J.; Petruckevitch, A.; Chung, W.; Richardson, J.; Moorey, S.; and Feder, G. (2003). Abusive experiences and psychiatric morbidity in women primary care attenders. *British Journal of Psychiatry*, 183, 332-339.



- Collins, K. & Nicolson, P. (2002). The Meaning Of 'Satisfaction' For People With Dermatological Problems: Re-Assessing Approaches Of Qualitative Health Psychology Research. *Journal of Health Psychology*. Vol. 7(5) 615-629.
- Corby, B (1989) Alternative theory bases in child abuse. In Stainton, R. W., Hevey, D. and Ash, E. (1989). *Child abuse and neglect: Facing the challenge*. London: The Open University.
- Corby, B. (2000) *Child abuse: towards a knowledge base*. - 2nd ed. - Buckingham: Open University Press.
- Corcoran, J. (2006). Therapeutic Interventions with Children who have Experienced Sexual and Physical Abuse in the US. In McAuley, C., Pecora, P. J; Rose, W. (Eds). *Enhancing the well-being of children and families through effective interventions: International evidence for practice*. (pp. 158-169). 383 pp. London, England: Jessica Kingsley Publishers.
- Corsi, J. (1994). *Violencia familiar, una mirada interdisciplinaria sobre un grave problema social*. Compilacion. Ed. Paidos. Buenos Aires, Argentina.
- Costello, E. Jane; Angold, A; March, J; Fairbank, J. (1998). Life events and post-traumatic stress: The development of a new measure for children and adolescents. *Psychological Medicine*. Vol 28(6) Nov, 1275-1288.
- Counts, D. (1987). Female suicide and wife abuse: a cross cultural perspective. *Suicide and Life-Threatening Behaviour*. Col 7, no 3:194-204
- Cousson-Gelie, F; Irachabal, S; Bruchon-Schweitzer, M; Dilhuydy, J. M; Lakdja, F. (2005). Dimensions of Cancer Locus of Control Scale as predictors of psychological adjustment and survival in breast cancer patients. *Psychological Reports*. Vol 97(3) Dec, 699-711.
- Craig, C. D. (2006). Psychometric testing of the Multi-modal Coping Inventory: A new measure of general coping styles. *Dissertation Abstracts International Section A: Humanities and Social Sciences*. Vol 67(1-A), 2006, pp. 336.
- Corrigan, P. W; Faber, D.; Rashid, F.; Leary, M. (1999). The construct validity of empowerment among consumers of mental health services. *Schizophrenia Research*. Vol 38(1) Jul, 77-84.
- Cresswell, J. W. (1998) *Qualitative inquiry and research design: choosing among five traditions*. Thousand Oaks, CA: Sage.
- Cressy, E. C. (2002). Telling Stories and playing soccer: The role of adults in reconstructing gender, sport and power through interactions with young girls.



*Dissertation-Abstracts International*: Section B: The Sciences and Engineering. Jun; Vol 62 (11B): 5428.

Daniels, K. M., (2001). A Program Incorporating Self-Defense Training and Group Therapy In The Treatment Of Adult Child Sexual Abuse Survivors. *Dissertation-Abstracts-International*: Section B: The Sciences and Engineering. Jul; Vol 62(1-B): 542.

Decker, H. (1986). The Lure of Nonmaterialism in Materialis Europe: Investigations of Dissociative Phenomena, 1880-1915. In Quen, J. (ed.) *Split Minds/Split Brains*. New York: New York University Press.

Demare, D. (2001). Examining long-term correlates of psychological, physical, and sexual childhood maltreatment: Validation of the Childhood Maltreatment Questionnaire. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 61(10-B), Apr 2001, pp. 5557. Abstract.

Department of Health (2000) *Working Together to Safeguard Children: A Guide to Inter-agency Working to Safeguard and promote the Welfare of Children*. London: The Stationery Office.

Department of Health and Social Security (1980) *Child abuse: Central Register Systems*, LASSL (80)4. London: HMSO.

Department of Health and Social Security (1988). *Working together: A guide to Inter-agency Cooperation for the Protection of children from Abuse*. London: HMSO.

Dinnerstein, D. (1976) *The Mermaid and the Minotaur. Sexual Arrangements and Human Malaise*. New York: Other Press.

Dobash, R. E. and Dobash, R. P. (1980) *Violence against wives: a case against the patriarchy*, London: Open Books.

Dohrenwend, B. S., and Dohrenwend, B. P (1978). Some issues in research on stressful life events. *Journal Nerv. Mental Disorder* 166: 7-15

Dohrenwend, B. S., and Dohrenwend, B. P. (eds.) 1974, *Stressful Life Events: Their Nature and Effects*, Wiley and Sons, New York.

Doyal, L. (1995). *What Makes Women Sick: Gender and the Political Economy of Health*. Macmillan Press Ltd.

Edwards, P., Roberts, I., Clarke, M., DiGuseppi, C., Pratap, S. Wentz, R. (2002). Increasing response rates to postal questionnaires: systematic review. *BMJ*, Vol 324: 1183-192.



- Egeland, B., and Erickson, M. (1987). Psychologically unavailable caregiving. In M. R. Brassard, R. Germain, and S. N. Hart (Eds), *Psychological Maltreatment of children and youth* (pp. 110-120). New York: Pergamon.
- Egeland, B., and Farber, E. A. (1984). Infant-mother attachment: Factors related to its development and changes over time. *Child Development*, 55, 753-771.
- Ehrsson, H., Geyer, S. and Naito, E. (2003) Imagery of Voluntary Movement of Fingers, Toes, and Tongue Activates Corresponding Body-Part-Specific Motor Representations. *Journal Neurophysiology* No. 90:3304-3316. The American Physiological Society.
- Eichenbaum, L. and Orbach, S. (1983). *Understanding women*. Penguin books: Great Britain.
- Elfstrom, M. L.; Kreuter, M.; Persson, L.; Sullivan, M. (2005) General and condition-specific measures of coping strategies in persons with spinal cord lesion. *Psychology, Health & Medicine*. Vol 10(3) Aug, 231-242.
- Elklit, Ask; Brink, (Ole.2004). Acute Stress Disorder as a Predictor of Post-Traumatic Stress Disorder in Physical Assault Victims. *Journal of Interpersonal Violence*. Vol 19(6) Jun 2004, 709-726.
- Elklit, A.; O'Connor, M. (2005). Post-traumatic stress disorder in a Danish population of elderly bereaved. *Scandinavian Journal of Psychology*. Vol 46(5) Oct 2005, 439-445.
- Ellenberg, H. (1970). *The discovery of the unconscious*. London: Fontana Press.
- Elliot, D. M., & Guy, J. D. (1993). Mental health professionals versus non-mental-health professionals: childhood trauma and adult functioning. *Professional Psychology: Research and Practice*, 24, 83-90.
- Elliot, D. M., and Briere, J. (1991). Studying the long-term effects of sexual abuse: The Trauma Symptom Checklist (TSC) scales. In A. W. Burgess (ed) *Rape and Sexual Assault III*. New York: Garland
- Elliot, D. M., and Briere, J. (1992). Sexual abuse trauma among professional women: Validating the Trauma Symptom Checklist – 40). *Child Abuse and Neglect*, 16,391-398
- Elliott, D. M., and Edwards, K. J. (1991). *Individuals raised by alcoholic versus mentally ill parents: A comparison study*. Paper presented at the annual meeting of the American Psychological Association, San Francisco.



- Elliott, D.M. and Briere, J. (1992). Sexual abuse trauma among professional women: validating the trauma symptom checklist-40 (TSC-40). *Child Abuse & Neglect*, vol. 16, pp391-398.
- Elworthy, S (1996). *Power and Sex*. Rockport: Element.
- Emery, R. E. (1988). *Marriage, divorce, and children's adjustment*. Newbury Park, CA: SAGE
- Enns, C.Z., McNeilly C.L., Madison-Corkery, J., and Gilbert, M.S. (1995). The debate about delayed memories of child sexual abuse: a feminist perspective. *The counselling psychologist*. Vol. 23 (2) April, 181-279.
- Everett, B. and Gallop, R. (2001). *The link between childhood trauma and mental illness: Effective interventions for mental health professionals*. xiii, 330 pp. Thousand Oaks, CA, US: Sage Publications, Inc.
- Ezban, M., Medina-Mora, M. E., Palaez, O. and Padilla, P. (1984). Sensibilidad del cuestionario general de salud de Goldberg para detectar la evolucion de pacientes en tratamiento psiquiatrico./ Sensitivity of Goldberg's general health Questionnaire for detection of progress of patients in psychiatric treatment. *Salud Mental*. Vol. 7(3): 68-71. Abstract.
- Feldman-Summers and Pope Kenneth (1994). The Experience of "Forgetting" Childhood Abuse: A National Survey of Psychologists. *Journal of Consulting Clinical Psychology* Vol 62 (3) 636-639.
- Ferguson, K. S and Dacey, C. M. (1997) Anxiety, Depression, and dissociation in women health care providers reporting a history if childhood psychological abuse. *Child Abuse & Neglect*, Vol. 211, No. 10, pp 941-952. Elsevier Science Ltd
- Fink, L. A., Bernstein, D., Handelsman, L., Foote, J. and Lovejoy, M. (1995). Initial reliability and validity of the childhood trauma interview: a new multidimensional measure of childhood interpersonal trauma. *American Journal Psychiatry*. Vol. 152:1329-1335.
- Finkelhor, D. (1979). *Sexually victimized children*. New York: Free Press.
- Finkelhor, D. and Browne, A. (1985). The traumatic impact of child sexual abuse: A conceptualisation. *American Journal of Orthopsychiatry*, 55:530-541.
- Finney, A. (2006) Domestic violence, sexual assault and stalking: findings from the 2004/2005 British Crime Survey. Home Office Online Report, Accessed on 12/06.
- Fitzpatrick, R. & Boulton, M. (1994). Qualitative methods for assessing health care. *Quality in Health Care*. Vol 3:107-113.



- Foa, E. B. and Rothbaum, B. O. (1998). *Treating the trauma of rape: Cognitive-behavioural therapy for PTSD*. New York: Guilford.
- Folkman, S. (1984). Personal Control and Stress and Coping Processes: A theoretical Analysis. *Journal of Personality and Social Psychology*. Vol. 46, No4, 839-852.
- Folkman, S. and Lazarus, R. S. (1988). Ways of coping questionnaire Review Set Manual, Test booklet, scoring key. Mind Garden. Redwood City, CA. USA  
<http://www.mindgarden.com/Assessments/Info/waysinfo.htm>
- Folkman, S. and Lazarus, R.S., (1988b). Coping as a mediator of emotion. *Journal of Personality and Social Psychology* 54, pp. 466–475.
- Follette, V. M., Polusny, M. M., & Milbeck, K. (1994). Mental health and law enforcement professionals: Trauma history, psychological symptoms, and impact of providing services to child sexual abuse survivors. *Professional Psychology: Research and Practice*, 25, 275-282.
- Fonagy, P., Steele, M., Steele, H., Higgitt, A. and Target, M. (1994). The Emmanuel Miller Memorial Lecture 1992: The theory and practice of resilience. *Journal of Psychology and Psychiatry*. Vol. 35, No. 2:231-257. Great Britain: Pergamon.
- Fraiberg, S.H., Adelson, E. and Shapiro, V. (1985). Ghosts in the nursery: a psychoanalytic approach to the problem of impaired infant-mother relationships. *Journal of the American Academy of Child Psychiatry*, 14: 387-422.
- Freud, S. (1932). *The interpretation of dreams*. 3rd ed. London: George Allen & Unwin.
- Friborg, O.; Hjemdal, O.; Rosenvinge, Jan H; Martinussen, M.; Aslaksen, P. M; Flaten, M. A. (2006). Resilience as a moderator of pain and stress. *Journal of Psychosomatic Research*. Vol 61(2) Aug, 213-219.
- Galliher, R. V., Rostosky, S. S., Welsh, D. P., Kawaguchi, M. C. (1999). Power and Psychological Well-Being in Late Adolescent Romantic Relationships. *Sex Roles: A Journal of Research*, May, 1999.
- Ginsburg, I. F. (2002) . Marital satisfaction, patterns of spousal interaction, and individual ways of coping among Russian immigrants. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 63(5-B), Nov, pp. 2582. Abstract.
- Garbarino and Gilliam (1980) *Understanding abusive families*. Lexington, MA: Lexington Books.



- Garnezy and Rutter, (1983). *Stress, coping and development in children*. New York: McGraw-Hill.
- Garnezy and Rutter, (1985). Acute reactions to stress. In M., Rutter and L. Hersov (Eds). *Child psychiatry: modern approaches*. (2<sup>nd</sup> Edn.) 79-106. Oxford: Blackwell Scientific.
- Garnezy, N. (1983). Stressors of childhood. In N. Garnezy and M. Rutter (Eds.). *Stress, Coping and Development in Children*. 43-84. New York, McGraw-Hill
- Garno, J. L; Goldberg, J. F; Ramirez, P. M.; Ritzler, B. A. (2005). Impact of childhood abuse on the clinical course of bipolar disorder. *British Journal of Psychiatry*. Vol 186(2) Feb, 121-125.
- Garza, M. A.(2000) Evaluation of a battered women's shelter: Outcomes to measure effectiveness. *Dissertation Abstracts International*. Section B The Sciences and Engineering. Sep; Vol 63(3-B).
- Green, B. L; Chung, J. Y; Daroowalla, A.; Kaltman, S.; DeBenedictis, C. (2006). Evaluating the Cultural Validity of the Stressful Life Events Screening Questionnaire. *Violence Against Women*. Vol 12(12) Dec, 1191-1213.
- Ghose, M. (2001). Women and Empowerment Through Literacy. In Olson D. R. (Ed). *The making of literate societies*. Malden: Blackwell Publishers.
- Giacaman, Rita; Shannon, Harry S; Saab, Hana; Arya, Neil; Boyce, Will. Individual and collective exposure to political violence: Palestinian adolescents coping with conflict. *European Journal of Public Health*. Vol 17(4) Dec 2007, 361-368.
- Gibson, CH. (1991). A Concept Analysis of Empowerment. *Journal advancing Nursing*. Vol16:354-361.
- Gilbert, P. (1992). *Depression. The Evolution of Powerlessness*. Lawrence Erlbaum Associates Ltd. East Sussex, U.K.
- Giles, D. C. (2002). *Advanced Research Methods in Psychology*. London: Routledge.
- Ginsburg, I. F. (2002) . Marital satisfaction, patterns of spousal interaction, and individual ways of coping among Russian immigrants. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 63(5-B), Nov, pp. 2582. Abstract.
- Ginzburg, K.; Arnow, B.; Hart, S.; Gardner, W.; Koopman, C.; Classen, C. C; Giese-Davis, J.; Spiegel, D. (2006). The abuse-related beliefs questionnaire for



- survivors of childhood sexual abuse. *Child Abuse & Neglect*. Vol 30(8) Aug, 929-943.
- Gold, S. R; Milan, L. D; Mayall, A.; Johnson, A. E. (1994). A cross-validation study of the trauma symptom checklist: The role of mediating variables. *Journal of Interpersonal Violence*. Vol 9(1) Mar 1994, 12-26.
- Goldberg, D. (1978a). *General Health Questionnaire, GHQ-12*. NferNelson.
- Goldberg, D. (1978b). *Manual of the General Health Questionnaire*. Windsor, England: NferNelson.
- Goldberg D. P., Hillier V. F. (1979). A scaled version of the General Health Questionnaire. *Psychology Med.* (9): 139-145.
- Goldberg, D. P. and Williams, P. (1988) *A User's guide to the General Health Questionnaire*. Windsor: NFER-Nelson.
- Goldberg, D.P. (1972) *The detection of Psychiatric Illness by Questionnaire: Maudsley Monograph No. 21*. Oxford: Oxford University Press.
- Goldberg, D.P. and Huxley, P. (1980) *Mental Illness in the community: The Pathway to Psychiatric Care*. London: Tavistock
- Gonzalez de Rivera, J.L. (1989). Factores de estres y enfermedad./Stress factors and disease. *Psiquis: Revista de Psiquiatria, Psicología y Psicossomatica*. Vol 10(1):11-20. Abstract.
- Gonzalez de Rivera, J.L. (1989). Factores de estres y enfermedad./Stress factors and disease. *Psiquis: Revista de Psiquiatria, Psicología y Psicossomatica*. Vol 10(1):11-20. Abstract.
- González-Serratos, R. (1978) Manual para la elaboración del diagnostico de familia. *Programa de atención integral a víctimas y sobrevivientes de agresión sexual*. Facultad de Psicología, UNAM: México.
- Grosz, E. (1994). *Volatile bodies: Toward a corporeal feminism*. St Leonards: Allen and unwin.
- Grotberg, E. (1995). The International Resilience Research Project. <http://www.circ.uab.edu/cpages/resbg1.htm>
- Garbarino, J. and Gilliam, G (1980) 1980: 7) *Understanding Abusive Families*. Lexington, MA: Lexington Books.
- Grotberg, E. (1995a). *A Guide To Promoting Resilience In Children: Strengthening The Human Spirit*. The Bernard van Leer Foundation. The Hague. <http://resilnet.uiuc.edu/library/grotb95b.html>



- Grotberg, E. (1995b). The International Resilience Research Project. <http://www.circ.uab.edu/cpages/resbg1.htm>
- Gmundsdottir, H. S; Gmundsdottir, D. B; Elklit, Ask. (2006). Risk and Resistance Factors for Psychological Distress in Icelandic Parents of Chronically Ill Children: An Application of Wallander and Varni's Disability-Stress-Coping Model. *Journal of Clinical Psychology in Medical Settings*. Vol 13(3) Sep 2006, 299-306.
- Guppy, A.; Edwards, J. A; Brough, P.; Peters-Bean, K. M; Sale, C.; Short, E. (2004). The psychometric properties of the short version of the: A multigroup confirmatory factor analysis across four samples. *Journal of Occupational and Organizational Psychology*. Vol 77(1) Mar, 39-62.
- Hacking, I. (1995). *Rewriting the soul. Multiple Personality and the Sciences of Memory*. New Jersey: Princenton University Press.
- Hague, G., Malos, E. and Dear, W. (1996) *Multi-agency work and Domestic Violence*. Bristol: Policy Press.
- Hall, A. Feminist Research Methodologies. Women's Studies Program. The University of Alberta.  
<http://www.mith2.umd.edu/WomensStudies/Syllabi/Methods/research-methods2>
- Hanson, R. F; Self-Brown, S.; Fricker-Elhai, A.; Kilpatrick, D. G; Saunders, B. E; Resnick, H. (2006). Relations among parental substance use, violence exposure and mental health: The national survey of adolescents. *Addictive Behaviors*. Vol 31(11) Nov, 1988-2001.
- Harding, S. (1987). *Feminism and methodology*. Indiana University Press. United States of America.
- Hart, S. & Brassard, M (1991) Psychological maltreatment: Progress achieved. *Development and Psychopathology*, 3. 61-70.
- Haule, J. (1986). Pierre Janet and Dissociation: The First Transference Theory and Its Origin in Hypnosis. *American Journal of Clinical Hypnosis*. 29:2.
- Hardiman, E. R. (2002). Defining the mental health self-help community: An examination of factors predicting membership. (from abstract) *Dissertation Abstracts International Section A: Humanities and Social Sciences*. Vol 63(2-A), Aug 2002, pp. 756.
- Hekman, (1990), *Gender and knowledge: elements of a postmodern feminism*. Boston: Northeastern University Press.



- Helfer R. E. and Kempe, H. C. (1974). *The battered child*. 2<sup>nd</sup> Ed. London: University of Chicago Press.
- Hendin, H. and Hass, A. P. (1984). *Wounds of war: the psychological aftermath of combat in Vietnam*. New York : Basic Books.
- Herman, J. L. (1992). *Trauma and Recovery: from domestic abuse to political terror*. Pandora: London.
- Hibbard, F. A. and Zollinger, T. W. (1990). Patterns of Child Sexual Abuse knowledge among professionals. *Child abuse and Neglect*, Vol 14:347-355. Pergamon Press pic.
- Higgins, D. J and McCabe, M. P. (2001). The development of the Comprehensive Child Maltreatment Scale. *Journal of Family Studies*. Vol 7(1) Apr 2001, 7-28.
- Hill, Juan R. (2005). Trauma, hopelessness and the neuropsychological aspects of violence. Dissertation Abstracts International: Section B: The Sciences and Engineering. Vol 66(4-B), 2005, pp. 2308. Abstract.
- Hobbes, T. (1651). *Leviathan. Or the matter, forme and power of a commonwealth ecclesiasticall and civil*. Basil Blackwell. Oxford. Reprinted on 1946.
- Hodges, J. and Tizard, B. (1989). IQ and behavioural adjustment of ex-institutional adolescents. *Journal of Child Psychology and Psychiatry*. 30, 53-75
- Hodges, W. F. (1986). *Interventions for children of divorce*. New York: Wiley.
- Holland, J.; Ramazanoglu, C.; Sharpe, S. and Thompson, R. (1998). *The Male in the Head: Young people, Heterosexuality and Power*. London: The Tufnell Press.
- Holliday, A. (2002). *Doing and writing Qualitative Research*. Great Britain: SAGE.
- Holmes A. E. and Hackmann. (2004) A healthy Imagination? Editorial for the special issue of Memory: Mental imagery and memory in psychopathology. *Memory* 12, 4:387-388.
- Holmes E. A. and Mathews, A. (2005). Mental Imagery and Emotion: A Special Relationship? *Emotion*. The American Psychological Association. Vol 5, 4:489-497
- Holmes, T. H. and Rahe, R. H. (1967). The social Readjustment Rating Scale. *Journal of Psychosomatic Response*. 11:213-218.
- Horowitz, M.J. (1986). Stress-response syndromes: A review of posttraumatic and adjustment disorders. *Hospital and Community Psychiatry*, 37, 241-249.



- Howe, A. C., Herzberger, S., & Tennen, H. (1988). The influence of personal history of abuse and gender on clinicians' judgments of child abuse. *Journal of Family Violence*, 3, 105-119.
- Hutchinson D.S., Anthony W. A., Ashcraft L., Johnson E., Dunn E. C., Lyass A., Rogers E. S. (2006). The personal and vocational impact of training and employing people with psychiatric disabilities as providers. *Psychiatric Rehabilitation Journal*. 29(3):205-13.
- Husserl, E. (1990). *The idea of phenomenology*. Kluwer academic publishers. Netherlands.
- Irigaray, L. (1987). *Sexes et parentés*. Collection "Critique", Paris : Editions de Minuit.
- Irigaray, L. (1993) Equal or different?. In *The Irigaray reader*. Blakwell Publishers. U.K.
- Jackson, L.. (1992) Physical appearance and Gender. Sociobiological and Sociocultural Perspectives. Albany, N. Y. State University of New York.
- Jaffe, P.G., Wolfe, D.A., and Wilson, S.K. (1990). *Children of battered women*. Newbury Park, CA: Sage
- Janesick, V. (1994). The Dance of Qualitative Research Design. Methaphor, Methodolatry, and meaning. Handbook of qualitative Research. Ed. Denzim N.K. and Lincoln, Y. S. London: SAGE 209-219.
- Johnson, D. M. (2002). Exploring women's empowerment and resilience: Beyond Symptom reduction. *Dissertation-Abstracts International: Section B: The Sciences and Engineering*. 2002 May; Vol 62 (10B) 4789.
- Joseph, S.; Williams, R. and Yule, W. (1999) *Understanding Post-traumatic stress: A Psychosocial Perspective on PTSD and treatment*. John Wiley & Sons Ltd: West Sussex, England.
- Jung, C. G. (1947) On the Nature of the Psyque. In *The Basic Writings of C. G. Jung*. New York, The Modern Library: 47-133
- Kate Millett (1972). *Sexual Politics*. London: Abacus.
- Kempe, C.H., Silverman, F.n., Steele, B.F., Droegmuller, W., & Silver, H.K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181, 17-24.



- Kempe, C.H., Silverman, F.n., Steele, B.F., Droegmuller, W., & Silver, H.K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181, 17-24.
- Kempe, C.H., Silverman, F.n., Steele, B.F., Droegmuller, W., & Silver, H.K. (1962). The battered-child syndrome. *Journal of the American Medical Association*, 181,17-24.
- Kempe, H. and Helfer, R., (1974). *The battered child*. London: University of Chicago Press
- Kempe, R. S. and Kempe, H. C. (1978). *Child Abuse*. Series: the developing child. London: Open Books.
- Katerndahl, D.; Burge, S. and Kellogg, N. (2005). Predictors of Development of Adult Psychopathology in Female Victims of Childhood Sexual Abuse. *Journal of Nervous and Mental Disease*. Vol 193(4) Apr, 258-264.
- Khan et al. (2000) Centre for Reviews and Dissemination CRD Report No. 4.
- Kohn, P. M; O'Brien-Wood, C.; Pickering, D. I; Decicco, T. L. (2003). The Personal Functioning Inventory: A reliable and valid measure of adaptiveness in coping. *Canadian Journal of Behavioural Science/Revue canadienne des Sciences du comportement*. Vol 35(2) Apr, 111-123.
- Klein, R. D. (1983) How to do what we want to do: thoughts about feminist methodology. In G. Bowles and R. D. Klein (Eds), *Theories of women's studies*. London Routledge.
- Korbin 1981. *Child abuse and neglect: Cross Cultural Perspectives*. Berkeley, CA: University of California Press
- Lagarde, M. (1993) *Los cautiverios de las mujeres: madresposas, monjas, putas, presas y locas*. Universidad Nacional Autonoma de México. Colección Postgrado: México, D.F.
- Lambert, J. H. (1764). *Neues Organon*. Hildesheim: Georg Olms. Reprinted in 1965.
- Lapsley, H. (1994). Short review of Nicolson, P. and Ussher, J. M. (Eds) (1992). Gender Issues in Clinical Psychology. London: Routledge. *Journal of Feminism and Psychology*. Vol. 4, 4/November: 609-612. SAGE: London.
- Law, M., Stewart, D., Letts, L., Pollock, N., Bosch, J., & Westmorland, M. (1998). *Guidelines for critical Review Form - Qualitative Studies*. Qualitative Review Form Guidelines.



- Lazarus, R. S. (1980) The stress and coping paradigm. In Eisdorfer, C., Cohen, D., Kleinman, A., and Maxim, P. (eds) *Theoretical Bases for Psychopathology*, Spectrum. New York.
- Lazarus, R. S. (ed) (1966). *Psychological Stress and the Coping Process*, McGraw-Hill. New York.
- Lazarus R. S. and Folkman S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- Lester, S.(1999). Phenomenological Research Methodology. <http://www.dvmts.demon.co.uk/resmethy.htm>
- Marks, D. F., Murray, M., Evans, B. and Willing, C. (2002). *Health Psychology. Theory, Research and Practise*. Sage Publications, London. P. 360
- Lewin, P. K. (1976). Cinderella Syndrome. *Canadian Medical Journal*. July 17, Vol. 15:109
- Lipman, E. L.; MacMillan, H. L.; Boyle, M. H. (2001). Childhood abuse and psychiatric disorders among single and married mothers. *American Journal of Psychiatry*. Vol 158(1) Jan, 73-77.
- Little, L. and Hamby, S.L. (1996) Impact of a Clinician's Sexual Abuse History, Gender, and Theoretical Orientation on Treatment Issues Related to Childhood Sexual Abuse. *Professional Psychology: Research and Practice*. Vol 27(6) 617-625.
- Little, L. and Hamby, S.L. (1999) Gender differences in sexual abuse outcomes and recovery experiences: A survey of therapist-survivors. *Professional Psychology: Research and Practice*. Vol 30(4) Aug, 378-385.
- Liu, X.; Liu, L.; Yang, J.; Chai, F.; Wang, A.; Sun, L.; Zhao, G.; Ma, D. (1997). The Adolescent Self-Rating Life Events Checklist and its reliability and validity. [Chinese]. *Chinese Journal of Clinical Psychology*. Vol 5(1) Feb, 34-36.
- Lopes, C. S. and Faerstein, E. (2001). Reliability of reported stressful life events reported in a self-administered questionnaire: Pro-Saude Study. [Portuguese]. *Revista Brasileira de Psiquiatria*. Vol 23(3) Sep 2001, 126-133.
- Masten, A. S., Best, K. M. and Garmezy, N. (1990). Resilience and development: contributions from the study of children who overcome adversity. *Development and psychopathology*, 2:425-444



- Mays N. and Pope, C. (2006). Quality in qualitative health research. In *Qualitative research in health care*. Blackwell Publishing Ltd.
- McDowell, I. and Newell, C. (1996). *Measuring health: A guide to rating scales and questionnaires*. Oxford University Press. Oxford.
- McGee, C. (2000). *Childhood Experiences of Domestic Violence*, Jessica Kingsley Publishers: United Kingdom.
- McGee, R. A., Wolfe, D. A., Yuen, S. A., Wilson, S. K. and Carnochan, J. (1995). The measurement of maltreatment: a comparison of approaches. *Child Abuse and Neglect*. Vol. 19 (2):233-249.
- Meekums B. (1992). The love bugs. Dance movement therapy in a family service unit. In Payne H., *Dance Movement Therapy: Theory and Practice*. Routledge.
- Meekums, B. (1999). A creative model for recovery from child sexual abuse trauma. *The Arts in Psychotherapy*. Vol 26(4) 1999, 247-259.
- Meekums, B. (2000). *Creative Group therapy for Women Survivors of Child Sexual abuse*. Jessica Kingsley Publishers Ltd : Great Britain.
- Meister, I. G., Krings, T., Foltys, H., Boroojerdi, B., Müller, M., Töpper, R. and Thron, A. (2004). Playing piano in the mind –an fMRI study on music imagery and performance in pianists. *Cognitive Brain Research*. Elsevier.19: 219-228.
- Merrick, E. (1999). An exploration of quality in Qualitative research. Are "Reliability" and "Validity" relevant? In Kopala, M. and Susuki, L. A. *Using Qualitative methods in Psychology*. London: SAGE.
- Michalak, E. E; Tam, E. M; Manjunath, Ch. V.; Yatham, L. N.; Levitt, A. J; Levitan, R. D.; Lam, R. W. (2004). Hard Times and Good Friends: Negative Life Events and Social Support in Patients with Seasonal and Nonseasonal Depression. *The Canadian Journal of Psychiatry / La Revue canadienne de psychiatrie*. Vol 49(6) Jun, No Pagination Specified.
- Miller, A. (1986) *Thou shalt not be aware: society's betrayal of the child*. New York : Meridian books.
- Minuchin, S. (1974 ). *Families and family therapy*. London: Tavistock Publications.
- Monaghan-Blout, S. (1996). Re-examining assumptions about trauma and resilience: implications for intervention. *Psychotherapy in private practice*. Vol. 15(4):45-68.



- Monaghan-Blout, S. (1996). Re-examining assumptions about trauma and resilience: implications for intervention. *Psychotherapy in private practice*. Vol. 15(4):45-68.
- Monroe and Peterman (1988). Life events and Psychopathology. In Cohen L (Eds) *Life Events and Psychological Functioning*. United States of America:Sage
- Morgan, G. (1997). *Images of organization*. SAGE: United States of America
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, C. A.: Sage.
- Mueller, D. P., Edwards, D. W., and Yarvis, R. M. (1977). Stressful life events and psychiatric symptomatology: Change or undesirability? *Journal of Health Social Behaviour* 18:307-317.
- Mushin, L. and Joon K. (2001). Is empowerment really a new concept? *International Journal of Human Resource Management*. United Kingdom: Taylor and Francis/Routledge. Jun, Vol. 12(4):684-695.
- Nicholas, S.; Povey, D.; Walker A. and Kershaw, C. (2005). *Home Office Statistical Bulletin. Crime in England and Wales 2004/2005*. Home Office, July 2005.
- Nicolson, P. (1986). Developing a feminist approach to depression following childbirth. In S. Wilkinson (Ed), *Feminist Social Psychology: Developing theory and practice*. Milton Keynes: Open University.
- Nishith, P.; Weaver, T.L.; Resick, P.A.; Uhlmansiek, M.H. (1999). General Memory Functioning at Pre- and Posttreatment in Female Rape Victims With Posttraumatic Stress disorder. In *Trauma & memory*. SAGE: United States of America.
- Nuttall, R., & Jackson, H. (1994). Personal history of childhood abuse among clinicians. *Child Abuse & Neglect*, 18, (5) 455-472. Elsevier Science Ltd.
- Oakeshott, M. (1946). Introduction. In *Leviathan*. Oxford: Basil Blackwell.
- Oakley A. (1972). *Sex, Gender and Society*. London: Temple Smith.
- Oakley, A. (1981) Interviewing women: a contradiction in terms. In Roberts, H. (Ed.). *Doing Feminist Research*. (Reprinted 1997). Routledge and Kegan Paul: Great Britain.
- O'Cathain (forthcoming in 2008) Reporting results. In Andrew S, Halcomb E (eds). *Mixed Methods Research for Nursing and the Health Sciences*. Blackwell Publishing.



- Oksenberg R., A. (1983). Imagination And Power. *Social-Science-Information/sur-les-sciences-sociales*. 1983; Vol. 22 (6): 801-816. England: Sage Publications.
- Oxford Advanced Learner's Dictionary (2000). Oxford University Press.
- Oxlad, M.; Miller-Lewis, L.; Wade, T. D. (2004). The measurement of coping responses: Validity of the Billings and Moos Coping Checklist. *Journal of Psychosomatic Research*. Vol 57(5) Nov, 477-484.
- Padilla, P.; Mas, C.; Ezban, M.; Medina-Mora, M. E., and Pelaez, O. (1984). Frecuencia de trastornos mentales en pacientes que asisten a la consulta general de un centro de salud./Frequency of mental disorders in patients of a general practice service in a health center. *Salud Mental*. Vol. 7(3):72-78. Abstract.
- Panksepp, J., Siviy, S. M. and Normansell, A. (1985) Brain opioids and social emotions. In N. Reite and T. Field (eds) *The Psychobiology of Attachment and Separation*. London: Academic Press.
- Payne, H. L. (1994) Movement Psychotherapy and Women sufferers of eating distress. In: D. Doktor (ed) *Fragile board: Eating disorders and the psychological therapies*. Jessica Kingsley
- Pearling L., and Schooler, C. (1978). The structure of coping. *Journal of health Soc. Behav.* 19:2-21
- Peng, Y.; Li, X.; Wang, Sh. (1992) An investigation of life events among 368 elderly patients with high blood pressure. [Chinese]. *Chinese Mental Health Journal*. Vol 6(6) Dec, 262-263.
- Perkins, R. (2001) What constitutes success? The relative priority of service users' and clinicians' views of mental health services. *British Journal of Psychiatry*. Vol 179 Jul 2001, 9-10.
- Phoenix, A. (1997). Theories of gender and black families. In Heidi Safia Mirza (ed.) *Black British Feminism*. London and New York: Routledge [First published 1987].
- Pimentel-Aguilar, S. (1995). *Intrafamilial Violence: Qualitative study of its Socio-psychological and Gender Aspects in Families of the Rural Comunity of Atlangatepec, Tlaxcala*. Original Title *Violencia Intrafamiliar: Estudio Cualitativo de sus Aspectos Sociopsicológicos y de Género en Familias de la Comunidad Rural de Atlangatepec, Tlaxcala*. Master's thesis, Colegio de Postgraduados en Ciencias Agrícolas, México, México.
- Polansky, N., DeSaix, C. and Sharlin, S. (1972) *Child Neglect: Understanding and Reaching the Parents*. New York: Children Welfare League of America.



- Polk, E. and Liss, M. (2007). Psychological characteristics of self-injurious behavior. *Personality and Individual Differences*. Vol 43(3) Aug 2007, 567-577.
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle and S. Halling (Eds.), *Existential-phenomenological perspectives in psychology*. New York. Plenum.
- Polusny, M. A. and Follete, V. M. (1996). Remembering Childhood Sexual Abuse: A National Survey of Psychologists' Clinical Practices, Beliefs and Personal Experiences. *Professional Psychology: Research and Practice*, 27 (1), 41-52.
- Pope, K. S., & Feldman-Summers, S. (1992). National survey of psychologists' sexual and physical abuse history and their evaluation of training and competence in these areas. *Professional Psychology: Research and Practice*, 23, 353-361
- Pope and Tabachnick (1994). Therapists as Patients: a National survey of Psychologists' Experiences, Problems, and Beliefs. *Professional Psychology: Research and Practice*, 25 (3), 247-258.
- Pratto, F. (1996). Sexual politics: The gender gap in the bedroom, the cupboard, and the cabinet. In D. M. Buss & N. M. Malamuth (Eds.). *Sex, power, conflict: Evolutionary and feminist perspectives*. New York: Oxford University Press.
- Price, J. L.; Hilsenroth, M. J.; Petretic-Jackson, P. A. and Bonge, D. (2001). A review of individual psychotherapy outcomes for adult survivors of childhood sexual abuse. *Clinical Psychology Review*, Vol 21, (7) 1095-1121.
- Rachman, S. (1980). Emotional processing. *Behaviour, Research, and therapy*. 18:51-60.
- Ramazanoglu, C. with Holland, J. (2002). *Feminist Methodology. Challenges and Choices*. London: SAGE.
- Rankins, J. L. (2005). African American mothers' help-seeking behaviors for psychosocial problems in their children. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 65(12-B), pp. 6709.
- Reber, A. (1995). *Dictionary of psychology*. The penguin. England.
- Rescorla, L., Parker, R., and Stolley, P. (1991). Ability, achievement, and adjustment in homeless children. *American Journal of Orthopsychiatry*, 61,210-220
- Rexrode, K. R. (2005). The Ways of Coping Questionnaire: A reliability generalization study. *Dissertation Abstracts International: Section B: The Sciences and Engineering*. Vol 66(6-B), 2005, pp. 3424. Abstract.



- Rich, A. (1976). *Of Woman Born. Motherhood as Experience and Institution*. London: Virago.
- Rivera, A., Vollmer, P., Aravena, R. and Carmona, A. (1985). Escala de Evaluacion del Reajuste Social de Holmes and Rahe: Validacion para una poblacion de estudiantes y empleados chilenos. Estudio piloto./Social Readjustment Rating Scale: Validation in a sample of Chilean clerks and male college students: A pilot study. *Revista de Psiquiatria Clinica*. Vol. 22(1): 113-123. Abstract.
- Rivera-Ledesma, A. and Montero-Lopez, L. M. (2007). Measurements of religious coping and spirituality in older Mexican adults. Medidas de afrontamiento religioso y espiritualidad en adultos mayores Mexicanos. *Salud Mental*. Vol 30(1) Jan-Feb, 39-47.
- Roberts, H. (1981) Women and their Doctors. In Roberts, H. (Ed.) *Doing Feminist Research*. (Reprinted 1997). Routledge and Kegan Paul: Great Britain.
- Rodwell, C. (1996). An analysis of the concept of empowerment. *Journal of advanced nursing*. February Vol 23 (2) 305-313.
- Rogers, E. S.; Chamberlin, J., Ellison L. M. and Crean, T., (1997). A consumer-constructed scale to measure empowerment among users of mental health services. *Psychiatric services*. August Vol. 48(8) p. 1042-1047.
- Romero-Mendoza, Medina-Mora, (1987). Validez de una version del cuestionario General de Salud, para detectar psicopatologia en estudiantes universitarios./Validity of a version of the general Health Questionnaire for detecting psychopathology in university students. *Revista de Salud Mental*. Vol 10(3):90-97. Abstract.
- Ross, C. (1989). *Multiple Personality Disorder*. New York: John Wiley and Sons.
- Roz, C (2001). Interview with Allan Schore. [www.psychotherapy.org.uk](http://www.psychotherapy.org.uk).
- Rotter, J. B. (1966). Generalized Expectancies for Internal Versus External Control of reinforcement. *Psychological Monographs: General and Applied*. Vol 80, No.1 Whole No. 609.
- Rowan, M. & Huston, P. (1997). Qualitative research articles: information for authors and peer reviewers. *CMAJ* November 15, 1997 (vol 157, no 10). [http://collection.ncl-bnc.ca/100/201/300/cdn\\_medical\\_association/cmaj/vol-157/issue10](http://collection.ncl-bnc.ca/100/201/300/cdn_medical_association/cmaj/vol-157/issue10) (9 pages)



- Rudestam, K. E. And Newton, R. R. (2001). *Surviving your dissertation. A comprehensive guide to content and process.* U.S.A.: Sage Publications, Inc.
- Rush, F. (1981). *The best kept secret,* Prentice-Hall, Englewood Cliffs.
- Russell, D. (1995). *Women, madness and medicine.* Polity Press: Cambridge, United Kingdom.
- Rutter, M. and Quinton, D. (1984). Long-term follow up of women institutionalised in childhood: factors promoting good functioning in adult life. *British Journal of Developmental Psychology*, 18, 225-234.
- Rycroft, C. (1995). 5). *A Critical Dictionary of Psychoanalysis*, 2nd ed, Harmondsworth: Penguin Books.
- Sanday, P. (1981). The Sociocultural Context of Rape. A Cross-Cultural Study. *Journal of Social Issues*. 37: 5-27.
- Sanders, B. and Becker-Lausen, E. (1995). The measurement of psychological maltreatment: early data on the child abuse and trauma scale. Vol.19(3): 315-323.
- Sandin, B and Chorot, P. (1993). Stress and anxiety: Diagnosis validity of anxiety disorders according to life events stress, ways of coping and physical symptoms. *Psiquis: Revista de Psiquiatria, Psicologia y Psicopatología*. Vol 15(4) May, 48-54.
- Sarason, I. G., Johnson, J. H. and Siegel, J.M. (1978). Assessing the impact of life changes: Development of the life experiences survey. *Journal Consult. Clinical Psychology* 46:932-946
- Sartre, J. P. (1940). *The imaginary: A phenomenological psychology of the imagination.* Routledge: London. New translation first published 2004.
- Sartre, J. P. (1940). *The psychology of imagination.* Routledge: Great Britain. English translation first published in 1948. First published in Great Britain in 1972.
- Schaverien, J. (2005). Art, dreams and active imagination: A post-Jungian approach to transference and the image. *Journal of Analytical Psychology*. 50:127-153. Blackwell Publishing Ltd, USA.
- Schenider, K. Short review of Kearny, M. H. (2001). Understanding Women's Recovery from Illness and Trauma. *Journal of Feminism and Psychology*. Vol. 11, 2/May: 270-271. SAGE: London.
- Schore, A. N: (1994). *Affect Regulation and the Origin of the Self: The Neurobiology of Emotional Development.* New York, WW Norton.



- Schore A. N. (2003). *Affect Dysregulation and Disorders of the Self*. New York, W.W. Norton.
- Schuck, A. M. and Windom, C. S. (2003). Childhood victimization and alcohol symptoms in women: An examination of protective factors. *Journal of Studies on Alcohol*. Mar, Vol 64(2): 247-256.
- Schunk, M. (2001). Empowerment In Pathways Through Care: A Cross-National Comparison Of Care Delivery Systems In Britain And Germany. Heumann Leonard F. and McCall, M. E. (Ed). *Empowering frail elderly people: Opportunities and impediments in housing, health, and support service delivery*. Westport, CT, US: Praeger Publishers/Greenwood Publishing Group, 223-237.
- Schwarzer, R. (1992). (Ed.) *Self-efficacy thought Control of Action*. Hemisphere publishing corporation: United States of America.
- Scott H., S., Larrieu, J. A., D'Imperio, R. and Boris, N. W. (1999). Research On Resilience To Child Maltreatment: Empirical Considerations. *Child Abuse & Neglect*, Vol. 23, No 4, 321-338.
- Scott, J. W. (1986) Gender a useful category of historical analysis. *The American Historical Review*, Dec. Vol. 91, No. 5, 1053-1075.
- Seligman, M.E.P. (1975). *Helplessness. On Depression, Development, and Death*. San Francisco: W.H. Freeman and Company.
- Sewards, T. V. and Sewards, M. A. (2002). Fear and power-dominance drive motivation: Neural representations and pathways mediating sensory and mnemonic inputs, and outputs to premotor structures. *Neuroscience-and-Biobehavioral-Reviews*. Aug; Vol. 26(5): 553-579.
- Sherif, W. C. (1987). Bias in Psychology. In Harding, S. *Feminism and Methodology*. Indiana. United States of America.
- Sherman, B. R and Sanders, L. M. (1998) Identification and treatment of traumatic life experiences. In Sherman, Barry R (Ed). (1998). *Addiction and pregnancy: Empowering recovery through peer counseling*. (pp. 93-106). xii, 198 pp. Westport, CT, US: Praeger Publishers/Greenwood Publishing Group.
- Sidaway, J. D. (2000). Recontextualising positionality: geographical research and academic fields of power. *Antipode*, 32-260-270.
- Silverman, D. (1993). *Interpreting Qualitative Data: methods for analysing talk, text and interaction*. London: Sage.



- Silvern, L. and Kaersvang, L. (1989). The traumatised children of violent marriages. *Child Welfare* 68, 4, 421-436.
- Sinason, V. (2002). Introduction, in Sinason, V. (Ed). *Attachment, trauma and multiplicity: working with dissociative identity disorder*. Brunner-Routledge: East Sussex, U.K.
- Smith, J. A. (2004) *Qualitative Psychology. A Practical Guide to Research Methods*. London: Sage.
- Smith, J. A. and Osborn, M. (2004) Interpretative Phenomenological Analysis in *Qualitative Psychology. A Practical Guide to Research Methods*. London: Sage.
- Smith, J. A., (1995) Semi-structured Interviewing and Qualitative Analysis. In J. A. Smith, R. Harre, & L. Van Langenhove (Eds.) *Rethinking methods in psychology*. London: Sage.
- Smith, J.A., & Osborn, M .(2004). Interpretative phenomenological analysis. In G. Breakwell (Ed.), *Doing Social Psychology* (pp 229-254).Oxford: Blackwell.
- Sokolowski, R. (2000). *Introduction to phenomenology*. Cambridge University Press. United States of America.
- Spender, D. (1978). Editorial. *Women's Studies International Quarterly* 1(1), 1-2.
- Spender, D. (1994). Women and Madness: A Justifiable Response. *Journal of Feminism and Psychology*. Vol. 4, 2: 280-283 London: SAGE.
- Spiegelberg, H. (1975). *Doing Phenomenology: Essays on and in phenomenology*. Ed. Martinus Nijhoff, The Hague. Netherlands.
- Spitz, R. (1946). Anacletic depression. *Psychoanalytic Study of the Child*, 2:313-342.
- Stainton, R. W., Hevey, D. and Ash, E. (1989). *Child abuse and neglect: Facing the challenge*. London: The Open University.
- Stanko, E.A., Crisp, D., Hale, C. and Lucraft, H (1998) *Counting the Costs: Estimating the impact of domestic violence in the London Borough of Hackney*. London: Crime Concern.
- Stanley, L. and Wise, S. (1983) *Breaking Out: Feminist Consciousness and Feminist Research*. London: Routledge.
- Stoller, R. J. (1968). *Sex and Gender*. New York: Science House.



- Stratic. E., Mirabella F., Degli E. M., Morosini P., (2007). Psychometric properties of the SESM, Italian version of the "Consumer constructed scale to measure empowerment among users of mental health services" (Rogers et al., 1997). [Italian] Propriet.. psicometriche della SESM, versione italiana della "Scala degli utenti per misurare l'empowerment nei servizi di Salute Mentale" (Rogers et al., 1997). *Epidemiologia e Psichiatria Sociale*. 16(3):256-64, Jul-Sep.
- Strauss and Colin (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Thousand Oaks, CA, US: Sage Publications, Inc.
- Tangenberg, K.M. (2001). Surviving two diseases: Addiction, recovery, and spirituality among mothers living with HIV disease. *Families in Society*. Sep-Oct; Vol 82(5): 517-524.
- Tantam D., van Deurzen E, McHale , Laurinaitis E. (2000). *Survival of Childhood Abuse Through Resilience SCAR Project*. Non-Published.
- Tantam D., van Deurzen E, McHale , Laurinaitis E. (2000). *Survival of Childhood Abuse Through Resilience SCAR Project*. Non-Published.
- Tedeschi, J. T. and O'Donovan D (1971). Social Power and the Psychologist. *Professional Psychology*. Winter 59-64.
- Tomas, J.M., Oliver A., Sancerni M. D. and Espejo, B. (1995). Relacion entre indices de validez sustantiva y saturaciones en analisis factorial confirmatorio./The relation between validity indices and loadings in confirmatory factor analysis. *Psicologica*. Vol. 16(2): 159-167. Abstract.
- Traver T., F and Villar G. M. (1996). Remote events and familiar atmosphere questionnaire. [Spanish]. Cuestionario de eventos remotos y atmosfera familiar. Presentacion preliminar. *Psiquis: Revista de Psiquiatria, Psicologia y Psicomatica*. Vol 17(5) May 1996, 49-56.
- Trinch, S. L. (2001). The advocate as gatekeeper: The limits of politeness in protective order interviews with Latina survivors of domestic abuse. *Journal of sociolinguistics*. Nov, Vol. 5(4): 475-506. United Kingdom: Blackwell Publishers. 1360-6441.
- Turner, R. J. and Wheaton, B. (1995). Checklist measurement of stressful life events. In Cohen, Sheldon (Ed); Kessler, Ronald C (Ed); Gordon, Lynn Underwood (Ed). *Measuring stress: A guide for health and social scientists*. (pp. 29-58). xii, 236 pp. New York, NY, US: Oxford University Press.
- Ussher, J. (1991). *Women's Madness*. Great Britain: Harvester Wheatsheaf.
- Ussher, J. (1994). Women and Madness: A Voice in the Dark of Women's Despair. *Journal of Feminism and Psychology*. Vol. 4, 2: 288-292. SAGE: London.



- Valentine, L. & Feinauer, L. L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy*. Vol. 21, No. 3, Fall 1993 216-223: Brunner/Mazel, Inc.
- Valentine, L. & Feinauer, L. L. (1993). Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy*. Vol. 21, No. 3, Fall 1993 216-223.
- Vander H., J. A. (1997). Client empowerment: A Nursing Challenge. Williams & Wilkins. *Clinical Nurse Specialist*. Vol 11(3) May: 96-99.
- Vieweg, B.W., Hedlund J.L. (1983). The General Health Questionnaire (GHQ): a comprehensive review. *Journal Operat Psychiatry* 14:74-85.
- Vinokur, A., and Selzer, M. L. (1975). Desirable versus undesirable life events: Their relationship to stress and mental distress. *Journal of Personal Social Psychology*. 32: 329-337.
- Walker, M. (1992) *Surviving secrets: the experience of abuse for the child, the adult, and the helper*. Open University Press. Great Britain.
- Warner, S. (1996). *Constructing femininity: Models of child sexual abuse and the production of 'woman'*. In Burman. E. et al. *Challenging womaen*. Open University.
- Webb, S. (2000). Feminist methodologies for social researching in Research Training for Social Scientists. Ed. Burton, D. London: SAGE 33-48.
- Webb, S. (2000). *Feminist methodologies for social researching in Research Training for Social Scientists*. Ed. Burton, D. London: SAGE 33-48.
- Weisstein, N. (1971), "Psychology Constructs th Female, or the Fantasy Life of the Male Psychologist" in *Roles Women Play: Readings toward Women's Liberation*. Ed. Michele H. Garskof. Belmont, California.
- Wengraf, Tom (2001). *Qualitative research interviewing*. London: Sage.
- Weyers, P.; Ising, M.; Reuter, M.; Janke, W. (2005). Comparing Two Approaches for the Assessment of Coping: Part I. Psychometric Properties and Intercorrelations. *Journal of Individual Differences*. Vol 26(4) 2005, 207-212.
- Whiffen, V. E., Benazon, N. R., Bradshaw, C. (1997). Discriminant validity of the TSC-40 in an outpatient setting. *Child Abuse & Neglect*, Vol. 21 (1) pp. 10-115.
- Whitaker, R. C; Orzol, S. M; Kahn, R. S. (2006). Maternal Mental Health, Substance Use, and Domestic Violence in the Year After Delivery and Subsequent Behavior Problems in Children at Age 3 Years. *Archives of General Psychiatry*. Vol 63(5) May, 551-560.
- Whitford, M. (1993). Introduction to section I in: *The Irigaray reader*. Blakwell Publishers. U.K.



- Wilkinson, S. (1986) *Feminist social psychology: developing theory and practice*. Open University Press. Philadelphia, U.S.A.
- Wilkinson, S. (1994). Women and Madness: A Reappraisal. *Journal of Feminism and Psychology*. Vol. 4, 2: 261-267. SAGE: London.
- Willing, C. (2001). *Qualitative Research in Psychology. Adventures in theory and method*. London: Open University Press.
- Willis, D. J.; Holden, E. W.; Rosenber, M. S. (1992) *Prevention of Maltreatment: developmental and ecological perspectives*. John Wiley and Sons: United States of America.
- Willner, Paul; Brace, N; Phillips, J. (2005). Assessment of anger coping skills in individuals with intellectual disabilities *Journal of Intellectual Disability Research*. Vol 49(5) May, 329-339.
- Wollstonecraft, M. (1792). *A Vindication of the Rights of Women*. Harmandsworth: Penguin [reprinted 1975].
- Wowra, S. A and McCarter, R. (1999). Validation of the Empowerment Scale with an outpatient mental health population. *Psychiatric Services*. Vol 50(7) Jul, 959-961.
- Worell, J. (2001). Feminist Interventions: Accountability beyond symptom reduction. *Psychology of Women Quarterly*. Dec: Vol 25 (4):335-343.
- Yekuda, R. (1997). Sensitisation of the hypothalamic –pituitary- adrenal axis in post traumatic stress disorder. In R. Yehuda and A.C. McFarlane (eds) *Psychobiology of Posttraumatic Stress Disorder*. New York: New York Academy of Sciences.
- Zielinski, D. S; Bradshaw, C. P. (2006). Ecological Influences on the Sequelae of Child Maltreatment: A Review of the Literature. *Child Maltreatment*. Vol 11(1) Feb, 49-62.
- Zlotnick, C., Davidson, J., Shea, T., and Pearlstein, T. (1996). Validation of the Davidson trauma Scale in a Sample of Survivors of Childhood Sexual Abuse. *Journal of Nervous and Mental Disease*. Vol. 184(4) pp. 255-257.
- Zugazaga C. (2004). Stressful life event experiences of homeless adults: A comparison of single men, single women, and women with children. *Journal of Community Psychology*. Vol 32(6) Nov, 643-654.
- Zulueta, F. de (2002). Post-traumatic Stress Disorder and dissociation: The Traumatic Stress Service in the Maudsley Hospital. In Sinason, V. (ed). *Attachment, trauma and multiplicity: working with dissociative identity disorder*. Brunner-Routledge: East Sussex, U.K.





## APPENDICES



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University of Sheffield

**ScHARR**

SCHOOL OF HEALTH AND  
RELATED RESEARCH

Centre for the Study of Conflict and Reconciliation



Code \_\_\_\_\_

## Overcoming childhood abuse

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### Confidential Questionnaire

This questionnaire has been designed to get information about childhood abuse and ways in which it can be overcome.

The data that you provide will be handled in strict confidentiality.

We value and are very grateful for your participation.

---

PTO



**Section One - General Information**

Please tick the option that applies to your personal situation.

1.1. Are you                      Man                          Woman   

1.2. How old are you?  years

1.3. Are you                      Single                     

   Married/cohabiting                     

   Widowed/divorced/separated

1.4. Do you have children?    Yes                          No



## Section Two

How has your health been in general over the past few weeks? We want to know about present and recent complaints, not those that you had in the past. Try to answer all the questions.

Please circle the answer which you think most nearly applies to you.

Have you recently:

2.1. Been able to concentrate on whatever you're doing?	better than usual	same as usual	worse than usual	Much worse than usual
2.2. Lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual
2.3. Felt that you are playing a useful part in things	More so than usual	Same as usual	Less so than usual	Much less capable
2.4. Felt capable of making decisions about things	More so than usual	same as usual	less so than usual	Much less capable
2.5. Felt constantly under strain?	not at all	no more than usual	Rather more than usual	much more than usual
2.6. Felt you couldn't overcome your difficulties?	not at all	no more than usual	Rather more than usual	much more than usual
2.7. Been able to enjoy your normal day to day activities?	more so than usual	same as usual	less so than usual	much less than usual
2.8. Been able to face up to your problems?	more so than usual	same as usual	less able than usual	much less able
2.9. Been feeling unhappy and depressed?	not at all	no more than usual	Rather more than usual	much more than usual
2.10. Been losing confidence in yourself?	not at all	no more than usual	Rather more than usual	much more than usual
2.11. Been thinking of yourself as a worthless person?	not at all	no more than usual	Rather more than usual	much more than usual
2.12. Been feeling reasonably happy, all things considered?	more so than usual	about same as usual	less so than usual	much less than usual



**Section Three -**

This section is about recent life events. Please tick the YES box if the event has occurred in the last three months and tick the 'still affects me' box if the event is still having an effect on your life. Do not tick any box if the event has not occurred.

<b>In the last three months:</b>	<b>YES</b>	<b>Still affects me</b>
3.1. You/yourself suffered a serious illness, injury or an assault.	<input type="checkbox"/>	<input type="checkbox"/>
3.2. A serious illness, injury or assault happened to a close relative.	<input type="checkbox"/>	<input type="checkbox"/>
3.3. Your parent, child or spouse died	<input type="checkbox"/>	<input type="checkbox"/>
3.4. A close family friend or another relative (aunt, cousin, grandparent) died.	<input type="checkbox"/>	<input type="checkbox"/>
3.5. You had a separation due to marital difficulties.	<input type="checkbox"/>	<input type="checkbox"/>
3.6. You broke off a steady relationship.	<input type="checkbox"/>	<input type="checkbox"/>
3.7. You had a serious problem with a close friend, neighbour or relative.	<input type="checkbox"/>	<input type="checkbox"/>
3.8. You became unemployed or you were seeking work unsuccessfully for more than one month.	<input type="checkbox"/>	<input type="checkbox"/>
3.9. You were sacked from your job.	<input type="checkbox"/>	<input type="checkbox"/>
3.10. You had a major financial crisis.	<input type="checkbox"/>	<input type="checkbox"/>
3.11. You had problems with the police and court appearance.	<input type="checkbox"/>	<input type="checkbox"/>
3.12. Something you valued was lost or stolen.	<input type="checkbox"/>	<input type="checkbox"/>



## Section Four

-1

This section is about how you cope with problems. To respond to the statements in this section, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced recently.

If this situation involved being abused, tick here

By "stressful" we mean a situation that was difficult or troubling to you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

As you respond to each of the statements, please keep this stressful situation in mind. Read each statement carefully and indicate, by circling 0, 1, 2, or 3, to that extent you used it in the situation.

Please try to respond to every question.

Key:	0=Does not apply or not used	1=Used somewhat	2=Used quite a bit	3=Used a great deal
------	------------------------------	-----------------	--------------------	---------------------

Layout as above

4.1. I just concentrated on what I had to do next - the next step .....	0	1	2	3
4.2. I tried to analyse the problem in order to understand it better .....	0	1	2	3
4.3. I turned to work or another activity to take my mind off things.....	0	1	2	3
4.4. I felt that time would have made a difference - The only thing was to wait.....	0	1	2	3
4.5. I bargained or compromised to get something positive from the situation. ....	0	1	2	3
4.6. I did something that I didn't think would work but at least I was doing something. ....	0	1	2	3
4.7. I tried to get the person responsible to change his or her mind. ....	0	1	2	3

<sup>1</sup> The conditions of the WAYS OF COPING QUESTIONNAIRE states that in thesis the whole questionnaire cannot be reproduced in total. This is the reason why only few items of this questionnaire are shown.



0=Does not apply or not used 1=Used somewhat 2=Used quit a bit 3=Used a great deal

4.8.	0	1	2	3
4.9.	0	1	2	3
4.10.	0	1	2	3
4.11.	0	1	2	3
4.12.	0	1	2	3
4.13.	0	1	2	3
4.14.	0	1	2	3
4.15.	0	1	2	3
4.16.	0	1	2	3
4.17.	0	1	2	3
4.18.	0	1	2	3
4.19.	0	1	2	3
4.20.	0	1	2	3
4.21.	0	1	2	3
4.22.	0	1	2	3
4.23.	0	1	2	3
4.24.	0	1	2	3
4.25.	0	1	2	3
4.26.	0	1	2	3
4.27.	0	1	2	3
4.28.	0	1	2	3
4.29.	0	1	2	3
4.30.	0	1	2	3
4.31.	0	1	2	3
4.32.	0	1	2	3
4.33.	0	1	2	3
4.34.	0	1	2	3
4.35.	0	1	2	3
4.36.	0	1	2	3
4.37.	0	1	2	3



---

0=Does not apply or not used 1=Used somewhat 2=Used quit a bit 3=Used a great deal

---

4.38.	0	1	2	3
4.39.	0	1	2	3
4.40.	0	1	2	3
4.41.	0	1	2	3
4.42.	0	1	2	3
4.43.	0	1	2	3
4.44.	0	1	2	3
4.45.	0	1	2	3
4.46.	0	1	2	3
4.47.	0	1	2	3
4.48.	0	1	2	3
4.49.	0	1	2	3
4.50.	0	1	2	3
4.51.	0	1	2	3
4.52.	0	1	2	3
4.53.	0	1	2	3
4.54.	0	1	2	3
4.55.	0	1	2	3
4.56.	0	1	2	3
4.57.	0	1	2	3
4.58.	0	1	2	3
4.59.	0	1	2	3
4.60.	0	1	2	3
4.61.	0	1	2	3
4.62.	0	1	2	3
4.63.	0	1	2	3
4.64.	0	1	2	3
4.65.	0	1	2	3
4.66.	0	1	2	3



## Section Five -

This section is about how much control of your life you have at the moment. Below are several statements relating to one's perspective on life and with having to make decisions. Please circle the number above the response that is closest to how you feel about the statement. Indicate how you feel now. First impressions are usually best. Do not spend a lot of time on any one question. Please be honest with yourself so that your answers reflect your true feelings.

PLEASE ANSWER ALL QUESTIONS  
BY CIRCLING ONE NUMBER THAT BEST DESCRIBES HOW YOU FEEL.

5.1. I can pretty much determine what will happen in my life.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.2. People are only limited by what they think is possible.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.3. People have more power if they join together as a group.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.4. Getting angry about something never helps.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.5. I have a positive attitude toward myself.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.6. I am usually confident about the decisions I make.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree



5.7. People have no right to get angry just because they don't like something.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.8. Most of the misfortunes in my life were due to bad luck.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.9. I see myself as a capable person.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.10. Making waves never gets you anywhere.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.11. People working together can have an effect on their community.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.12. I am often able to overcome barriers.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.13. I am generally optimistic about the future

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.14. When I make plans, I am almost certain to make them work.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.15. Getting angry about something is often the first step toward changing it.



1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.16. Usually I feel alone.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.17. Experts are in the best position to decide what people should do or learn.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.18. I am able to do things as well as most other people.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.19. I generally accomplish what I set out to do.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.20. People should try to live their lives the way they want to.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.21. You can't fight City Hall.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.22. I feel powerless most of the time.

1	2	3	4
Strongly Agree	Agree	Disagree	Strongly Disagree

5.23. When I am unsure about something, I usually go along with the rest of the group.

1	2	3	4
---	---	---	---



Strongly  
Agree

Agree

Disagree

Strongly  
Disagree

5.24. I feel I am a person of worth, at least on equal basis with others.

1  
Strongly  
Agree

2  
Agree

3  
Disagree

4  
Strongly  
Disagree

5.25. People have the right to make their own decisions, even if they are bad ones.

1  
Strongly  
Agree

2  
Agree

3  
Disagree

4  
Strongly  
Disagree

5.26. I feel I have a number of good qualities.

1  
Strongly  
Agree

2  
Agree

3  
Disagree

4  
Strongly  
Disagree

5.27. Very often a problem can be solved by taking action.

1  
Strongly  
Agree

2  
Agree

3  
Disagree

4  
Strongly  
Disagree

5.28. Working with others in my community can help to change things for the better.

1  
Strongly  
Agree

2  
Agree

3  
Disagree

4  
Strongly  
Disagree



## Section Six -

These are some questions about possible consequences of abuse.

Do you consider that you were abused as a child? Yes  No

If so, was that sexual abuse  or physical abuse  or neglect  or emotional abuse  or witness of domestic abuse  (please tick as many as apply).

Was it by close family member? Yes  No

If you were abused, how well do you think overcame the abuse?

Not at all       regular       well       Very well

How often have you experienced each of the following in the last two months? Please tick one response per question.

	0 = Never      3 = Often			
6.1. Headaches	0	1	2	3
6.2. Insomnia (trouble getting to sleep)	0	1	2	3
6.3. Weight loss (without dieting)	0	1	2	3
6.4. Stomach problems	0	1	2	3
6.5. Sexual problems	0	1	2	3
6.6. Feeling isolated from others	0	1	2	3
6.7. "Flashbacks" (sudden, vivid, distinct memories)	0	1	2	3
6.8. Restless sleep	0	1	2	3
6.9. Low sex drive	0	1	2	3
6.10. Anxiety attacks	0	1	2	3
6.11. Sexual overactivity	0	1	2	3
6.12. Loneliness	0	1	2	3
6.13. Nightmares	0	1	2	3
6.14. "Spacing out" (going away in your mind)	0	1	2	3
6.15. Sadness	0	1	2	3
6.16. Dizziness	0	1	2	3
6.17. Not feeling satisfied with your sex life	0	1	2	3
6.18. Trouble controlling your temper	0	1	2	3



6.19. Waking up early in the morning	0	1	2	3
6.20. Uncontrollable crying	0	1	2	3
6.21. Fear of men	0	1	2	3
6.22. Not feeling rested in the morning	0	1	2	3
6.23. Having sex that you didn't enjoy	0	1	2	3
6.24. Trouble getting along with others	0	1	2	3
6.25. Memory problems	0	1	2	3
6.26. Desire to physically hurt yourself	0	1	2	3
6.27. Fear of women	0	1	2	3
6.28. Waking up in the middle of the night	0	1	2	3
6.29. Bad thoughts or feelings during sex	0	1	2	3
6.30. Passing out	0	1	2	3
6.31. Feeling that things are "unreal"	0	1	2	3
6.32. Unnecessary or over-frequent washing	0	1	2	3
6.33. Feelings of inferiority	0	1	2	3
6.34. Feeling tense all the time	0	1	2	3
6.35. Being confused about your sexual feelings	0	1	2	3
6.36. Desire to physically hurt others	0	1	2	3
6.37. Feelings of guilt	0	1	2	3
6.38. Feelings that you are not always in your body	0	1	2	3
6.39. Having trouble breathing	0	1	2	3
6.40. Sexual feelings when you shouldn't have them	0	1	2	3



**Section Seven -**

Some questions about the impact of childhood abuse on your practice

7.1. Please estimate the approximate percentage of your clients that have been abused?  
 .....%

Please rate how difficult your client load is by putting a cross on the lines.

7.2 How difficult are most of your clients who have not been abused?

|-----|  
 Not difficult Extremely difficult

7.3 How difficult is it for you to work with most of your clients who have been abused?

|-----|  
 Not difficult Extremely difficult

7.4 In your experience, what factors help people surmount child abuse?

- Self control..... Yes  No
- Family support..... Yes  No
- Information about the causes and effects of child abuse.... Yes  No
- Taking account of your own feelings Yes  No
- Expressing your anger..... Yes  No

7.5. Other factors (Please specify)\_\_\_\_\_.

7.6 In your experience, how can psychotherapists best help people to surmount the potential ill-effects of childhood abuse?

7.7 Do you think that a therapist who has been abused as a child is more or less likely to be help a client who has been abused than a therapist who has not had this experience?

7.8. A therapist who has been abused can help:

A lot more      a little more      a little less      Less

7.9. Please add any comments here:



## Section Eight -

Finally, a little about your own situation

8.1. How many people work for you?

Please tick a box to indicate your agreement with the following statements.

8.2. I am satisfied with my income from psychotherapy or counselling.

Strongly disagree   
 Disagree   
 Agree   
 Strongly agree

8.3. I feel confident in myself

Strongly disagree   
 Disagree   
 Agree   
 Strongly agree

8.4. Other psychotherapists respect my work.

Strongly disagree   
 Disagree   
 Agree   
 Strongly agree

---

*Thank you very much for taking the time to answer this questionnaire*

---

We may need to interview some of the respondents to this questionnaire.

Are you willing to be contacted by the researcher?    Yes     No

How would you like us to contact you? Please give two or three of your contact details.

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

By post Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

I understand that in completing and returning this questionnaire I am giving my consent to the information being anonymised and put onto a computer database and that the results of the study will be published although neither names or not identifying information will be used.

---





University of Sheffield

## Information Research

Date.

Centre of Studies of Conflict and Reconciliation  
School of Health and Related Research  
University of Sheffield

Dear Colleague,

We are writing to you, as a member of the UPCA, to invite you to participate in a questionnaire study. We would like you to do this even if you do not normally return questionnaires, since a low return rate will considerably reduce the significance of any findings. The questionnaire should only take you about 20 minutes to answer—about the time it takes to savour nice hot drink.

We want to find out how many psychotherapists have experienced abuse in childhood and to what extent training in, or practice of, psychotherapy can help to surmount such an experience.

The results of this research will be disseminated among psychotherapists, professionals and organisations working in the child abuse field, as well as being published in scientific journals. We hope that it will help increase the awareness of positive factors that enable people to surmount abuse

The information you provide will be treated in the strictest of confidence. It will be analysed together with information from a large number of professionals and you will not be identified individually. The study has the approval of the Research Ethics Committee of the School of Health and Related Research at the University of Sheffield.

Please indicate whether or not you are willing to complete a questionnaire on the attached consent form and return it in the freepost envelope. We will then send you a questionnaire to complete. If you have any questions, please contact Silvia Pimentel, telephone (0114) 222 0722 or email [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk).

Thank you very much for your time.

Yours sincerely,

Silvia Pimentel  
Researcher

Prof Digby Tantam, Mrs Carol Saul and Prof Paula Nicolson.  
Supervisors

P.T.O.





University of Sheffield

## CONSENT FORM

**Title of the Project: Surmounting Child Abuse.**

*Are you willing to be sent the questionnaire?*      Yes       No

*I confirm that I have read and understand the information sheet for the above study*

*As the UPCA is sending this form out to you, we do not have your details. Could you please provide the following information to allow us to send you the questionnaire?*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Email:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

*Finally, we would welcome any comments you may have on our research.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you very much for your interest.**





University of Sheffield

## Surmounting Child Abuse Research

Date.

Centre of Studies of Conflict and Reconciliation  
 School of Health and Related Research  
 University of Sheffield

Dear Colleague,

*I recently sent you a letter concerning surmounting child abuse, thank you for replying. Although you indicated you are not willing to receive the questionnaire. Your comments indicate that this was because you do not feel you were abused as a child. Or because you would like to know more about how we are defining child abuse, We are considering the anthropological approach of child abuse where the subject defined themselves as abused or not.*

*However it is still useful to my research to receive questionnaires from both people how have and have not being abused. The questionnaire should only take you about 20 minutes to answer—about the time it takes to savour nice hot drink. The information you provide will be treated in the strictest of confidence*

*Would you be willing reconsider to receive a questionnaire? Of course I respect your decision if you still do not wish to participate and we will not contact you again. If you do so, please indicate whether or not you are willing to complete a questionnaire on the attached consent form and return it in the freepost envelope. We will then send you a questionnaire to complete. If you have any questions, please contact Silvia Pimentel, telephone (0114) 222 0722 or email [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk).*

*With the best wishes*

*Silvia Pimentel*

Silvia Pimentel  
 Researcher

Prof Digby Tantam, Mrs Carol Saul and Prof Paula Nicolson.  
 Supervisors

P.T.O.





University of Sheffield

## CONSENT FORM

*2nd Contact*

**Title of the Project: Surmounting Child Abuse.**

*Are you willing to be sent the questionnaire?*      Yes       No

*I confirm that I have read and understand the information sheet for the above study*

*As the UPCA is sending this form out to you, we do not have your details. Could you please provide the following information to allow us to send you the questionnaire?*

*Name:* \_\_\_\_\_

*Address:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Email:* \_\_\_\_\_

*Telephone:* \_\_\_\_\_

*Fax:* \_\_\_\_\_

***Finally, we would welcome any comments you may have on our research.***

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Thank you very much for your interest.**





Centre for the Study of Conflict and Reconciliation  
 School of Health and Related Research  
 University of Sheffield  
 Co-directors: Profs. Digby Tantam and Emmy van Deurzen

Date

«NAME1» «NAME2»  
 «ADD1»  
 «ADD2»  
 «ADD3»  
 «ADD4»  
 «ADD5»

Dear «NAME1»

### The 'Surmounting Child Abuse' project

#### REMINDER LETTER

Dear «NAME1»

You recently indicated that you would be interested in completing a questionnaire that we have developed. We are researching the effects of power on the resilience of those who have suffered of child abuse. As you may have mislaid our earlier letter, we have enclosed another copy of the questionnaire. Once you have completed this, please return it in the freepost envelope included. Should you have any questions, please feel free to contact Silvia Pimentel on (0114) 222 0722 or by email, at [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk). As the quality of our statistical results depends on achieving a reasonably large sample size, we value each y every questionnaire returned and completed.

It is still useful to my research to receive questionnaires from both people how do consider themselves to have been abused, and those who do not. It is important having participants who were y were not experienced any of the categories of child abuse (sexual, physical, emotional, neglect or witnessing domestic violence) in comparative terms. The questionnaire should only take 20 minutes to answer – about the time it takes to savour a nice hot drink.

We wish to reassure you that the information you provide will be treated in the strictest of confidence. It will be analysed together with information from a large number of professionals and you will not be identified individually. This study has the approval of the Research Ethics Committee of the School of Health and Related Research at the University of Sheffield and the agreement of the Universities Psychotherapy and Counselling Association.

Thank you very much for your time.

Yours truly,

Silvia Pimentel  
 Researcher

Prof Digby Tantam, Mrs Carol Saul y Paula Nicolson  
 Supervisors





Centre for the Study of Conflict and Reconciliation  
 School of Health and Related Research  
 University of Sheffield  
 Co-directors: Profs. Digby Tantam and Emmy van Deurzen

Date

## The 'Surmounting Child Abuse' project

### 2<sup>nd</sup> REMINDER LETTER

Dear «NAME1»

Approximately six months ago you indicated that you would be interested in completing a questionnaire about child abuse. We have sent you two copies and at the time of sending this letter the researchers have not yet received your response. We are researching the effects of power on the resilience of those who have suffered child abuse. As you may have mislaid our earlier letter, we have enclosed another copy of the questionnaire. Once you have completed this, please return it in the freepost envelope included. If you have any queries about this study, please feel free to contact Silvia Pimentel on (0114) 222 0722 or by email, at [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk). **As the quality of our statistical results depends on achieving a reasonably large sample size, we value each and every questionnaire returned and completed.**

It is still useful to this research to receive questionnaires from both people who do consider themselves to have been abused, and those who do not. It is important to have participants who have and have not experienced any of the categories of child abuse (sexual, physical, emotional, neglect or witnessing domestic violence) in comparative terms. The questionnaire should only take 20 minutes to answer – about the time it takes to savour a nice hot drink!

We wish to reassure you that the information you provide will be treated in the strictest of confidence. It will be analysed together with information from a large number of professionals and you will not be identified individually.

Participation in this study is voluntary. If you have already returned your questionnaire – thank you, and please accept our apologies for troubling you.

We would like to hear from you, **please complete and return the questionnaire.**

Yours truly,  
 Silvia Pimentel  
 Researcher

Prof Digby Tantam, Mrs Carol Saul and Paula Nicolson  
 Supervisors





University of Sheffield

## Surmounting Child Abuse Research

Date.

*Centre of Studies of Conflict and Reconciliation*  
School of Health and Related Research  
University of Sheffield

Dear ,

Thank you for responding to the questionnaire 'Surmounting Child Abuse', unfortunately, there is still one section missing. Please could you be so kind as to complete it?

Your help is highly appreciated: every complete questionnaire is very valuable and provides significant data for good quality research. We assure you again that the information you provide will be treated in the strictest of confidence

After completing the questionnaire, please return it in the freepost envelope. If you have any questions, please contact Silvia Pimentel, telephone (0114) 222 0722 or email [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk).

Thank you!!!!  
With best wishes,

Silvia Pimentel  
*Researcher*





University of Sheffield

Centre for the Study of Conflict and Reconciliation  
 School of Health and Related Research  
 University of Sheffield  
 Co-directors: Profs. Digby Tantam and Emmy van Deurzen

Date

«NAME1» «NAME2»

«ADD1»

«ADD2»

«ADD3»

«ADD4»

«ADD5»

«ADD6»

Dear «NAME1»

### Surmounting Child Abuse

We are currently researching the effects of power on the resilience of those who have suffered child abuse. We recently sent you a letter asking whether you would be interested in completing a questionnaire that we wish to use to see which factors enable people to surmount abuse. Thank you for agreeing to participate.

The enclosed questionnaire asks about childhood abuse, trauma and health. We are aware that the subject of the questionnaire is a delicate one. In order to make filling it in a more comfortable experience, we have included a sachet of tea and coffee so that you can prepare a hot drink to enjoy whilst answering our questions.

Once you have completed the questionnaire, please return it in the freepost envelope included. Should you have any questions, please feel free to contact Silvia Pimentel on (0114) 222 0722 or by email, at [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk).

We wish to assure you that the information you provide will be treated in the strictest of confidence. It will be analysed together with information from a large number of professionals and you will not be identified individually. This study has the approval of the Research Ethics Committee of the School of Health and Related Research at the University of Sheffield and the agreement of the Universities Psychotherapy and Counselling Association.

Thank you very much for your time.

Yours truly,

Silvia Pimentel    Prof Digby Tantam  
 Researcher                      Supervisor



## PILOT INTERVIEW

### STAGE I

#### BASIC DATA QUESTIONS

- 1) Can you describe your family? (Structure)
  - a) Number of parents
  - b) Brothers and/or sisters
    - b.1) place in family (i.e. eldest or youngest sibling)?
- 2) Can you tell me about any significant relationships you had with adults other than your parents?
- 3) Can you tell me about any creative or artistic pursuits you followed as a child?

### STAGE II

- 1) Can you tell me what kind of abuse you experienced? (Type, age at onset of abuse, frequency of abuse, the degree of abuse and familial relationship (if any) with the perpetrator(s).
- 2) Tell me what helped you to overcome the abuse.
  - a. Does that experience still have an effect on you?
  - b. How?
  - c. Did you imagine yourself as a future adult? How?
  - d. Did you think that you could stop the abuse? How?
- 3) How do you think your imagination may have helped you make sense of your childhood abuse?
- 4) Have you made sense of your experience of abuse?
- 5) How do you think your imagination may have helped you make sense of your childhood abuse?
- 6) Do you think that creativity helped you to focus more on your inner world than other children?



STAGE III

- 1) Can you tell me how you have made use of this experience in your work as a therapist?
- 2) Is there anything else you would like to add to what you've told me?
- 3) Is there anything else you would like to tell the world about your experience?

The probing questions can request further information, such as 'can you tell me more about ...? 'Or' is there anything else...? 'Or interviewees simply can be encouraged by Uh, huh? Yes? 'Can you give me an example of?'





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## INTERVIEW QUESTIONS

### PREAMBLE

Firstly, I am going to ask you some questions about your place in your family structure, whether you had any meaningful relationships with other adults who were not your parents, and whether you had any creative or artistic interests as a child.

I will then ask you about your experience of abuse, how you have made sense of it and what surviving this experience may have helped you achieve as a psychotherapist.

### STAGE I

#### BASIC DATA QUESTIONS (prompts for information in bullet points)

- 1) How would you describe your family structure to me?  
(including the number of parents around, number of brothers and/or sisters, and your place in family in relation to any siblings)
  - Are both your parents/step parents still alive?
  - Did you have a good relationship with them
  - If not, what problems did you have?
- 2) What significant relationships did you have with adults other than your parents?
  - Are any of your other relations still alive If so, who?
  - How did you get on with your aunts, uncles and grand parents?
  - Did you have any problems with any of them?
  - If so what type of problems?
  - Why?
- 3) What kinds of interests and pursuits did you follow as a child?
  - Did you have any hobbies or interests as a child?
  - If so, what type of interests?

#### STAGE II (prompts for information in bullet points)

- 1) How would you describe the kind of abuse you experienced?  
(Including: a) the type of abuse, b) your age when the abuse began, c) the frequency of abuse, d) the degree of abuse (very mild, mild, severe, very severe) and the familial relationship, -if any- with the perpetrator(s)).
  - Could you tell me about the type of abuse you experienced
  - Would you like to give me some details of what happened?
    - How did your body react?
    - How did your mind react?
  - How old you were when the abuse started?
  - How often did it happen
  - Was this a member of your family?
  - How do you classify the severity of the abuse? (Very mild, mild, severe or very severe)
  - What was the duration of the abuse?
- 2) What help you to overcome the abuse?
  - How did you recovered from the abuse?





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- 3) How did you imagine yourself as a future adult?
  - What did you think it would be like to be an adult?
- 4) How did you think that you could stop the abuse?
  - What did you think you could do to stop the abuse?
- 5) What has helped you make sense of your abuse?
  - What has helped you to understand what has happened to you?

STAGE III

- 1) Can you tell me how you have made use of this experience in your work as a therapist?
- 2) Is there anything else you would like to add to what you've told me?
- 3) Is there anything else you would like to tell the world about your experience?

Prompt questions as

Clarification: I don't quite understand; but you said earlier, what do you mean by \_\_\_\_\_ exactly?

Chronology: An then...? When was that?

Detail: Tell me more about that, that's very interesting

Explanation Why?, How come? Can you say something more about that? Can you give me a more detailed description of it? Do you have further examples of this?



	<p>Interview: A Participant number: XXX</p> <p>Date:XX July 2005 Code:a.bb.05 Duration: 01:32:19</p>	
	<p>1 SP Thank you for accept to be 2 interviewed (2.0) Firstly I am 3 going to ask you some 4 questions about your place and 5 your family structure. Whether 6 you have had any meaningful 7 relationships whit other adults 8 who were not your parents 9 And whether you have any 10 creative or artistic interests as a 11 child. I will then ask you about 12 your experience of abuse, how 13 you have made sense of this 14 and what surviving this 15 experience may have helped 16 you to achieve as a 17 psychotherapist. 18</p> <p>19 SP How would you describe 20 your family structure to me? 21</p> <p>22 How would I describe it? My 23 family grew up in erm probably 24 normal family, you know Mum, 25 Dad, Sister, myself. My 26 grandparents, my Dad's 27 parent's lived about 200 yards 28 away on a different street. My 29 Mum's parents lived probably 30 about half an hour away in a 31 different part of the town but all 32 living in the same town. I had 33 Aunts and Uncles living in town 34 as well and some of them had 35 moved away, living in different 36 parts of X. 37</p> <p>38 Are both of your parents still 39 alive?</p>	



---

## Follow up Interview

---

**Escape** In our past interview you have spoken about escape, what do you mean by that?

Prompts:

- Creativity as a strategy to cope with abuse
- used of imagination, playtime, role play or sports time to overcome abuse
- How have you used creativity as a strategy to deal with the experience of abuse?

**Psychotherapy** How has psychotherapy helped you recreate your own story, from abused child into adult?

Prompt:

- Has it helped you remember your experience?
- To create a story about what happened
- To re-imagine or re-create yourself as a future adult

**Understanding** How you have made use of your own experience in your work?

Prompts:

Has your experience helped you imagine how your clients must be feeling?

Has your experience helped you to imagine what your clients have been through?

Has working with abuse clients helped you to understand your own experience?

What strategies have clients used as a child to deal with the situation of the abuse.

Do you encourage the client to tell you short stories of childhood memories or have you used any form of creative therapy

---





University of Sheffield

Section Mental Health  
 School of Health and Related Research  
 University of Sheffield  
 Lead Supervisor: PhD Jo Nash

## INFORMATION SHEET

Date

### INTERVIEW STUDY

#### Overcoming Childhood Abuse

As you may remember, we have done a questionnaire study on overcoming childhood abuse. We thank you enormously for having completed our questionnaire. Now we are interested in an interview study with the aim of exploring those factors that enable people to surmount abuse. We thank you for being willing of participating in the interview study. We strongly advise you to let your supervisor know that you are going to be interviewed.

Research in the United States suggests that many psychotherapists and counsellors have been the victims of physical or sexual abuse in childhood. To have been able to go on to train as a psychotherapist or counsellor indicates that a person has stopped being a victim of abuse, and has been able to surmount it. We would like to know more about what enables psychotherapists or counsellors to achieve this resilience.

The aim of this research is to investigate female psychotherapists' resilience to the long-term effects of being abused and the contribution of power, imagination and empowerment to that resilience. The objective is to explore in depth the psychological factors and processes that help to develop personal capabilities to cope successfully with childhood abuse trauma.

The interview research has been designed in three parts:

- a) The main interview, where we will discuss your process of overcoming childhood abuse.
- b) The review of the transcript. We will need another meeting in order to see if you agree with the information transcribed, and if you would like to add any comments or if any further information is required.
- c) Agreement what has been transcribed may be used in papers and my own research thesis.

The researcher has a psychology degree and is undertaking doctoral research under supervision.

The information you provide will be treated in the strictest of confidence. Data obtained in this study will be kept anonymous. Tapes and transcripts will be numbered and not named. You have the right to withdraw at any time during the interview if you want to do so.

The methods of data collection have been approved by the Research Ethics Committee of the School of Health and Related Research at the University of Sheffield and the agreement of the Universities Psychotherapy and Counselling Association.

#### DO YOU HAVE ANY QUESTIONS?

Please let me know.

Silvia Pimentel

Telephone (0114) 2220722 or email [s.pimentel@sheffield.ac.uk](mailto:s.pimentel@sheffield.ac.uk)





Section Mental Health  
 School of Health and Related Research  
 University of Sheffield  
 Lead Supervisor: PhD Jo Nash

## INFORMED INTERVIEW CONSENT FORM

Date

Dear «NAME1»,

### Overcoming Childhood Abuse Research

This is the second stage of a study about surmounting child abuse. The second stage is intended to explore the psychological factors that help people to overcome abuse.

Details of this study can be found on the attached information sheet and your participation is much appreciated. It is standard research protocol to ask you to now sign a consent form to confirm that you have read the information sheet and understand why you are taking part in this study.

- Please read the information and sign at the bottom of the page.
- If you have any concerns I will be happy to discuss it before you sign.
- An introduction is included which explains the interview in detail.
- Please return the signed form in the pre-paid envelope provided.
- If you do not wish to participate please return the form unsigned in the SAE and thank you for taking the time to read and reply.

If you agree to participate I will contact you either by phone, email or post to arrange a place and time for the interview.

### PARTICIPANT AGREEMENT

This research has been explained to me. I am willing to take part in the interview study and to be contacted by the researcher. I understand that the data obtained in this study will remain anonymous and confidential. No personal identifiers will be attached to the data if it used in future publications.

### GROUND RULES OF THE INTERVIEW

This is the suggested set of 'ground rules':

I may terminate the interview at any time.

I may have a copy of the recording.

I can 'veto' any information on the recording if I wish within 2 days after receiving the recording.

Recordings will be stored electronically separate from transcripts and once the transcripts have been produced and corrected and/or accepted will be deleted (using a software called 'cyberscrub' that wipes and erases data with methods that far exceed US department of defence standards for file deletion –DOD 5220.22). *Transcripts will be anonymised and storage in a locked file cabinet.* This study has the approval of the Research Ethics Committee of the *School of Health and Related Research at the University of Sheffield* and the agreement of the Universities Psychotherapy and Counselling Association.

By signing this agreement I am stating my voluntary participation and the knowledge that the interviewer or SCHARR do not accept any responsibility if emotional stress is caused by the research.

### BOUNDARIES OF RESEARCHER'S CONFIDENTIALITY

The interviewer may disclose information to the police in case that risk of harm to vulnerable adults and/or children be detected.

Silvia Pimentel  
 Researcher

«NAME1» «NAME2»  
 Participant





Section Mental Health  
 School of Health and Related Research  
 University of Sheffield

Lead Supervisor: PhD Jo Nash

## CONTACT EMAIL/LETTER

Sheffield, Date

Dear «NAME1»

### Overcoming Childhood Abuse Research

As you may remember, you recently participated in a questionnaire study on overcoming childhood abuse. Thank you very much for completing our questionnaire.

I would like you to be part of a pilot study for the 'Overcoming Childhood Abuse Research' and I am writing again to ask if you would be prepared to be interviewed by me in the company of my supervisor as an observer of my skills.

I propose the following dates: xx, xx, xx, xx, and xx. The duration of the interview will be approximately two hours. I do apologise for the short notice. Please could you give me details of a convenient date, time and place for the interview?

I will then send you more details of the research and the consent form before conducting the interview. I also include details about the interviewing process.

If you decide to take part, I will be grateful if you can reply as soon as possible, since I am conducting nine more interviews within the next few weeks. If you decide you do not wish to take part, please reply this letter and thank you for taking the time to read and reply.

Wishing you a Happy New Year,

All the best,

Silvia Pimentel  
 Researcher

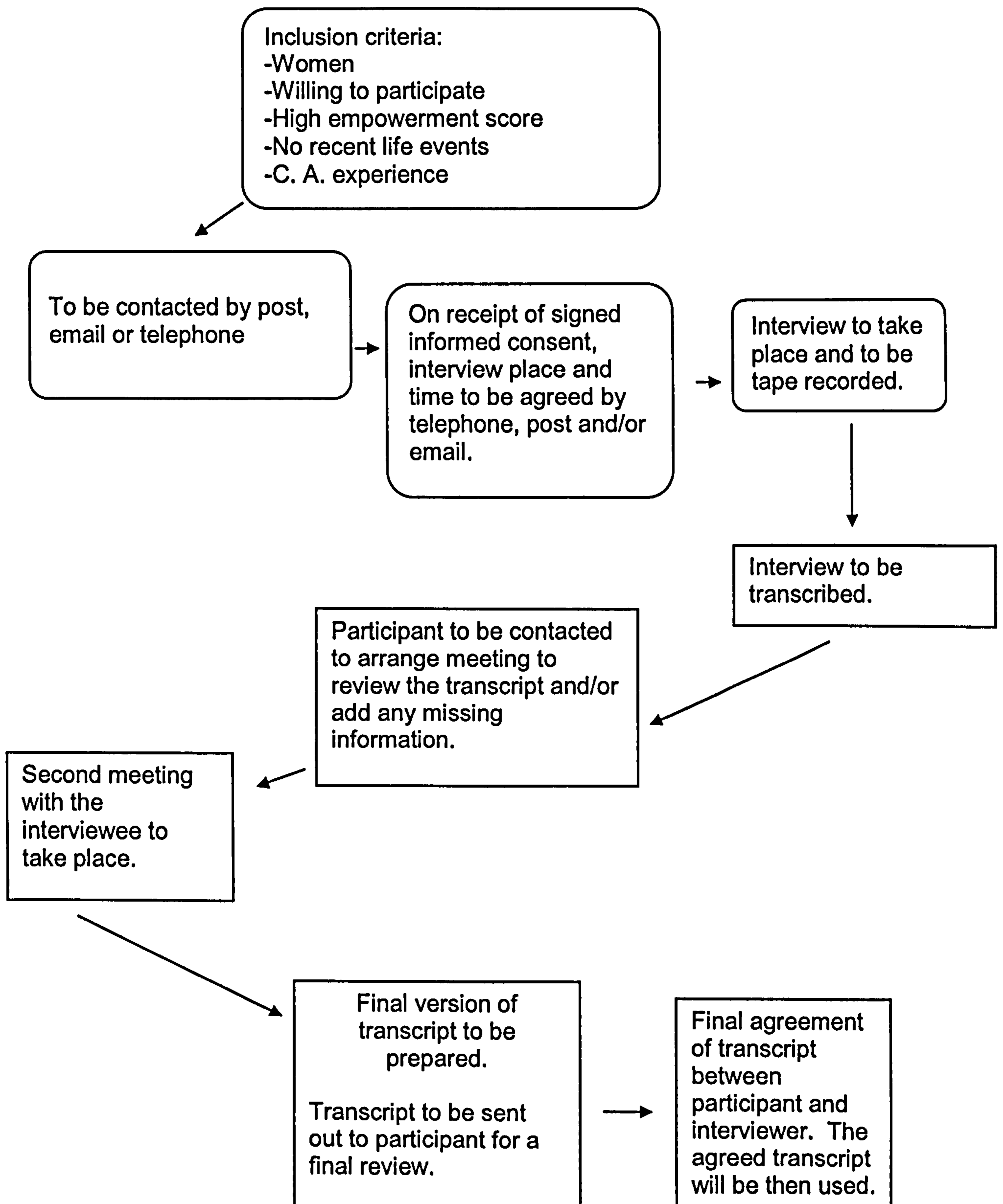


<b><i>Ms. Silvia Pimentel-Aguilar</i></b>	
<p>Dear</p> <p>Thank you very much for completing our questionnaire and indicated in it that you were willing to be interviewed.</p> <p>In case that you would be prepared to be interviewed by me, I propose the following dates: &lt;&lt;Month&gt;&gt; 25<sup>th</sup>, 26<sup>th</sup>, 27<sup>th</sup>, 28<sup>th</sup> and 29<sup>th</sup>, or &lt;&lt;Month&gt;&gt; 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup> 13<sup>th</sup>, 14<sup>th</sup> and 15<sup>th</sup>. The duration of the interview will be approximately two hours. Please could you give me details of a convenient date, time and place for the interview?</p> <p>I also include details about the interviewing process.</p> <p>If you decide to take part, I will be grateful if you can reply as soon as possible, since I am conducting more interviews within the next few weeks. <b>If you decide you do not wish to take part, please send this letter back in the SAE and thank you for taking the time to read and reply.</b></p> <p><b>With compliments</b></p>	<p>Home Tel. (0114) 2XXXXXX<sup>i</sup>  Mobile Tel. 077XXXXXXXXX</p> <p>s.pimentel@sxxxxxx.ac.uk</p>

<sup>i</sup> The number and addresses have been changed.



## FLOW CHART OF THE INTERVIEW PROCESS





**CONTACT EMAIL/LETTER**

Sheffield, Date

Dear

**Overcoming Childhood Abuse Research**

As you may remember, you recently participated in a questionnaire study on overcoming childhood abuse. Thank you very much for completing our questionnaire.

I would like you to be part of the interview study for the 'Overcoming Childhood Abuse Research' and I am writing again to ask if you would be prepared to be interviewed by me.

I propose the following dates: <<Month>>: 8<sup>th</sup>, 9<sup>th</sup>, 10<sup>th</sup>, 11<sup>th</sup>, 12<sup>th</sup>, 14<sup>th</sup>, 15<sup>th</sup>, 17<sup>th</sup>, 21<sup>th</sup>, 22<sup>th</sup>, 23<sup>th</sup>, 24<sup>th</sup>, 25<sup>th</sup>, or 26<sup>th</sup>. The duration of the interview will be approximately two hours. I do apologise for the short notice. Please could you give me details of a convenient date, time and place for the interview?

I will then send you more details of the research and the consent form before conducting the interview. I also include details about the interviewing process.

If you decide to take part, I will be grateful if you can reply as soon as possible, since I am conducting some more interviews within the next few weeks. If you decide you do not wish to take part, please reply this letter and thank you for taking the time to read and reply.

Wishing you a Happy New Year,

All the best,

Silvia Pimentel  
Researcher



## Transcription Symbols

Based in Silverman's simplified Transcription Symbols  
(Wengraf, T. 2001 Qualitative research interviewing)  
(I did adapt it)

Symbol	Example	Explanation
(1.0)	Yes.(2.0) yeah	Numbers in parentheses indicate elapsed time in seconds –approximately-
(.)		Tiny gap
—	What's <u>up</u> ?	Underscoring indicates some form of stress via pitch and/or amplitude
:	O:kay	Colons indicate prolongation of the immediately prior sound, roughly proportional to the length of the prolongation.
WORD	I've got ENOUGH TO WORRY ABOUT	Capitals, except at the beginnings of lines, indicate especially loud sounds relative to the surrounding talk.
.hhh	I feel that (.2) .hhhh	A row of g's prefixed by a dot indicates an inbreath. A row of h's without a dot, an outbreath. The length Of the row of h's indicates the length of the In- or out-breath.
( )	Future risks and ( ) and life	Empty parentheses indicate the transcriber's inability to hear what was said.
(word)	Would you see (there) anything positive?	Parenthesised words are possible hearings.
-	Becau-	Hyphen indicates an abrupt cu-off of the sound in progress



General Health Questionnaire - 12								
1. Been able to concentrate on whatever you're doing	Better than usual		Same as usual		Worse than usual		Much worse than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	8	7.8	76	73.8	19	18.4	---	---
2. Lost much sleep over worry	Not at all		No more than usual		Rather more than usual		Much more than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	31	30.1	53	51.5	17	16.5	2	1.9
3. Felt that you are playing a useful part in things	More so than usual		Same as usual		Less so than usual		Much less capable	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	22	21.4	66	64.1	15	14.6	---	---
4. Felt capable of making decisions about things	More so than usual		Same as usual		Less so than usual		Much less capable	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	7	6.8	82	79.6	14	13.6	---	---
5. Felt constantly under strain	Not at all		No more than usual		Rather more than usual		Much more than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	22	21.4	45	43.7	31	30.1	5	4.9
6. Felt you couldn't overcome your difficulties?	Not at all		No more than usual		Rather more than usual		Much more than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	41	39.8	53	51.5	9	8.7	---	---
7. Been able to enjoy your normal day to day activities?	More so than usual		Same as usual		Less so than usual		Much less than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	14	13.6	74	71.8	14	13.6	1	1.0
8. Been able to face up to your problems?	More so than usual		Same as usual		Less able than usual		Much less able	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	15	14.6	79	76.7	9	8.7	---	---
9. Been feeling unhappy and depressed?	Not at all		No more than usual		Rather more than usual		Much more than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	37	35.9	47	45.6	16	15.5	3	2.9
10. Been losing confidence in yourself	Not at all		No more than usual		Rather more than usual		Much more than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	47	45.6	40	38.8	15	14.6	1	1.0
11. Been thinking of yourself as a worthless person?	Not at all		No more than usual		Rather more than usual		Much more than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	78	75.7	21	20.4	4	3.9	---	---
12. Been feeling reasonably happy, all things considered?	More so than usual		About same as usual		Less so than usual		Much less than usual	
	Frequency	Percent	Frequency	Percent	Frequency	Percent	Frequency	Percent
	24	23.3	67	65	9	8.7	3	2.9



## Frequencies of Recent Life Events (LTE-Q)

Life Events						
	Not in the last three months		Yes in the last three months		Still affects me	
	n	%t	n	%	n	%
1. You/yourself suffered a serious illness, injury or an assault	99	96.1	4	3.9	1	1.0
2. A serious illness, injury or assault happened to a close relative.	98	95.2	5	4.9	1	1.0
3. Your parent, child or spouse died	101	98.1	2	2.0	1	1.0
4. A close family friend or another relative (aunt, cousin, grandparent) died.	95	92.2	8	7.7	2	1.9
5. You had a separation due to marital difficulties.	102	99	1	1.0	1	1.0
6. You broke off a steady relationship.	102	99	1	1.0	1	1.0
7. You had a serious problem with a close friend, neighbour or relative.	93	90.3	10	9.7	4	3.9
8. You became unemployed or you were seeking work unsuccessfully for more than one month.	99	96.1	4	3.9	1	1.0
9. You were sacked from your job.	103	100	---	---	---	---
10. You had a major financial crisis.	99	96.1	4	3.9	2	1.9
11. You had problems with the police and court appearance.	102	99	1	1.0	---	---
12. Something you valued was lost or stolen.	99	96.1	4	3.9	3	2.9



## Empowerment Scale frequencies

Empowerment Scale								
	Strongly Agree		Agree		Disagree		Strongly Disagree	
	n	Percent	n	Percent	n	Percent	n	Percent
1. I can pretty much determine what will happen in my life.	14	13.7	61	59.8	25	24.5	2	2
2. People are only limited by what they think is possible.	16	15.5	48	46.6	38	36.9	1	1
3. People have more power if they join together as a group.	19	18.8	64	63.4	16	15.8	2	2
4. Getting angry about something never helps.	7	6.8	12	11.7	69	67	15	14.6
5. I have a positive attitude toward myself.	21	20.6	70	68.6	11	10.8	—	—
6. I am usually confident about the decisions I make.	15	14.6	76	73.8	12	11.7	—	—
7. People have no right to get angry just because they don't like something.	4	3.9	11	10.7	63	61.2	25	24.3
8. Most of the misfortunes in my life were due to bad luck.	1	1	5	4.9	72	69.9	25	24.3
9. I see myself as a capable person.	38	36.9	63	61.2	2	1.9	—	—
10. Making waves never gets you anywhere.	3	2.9	8	7.8	74	71.8	18	17.5
11. People working together can have an effect on their community.	48	46.6	53	51.5	2	1.9	—	—
12. I am often able to overcome barriers.	24	23.3	75	72.8	4	3.9	—	—
13. I am generally optimistic about the future	27	26.2	69	67	7	6.8	—	—
14. When I make plans, I am almost certain to make them work	14	13.6	79	76.7	10	9.7	—	—
15. Getting angry about something is often the first step toward changing it.	6	5.8	76	73.8	17	16.5	4	3.9
16. Usually I feel alone.	2	2	37	36.3	53	52	10	9.8
17. Experts are in the best position to decide what people should do or learn.	3	2.9	65	63.7	34	33.3	—	—
18. I am able to do things as well as most other people.	28	27.2	73	70.9	2	1.9	—	—
19. I generally accomplish what I set out to do.	24	23.3	75	72.8	4	3.9	—	—
20. People should try to live their lives the way they want to.	31	30.4	66	64.7	4	3.9	1	1
21. You can't fight City Hall.	2	2	9	8.8	74	72.5	17	16.7
22. I feel powerless most of the time.	4	3.9	72	69.9	27	26.2	—	—
23. When I am unsure about something, I usually go along with the rest of the group.	1	1	23	22.3	62	60.2	17	16.5
24. I feel I am a person of worth, at least on equal basis with others.	38	37.3	63	61.8	1	1	—	—
25. People have the right to make their own decisions, even if they are bad ones.	37	35.9	63	61.2	2	1.9	1	1
26. I feel I have a number of good qualities.	41	39.8	62	60.2	—	—	—	—
27. Very often a problem can be solved by taking action.	28	27.5	66	64.7	8	7.8	—	—
28. Working with others in my community can help to change things for the better.	29	28.4	69	67.6	4	3.9	—	—



Ways of Coping								
	Does not apply or not used		Used somewhat		Used quit a bit		Used a great deal	
	n	%	n	%	n	%	n	%
1. I just concentrated on what I had to do next - the next step	8	7.8	31	30.4	36	35.3	27	26.5
2. I tried to analyse the problem in order to understand it better	8	7.8	11	10.8	27	26.2	56	54.9
3. I turned to work or another activity to take my mind off things	41	40.2	32	31.4	17	16.7	12	11.8
4. I felt that time would have made a difference - The only thing was to wait	47	46.1	25	24.5	17	16.7	13	12.7
5. I bargained or compromised to get something positive from the situation.	49	48	29	28.4	18	17.6	6	5.9
6. I did something that I didn't think would work but at least I was doing something	70	68.6	20	19.6	9	8.8	3	2.9
7. I tried to get the person responsible to change his or her mind.	57	55.9	16	15.7	15	14.7	14	13.7
8. I talked to someone to find out more about the situation.	25	24.5	14	13.7	25	24.5	38	37.3
9. I criticized or lectured myself	46	45.1	33	32.4	15	14.7	8	7.8
10. I tried not to burn my bridges, but leave things open somewhat	24	23.5	30	29.4	29	28.4	19	18.6
11. I hoped for a miracle	71	69.6	15	14.7	7	6.9	9	8.8
12. I went along with fate; sometimes I just have bad luck.	72	71.3	16	15.8	8	7.9	5	5
13. I went on as if nothing had happened	64	62.7	23	22.5	11	10.8	4	3.9
14. I tried to keep my feelings to myself	38	37.3	36	35.3	15	14.7	13	12.7
15. I looked for the silver lining, so to speak; I tried to look on the bright side of things.	36	35.6	37	36.6	23	22.8	5	5
16. I slept more than usual	80	79.2	11	10.9	8	7.9	2	2
17. I expressed anger to the person(s) who caused the problem.	41	40.2	31	30.4	15	14.7	15	14.7
18. I accepted sympathy and understanding from someone.	19	18.6	31	30.4	32	31.4	20	19.6
19. I told myself things that helped me feel better	27	26.5	36	35.3	28	27.5	11	10.8
20. I was inspired to do something creative about the problem.	29	28.4	24	23.5	32	31.4	17	16.7
21. I tried to forget the whole thing	70	68.6	19	18.6	4	3.9	9	8.8
22. I got professional help	46	45.1	15	14.7	14	13.7	27	26.5
23. I changed or grew as a person.	28	27.5	22	21.6	27	26.5	25	24.5
24. I waited to see what would happen before doing anything.	49	48	31	30.4	15	14.7	7	6.9
25. I apologized or did something to make up	63	61.8	26	25.5	9	8.8	4	3.9
26. I made a plan of action and followed it	19	18.6	34	33.3	32	31.4	17	16.7
27. I accepted the next best thing to what I wanted	59	57.8	20	19.6	16	15.7	7	6.9
28. I let my feelings out somehow	15	14.7	29	28.4	35	34.3	23	22.5
29. I realized that I had brought the problem on my self	60	58.8	21	20.6	7	6.9	14	13.7
30. I came out of the experience better than when I went in	33	32.4	23	22.5	26	25.5	20	19.6
31. I talked to someone who could do something concrete about the problem	40	39.2	20	19.6	18	17.6	24	23.5
32. I tried to get away from it for a while by resting or taking a vacation	58	56.9	23	22.5	13	12.7	8	7.8



33. I tried to make myself feel better by eating, drinking, smoking, using drugs, or medications, etc	58	56.9	25	24.5	11	10.8	8	7.8
34. I took a big chance or did something very risky to solve the problem	83	81.4	8	7.8	4	3.9	7	6.9
35. I tried not to act too hastily or follow my first hunch	32	31.4	23	22.5	26	25.5	21	20.6
36. I found new faith	69	68.3	19	18.8	8	7.9	5	5
37. I maintained my pride and kept a stiff upper lip	49	48	32	31.4	12	11.8	9	8.8
38. I rediscovered what is important in life	21	20.6	33	32.4	28	27.5	20	19.6
39. I changed something so things would turn out all right	40	39.2	33	32.4	17	16.7	12	11.8
40. I generally avoided being with people	73	72.3	18	17.8	9	8.9	1	1
41. I didn't let it get to me; I refused to think too much about it	54	52.9	29	28.4	14	13.7	5	4.9
42. I asked advice from a relative or friend I respected	35	34.3	23	22.5	24	23.5	20	19.6
43. I kept others from knowing how bad things were	52	51.1	22	21.8	14	13.9	13	12.9
44. I made light of the situation; I refused to get too serious about it.	59	57.8	25	24.5	9	8.8	9	8.8
45. I talked to someone about how I was feeling	10	9.9	23	22.8	31	30.7	37	36.6
46. I stood my ground and fought for what I wanted	32	31.7	23	22.8	29	28.7	17	16.8
47. I took it out on other people	60	58.8	33	32.4	5	4.9	4	3.9
48. I drew on my past experiences; I was in a similar situation before	33	32.7	22	21.8	22	21.8	24	23.8
49. I knew what had to be done, so I doubled my efforts to make things work	30	29.4	34	33.3	22	21.6	16	15.7
50. I refused to believe that it had happened	89	88.1	8	7.9	3	3	1	1
51. I promised myself that things would be different next time	61	59.8	17	16.7	14	13.7	10	9.8
52. I came up with a couple of different solutions to the problem	36	35.3	29	28.4	31	30.4	6	5.9
53. I accepted the situation, since nothing could be done	37	36.3	30	29.4	16	15.7	19	18.6
54. I tried to keep my feeling about the problem from interfering with other things	12	11.9	36	35.6	23	22.8	30	29.7
55. I wished that I could change what had happened or how I felt	36	35.3	17	16.7	21	20.6	28	27.5
56. I changed something about myself	34	33.7	36	35.6	21	20.8	10	9.9
57. I daydreamed or imagined a better time or place than the one I was in	55	53.9	29	28.4	9	8.8	9	8.8
58. I wished that the situation would go away or somehow be over with	28	27.5	37	36.3	13	12.7	24	23.5
59. I had fantasies or wishes about how things might turn out	34	33.3	23	22.5	32	31.4	13	12.7
60. I prayed	77	77.8	7	7.1	10	10.1	5	5.1
61. I prepared myself for the worst	36	35.3	30	29.4	16	15.7	20	19.6
62. I went over in my mind what I would say or do	17	16.7	22	21.6	29	28.4	34	33.3
63. I thought about how a person I admire would handle this situation and used that as a model	59	57.8	19	18.6	14	13.7	10	9.8
64. I tried to see things from the other person's point of view	16	15.7	27	26.5	31	30.4	28	27.5
65. I reminded myself how much worse things could be	44	43.1	23	22.5	21	20.6	14	13.7
66. I jogged or exercised	67	65.7	14	13.7	12	11.8	9	8.8



## Trauma Symptom Checklist – 40 frequencies

Trauma Symptom Checklist - 40								
	0 = Never		1		2		3 = Often	
	n	%	n	%	N	%	n	%
1. Headaches	31	31.3	51	51.5	8	8.1	9	9.1
2. Insomnia (trouble getting to sleep)	41	40.2	42	41.2	10	9.8	9	8.8
3. Weight loss (without dieting)	90	88.2	9	8.8	3	2.9	---	---
4. Stomach problems	56	54.9	27	26.5	10	9.8	9	8.8
5. Sexual problems	61	61	22	22	11	11	6	6
6. Feeling isolated from others	41	39.8	38	36.9	19	18.4	5	4.9
7. "Flashbacks" (sudden, vivid, distinct memories)	74	72.5	21	20.6	5	4.9	2	2
8. Restless sleep	27	26.5	43	42.2	21	20.6	11	10.8
9. Low sex drive	39	37.9	36	35	17	16.5	11	10.7
10. Anxiety attacks	66	64.7	26	25.5	7	6.9	3	2.9
11. Sexual overactivity	85	83.3	9	8.8	7	6.9	1	1
12. Loneliness	43	42.2	40	39.2	13	12.7	6	5.9
13. Nightmares	72	70.6	19	18.6	8	7.8	3	2.9
14. "Spacing out" (going away in your mind)	57	55.9	32	31.4	10	9.8	3	2.9
15. Sadness	15	14.6	51	49.5	27	26.2	10	9.7
16. Dizziness	80	78.4	16	15.7	6	5.9	---	---
17. Not feeling satisfied with your sex life	29	28.2	39	37.9	22	21.4	13	12.6
18. Trouble controlling your temper	50	49	38	37.3	10	9.8	4	3.9
19. Waking up early in the morning	40	39.2	36	35.3	11	10.8	15	14.7
20. Uncontrollable crying	84	84	14	14	2	2	---	---
21. Fear of men	85	83.3	13	12.7	3	2.9	1	1
22. Not feeling rested in the morning	22	21.6	49	48	21	20.6	10	9.8
23. Having sex that you didn't enjoy	66	64.7	27	26.5	9	8.8	---	---
24. Trouble getting along with others	58	56.9	37	36.3	6	5.9	1	1
25. Memory problems	45	44.1	38	37.3	11	10.8	8	7.8
26. Desire to physically hurt yourself	97	95.1	4	3.9	1	1	---	---
27. Fear of women	83	81.4	14	13.7	4	3.9	1	1
28. Waking up in the middle of the night	36	35.3	39	38.2	18	17.6	9	8.8
29. Bad thoughts or feelings during sex	82	81.2	13	12.9	4	4	2	2
30. Passing out	99	97.1	2	2	---	---	1	1
31. Feeling that things are "unreal"	75	73.5	21	20.6	5	4.9	1	1
32. Unnecessary or over-frequent washing	97	95.1	5	4.9	---	---	---	---
33. Feelings of inferiority	51	50	42	41.2	6	5.9	3	2.9
34. Feeling tense all the time	52	51	38	37.3	8	7.8	4	3.9
35. Being confused about your sexual feelings	81	79.4	12	4.9	4	3.9	---	---
36. Desire to physically hurt others	92	90.2	9	8.8	1	1	---	---
37. Feelings of guilt	44	43.1	39	38.2	15	14.7	4	3.9
38. Feelings that you are not always in your body	89	87.3	10	9.8	3	2.9	---	---
39. Having trouble breathing	84	82.4	15	14.7	3	2.9	---	---
40. Sexual feelings when you shouldn't have them	73	73	20	20	5.0	5.0	2	2



<b>Abuse and power reported by participants in the questionnaire study</b>						
	<b>Sexual</b>	<b>Physical</b>	<b>Neglect</b>	<b>Emotional</b>	<b>Witness D. A.</b>	<b>Empowerment</b>
1	no	no	no	yes	no	2.86
2	no	no	no	yes	no	3.11
3	no	no	no	yes	yes	3.04
4	no	no	no	yes	yes	3.36
5	no	no	yes	no	no	2.82
6	no	no	yes	no	no	2.86
7	no	no	yes	no	no	2.89
8	no	no	yes	no	no	3.18
9	no	no	yes	no	no	3.23
10	no	no	yes	no	yes	3.36
11	no	no	yes	yes	no	2.82
12	no	no	yes	yes	no	2.93
13	no	no	yes	yes	no	3.00
14	no	no	yes	yes	no	3.39
15	no	no	yes	yes	yes	2.57
16	no	no	yes	yes	yes	2.96
17	no	yes	no	yes	no	2.79
18	no	yes	no	yes	no	3.04
19	no	yes	no	yes	no	3.36
20	no	yes	no	yes	no	3.57
21	no	yes	no	yes	yes	3.07
22	no	yes	no	yes	yes	3.71
23	no	yes	yes	no	no	2.68
24	no	yes	yes	yes	no	3.21
25	no	yes	yes	yes	yes	3.04
26	no	yes	yes	yes	yes	3.52
27	yes	no	no	no	no	2.89
28	yes	no	no	no	no	2.89
29	yes	no	no	no	no	2.96
30	yes	no	no	no	no	3.50
31	yes	no	no	yes	no	2.71
32	yes	no	no	yes	no	2.93
33	yes	no	no	yes	no	3.21
34	yes	no	no	yes	no	3.32
35	yes	no	no	yes	no	3.39
36	yes	no	no	yes	no	3.50
37	yes	no	no	yes	yes	2.67
38	yes	no	no	yes	yes	2.96
39	yes	no	yes	yes	no	3.14
40	yes	yes	no	no	no	3.46
41	yes	yes	no	yes	no	2.93
42	yes	yes	no	yes	no	3.18
43	yes	yes	no	yes	yes	3.14
<b>TOTAL N</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>43</b>	<b>43</b>



Sample interview selection process						
TIPO 1 and 2						
	Sexual	Physical	Neglect	Emotional	Witness D. A.	Empowerment
1	No	no	no	yes	no	2.86
2	No	no	no	yes	no	3.11
3	No	no	no	yes	yes	3.04
4	no	no	no	yes	yes	3.36
5	no	no	yes	no	no	2.82
6	no	no	yes	no	no	2.86
7	no	no	yes	no	no	2.89
8	no	no	yes	no	no	3.18
9	no	no	yes	no	no	3.23
10	no	no	yes	no	yes	3.36
11	no	no	yes	yes	no	2.82
12	no	no	yes	yes	no	2.93
13	no	no	yes	yes	no	3.00
14	no	no	yes	yes	no	3.39
15	no	no	yes	yes	yes	2.57
16	no	no	yes	yes	yes	2.96
17	no	yes	no	yes	no	2.79
18	no	yes	no	yes	no	3.04
19	no	yes	no	yes	no	3.36
20	no	yes	no	yes	no	3.57
21	no	yes	no	yes	yes	3.07
22	no	yes	no	yes	yes	3.71
23	no	yes	yes	no	no	2.68
24	no	yes	yes	yes	no	3.21
25	no	yes	yes	yes	yes	3.04
26	no	yes	yes	yes	yes	3.52
27	yes	no	no	no	no	2.89
28	yes	no	no	no	no	2.89
29	yes	no	no	no	no	2.96
30	yes	no	no	no	no	3.50
31	yes	no	no	yes	no	2.71
32	yes	no	no	yes	no	2.93
33	yes	no	no	yes	no	3.21
34	yes	no	no	yes	no	3.32
35	yes	no	no	yes	no	3.39
36	yes	no	no	yes	no	3.50
37	yes	no	no	yes	yes	2.67
38	yes	no	no	yes	yes	2.96
39	yes	no	yes	yes	no	3.14
40	yes	yes	no	no	no	3.46
41	yes	yes	no	yes	no	2.93
42	yes	yes	no	yes	no	3.18
43	yes	Yes	no	yes	yes	3.14
TOTAL N	43	43	43	43	43	43

Type 1 Strict 4/19 inclusive; WITNESSING strict 2/8 inclusive; NEGLECT strict 4/9 inclusive

Type 2 strict 10/0 inclusive; EMOTIONAL strict 6/12 inclusive

Type 3 Strict 6/9 inclusive; NO SEXUAL strict 9/10 inclusive; NO WITNESSING strict 4/6 inclusive



Type 4 Strict 7/11 inclusive; NO SEXUAL Strict 11/ 12 inclusive; NO PHYSICAL Strict 9/N.A.; EMOTIONAL Strict 5/0 N.A..

Type 5 Strict 13/ N.A.; NO PHYSICAL strict 10/N.A; NO EMOTIONAL 5/N.A.

Type 6 Strict 7/N.A.; NO PHYSICAL strict 5/N.A NO WITNESSING Strict 6/N.A.

**. Continuation of appendix "Sample interview selection process"**

**TYPE 3 and 4**

	Sexual	Physical	Neglect	Emotional	Witness D. A.	Empowerment
1	No	no	no	yes	no	2.86
2	No	no	no	yes	no	3.11
3	No	no	no	yes	yes	3.04
4	no	no	no	yes	yes	3.36
5	no	no	yes	no	no	2.82
6	no	no	yes	no	no	2.86
7	no	no	yes	no	no	2.89
8	no	no	yes	no	no	3.18
9	no	no	yes	no	no	3.23
10	no	no	yes	no	yes	3.36
11	no	no	yes	yes	no	2.82
12	no	no	yes	yes	no	2.93
13	no	no	yes	yes	no	3.00
14	no	no	yes	yes	no	3.39
15	no	no	yes	yes	yes	2.57
16	no	no	yes	yes	yes	2.96
17	no	yes	no	yes	no	2.79
18	no	yes	no	yes	no	3.04
19	no	yes	no	yes	no	3.36
20	no	yes	no	yes	no	3.57
21	no	yes	no	yes	yes	3.07
22	no	yes	no	yes	yes	3.71
23	no	yes	yes	no	no	2.68
24	no	yes	yes	yes	no	3.21
25	no	yes	yes	yes	yes	3.04
26	no	yes	yes	yes	yes	3.52
27	yes	no	no	no	no	2.89
28	yes	no	no	no	no	2.89
29	yes	no	no	no	no	2.96
30	yes	no	no	no	no	3.50
31	yes	no	no	yes	no	2.71
32	yes	no	no	yes	no	2.93
33	yes	no	no	yes	no	3.21
34	yes	no	no	yes	no	3.32
35	yes	no	no	yes	no	3.39
36	yes	no	no	yes	no	3.50
37	yes	no	no	yes	yes	2.67
38	yes	no	no	yes	yes	2.96
39	yes	no	yes	yes	no	3.14
40	yes	yes	no	no	no	3.46
41	yes	yes	no	yes	no	2.93
42	yes	yes	no	yes	no	3.18
43	yes	Yes	no	yes	yes	3.14
TOTAL N	43	43	43	43	43	43



## Continuation of appendix "Sample interview selection process"

## TYPE 5 and 6

	Sexual	Physical	Neglect	Emotional	Witness D. A.	Empowerment
1	No	no	no	yes	no	2.86
2	No	no	no	yes	no	3.11
3	No	no	no	yes	yes	3.04
4	no	no	no	yes	yes	3.36
5	no	no	yes	no	no	2.82
6	no	no	yes	no	no	2.86
7	no	no	yes	no	no	2.89
8	no	no	yes	no	no	3.18
9	no	no	yes	no	no	3.23
10	no	no	yes	no	yes	3.36
11	no	no	yes	yes	no	2.82
12	no	no	yes	yes	no	2.93
13	no	no	yes	yes	no	3.00
14	no	no	yes	yes	no	3.39
15	no	no	yes	yes	yes	2.57
16	no	no	yes	yes	yes	2.96
17	no	yes	no	yes	no	2.79
18	no	yes	no	yes	no	3.04
19	no	yes	no	yes	no	3.36
20	no	yes	no	yes	no	3.57
21	no	yes	no	yes	yes	3.07
22	no	yes	no	yes	yes	3.71
23	no	yes	yes	no	no	2.68
24	no	yes	yes	yes	no	3.21
25	no	yes	yes	yes	yes	3.04
26	no	yes	yes	yes	yes	3.52
27	yes	no	no	no	no	2.89
28	yes	no	no	no	no	2.89
29	yes	no	no	no	no	2.96
30	yes	no	no	no	no	3.50
31	yes	no	no	yes	no	2.71
32	yes	no	no	yes	no	2.93
33	yes	no	no	yes	no	3.21
34	yes	no	no	yes	no	3.32
35	yes	no	no	yes	no	3.39
36	yes	no	no	yes	no	3.50
37	yes	no	no	yes	yes	2.67
38	yes	no	no	yes	yes	2.96
39	yes	no	yes	yes	no	3.14
40	yes	yes	no	no	no	3.46
41	yes	yes	no	yes	no	2.93
42	yes	yes	no	yes	no	3.18
43	yes	yes	no	yes	yes	3.14
TOTAL N	43	43	43	43	43	43

Type 5



## Validity of the category of inner power



### 6.1. Introduction

This appendix explains the proceedings and results of the validation process of the category of inner power. It also informs the outcome of the validation and its components. In order to illustrate a complete survey of the procedure and provide transparency, this chapter includes an explanation of the formation of a system of validity. Aims, objectives, the characteristics of the subjects who were involved in the validity procedure, method, results, conclusions, and suggestions are also explained.

Data was analysed by developing a new method of analysis based on the Interpretative Phenomenological Analysis method (IPA).

The interest was concentrated overall in what factors helped to overcome child abuse for the participants, and specifically what could constitute their inner power, particularly in childhood.

### 6.2. Formation of validation system

Two researchers carried out the analysis, namely the author of this thesis and a research assistant only involved in the analysis focusing on the inner power of the interviewees in childhood.

This procedure was decided upon based on:

- (1) The interest of the main researcher on inner power in childhood, because



- (a) It was the period when abuse happened
- (b) It was in a period of life when the individual had less power regarding relationships with carers.
- (c) It was the period of life when abuse profoundly affected the individual.

(2) This decision had meant that the analysis would involve less time and therefore be more economical.

The analysis lasted approximately two months.

After the first researcher had carried out the analysis on transcripts, another one on content was conducted. The first researcher already carried out a previous analysis of the transcripts. The researchers worked together and separately. However, the last stage of the validity process was carried out as a team with the aim of analysing the differences of each researcher's results.

The second researcher was unaware of the aims, variables, the research approach and its theoretical position in general. In the procedure, the second researcher used different methods to those used by the first.

Initially, the first interview was carried out to obtain a general analysis, of grounded theory. Then, the second interview was done under the key question "What did participants do to overcome the abuse?" using IPA as methodological analysis.. However, for the third interview, this key question was disliked by the second researcher, as in his consideration, Participant No. 3 did not suffer childhood abuse.

A similar situation occurred with the participant No. 4 whose analysis was not completely concluded by the second researcher because the interviewee reported having suffered neglect but not explicit child abuse. The second researcher was told that each of the participants had previously completed a questionnaire and had



previously stated that they had suffered a specific type of child abuse, and that neglect was one of those categories. He was also told about the concept of abuse based on the 'subjective approach' where the subject determines the abuse. Considering this discrepancy, a slight change in the focus of the analysis was suggested, with an analysis of 'inner power' being defined as 'power over' the self. This was then applied to the final analysis of all the transcripts involved in the validity process. These different methods of initial analysis provided a contrast in the analytical technique applied to the interviews.

The procedure for the validation of the accounts was planned for using the Kappa Coefficient. To achieve this, the beginning and end of statements were annotated in order to more accurately correlate them. However, when problems in analysis arose, advice was taken from a highly qualified statistician. She recommended an analysis not only of coincidences, but concentrating more on differences between the two researchers. Therefore the Kappa Coefficient was discarded and a 'qualitative comparison' of the differences between researchers was made instead.

### **6.3. Aim**

To establish the basis for a solid definition of inner power and its components.

### **6.4. Objectives**

The objective of the validation procedure was the analysis of inner power in childhood.



## **6.5. Characteristics of the subjects**

Seven participants agreed to take part in the interview study. However, of the interview results collected from the participants, one was unsuitable because it had not been agreed by the participant at that stage. Therefore, only six participants were included in the validation of the concept of inner power. They were all white, native English speakers, with an average of 49 years of age.

As already explained in the Methods chapter, participants for the interview study were carefully selected by a stratified purposive sample. (For more details see Methods Chapter, section 3.3.10).

The criteria for inclusion in the interview study consisted of a number of elements. The first element was the sex of the participant. This is a study focused on investigating power on women, therefore only female respondents were used. The second feature for inclusion was a high empowerment score obtained in the questionnaire study previously conducted. A further element is that the participants had had no events in recent life which might be characterised as problematic (e.g. divorce, bereavement, unemployment). The final element was a willingness to be interviewed for the study.

## **6.6. Characteristics of the researchers**

The validation procedure of the study was conducted by two researchers, each of whom had personal characteristics which could have affected data interpretation.

As can be seen in Table A.1 both researchers are of a similar age and chronological background. A further common feature was that both researchers were familiar with violence issues and understanding of the psychological



background of violence and abuse. There were however, differences in the personal characteristics of the researchers, for example, their gender.

Table A.1 Characteristics of the Researchers

Characteristics	Researcher 1	Researcher 2
Gender	Female	Male
Age range	In her 40's	In his 40's
Marital Status	Married	Divorced
Childrearing	Two sons	One son
Cultural Background	Latin-American	Latin-American
Professional Background	With studies in psychology, psycho-oncology and psychology of violence. Rural development.	With studies in psychology, wide experience in work with violent children.
Artistic Background	Professional Mexican-folk dancer	Latin-folk guitarist and composer

The second researcher was chosen for reasons of practicality, convenience, professional background and gender.

## 6.7. Method

In this section, the method of data collection for the validity study is considered.

The transcripts contained information which was regarded as relevant in overcoming abuse in the respondents' childhood.

Each transcript was read and re-read over a period of one and a half weeks. The reason for this was to allow a period of time for reflection. During the first stage reading of the data notes were made on the left hand margin of the transcripts. The aim of these notes was to record the first impression or first reaction of the researcher.

Additionally, the right hand margin was used to identify the possible trends.

Furthermore, a code system was devised for easy reference to any particular part of the data which was required to be highlighted. The classification of the accounts was made by writing between parentheses (a) the starting point (page-dot-line



number) (b) hyphen (c) the accounts ending point (page-dot-line number). These were termed a 'meaning unit'.

Next, all the trends related to inner power were collated and grouped together on a different piece of paper. These were then recorded on papers of different colour. This colour coding system was introduced to the study to facilitate the procedure.

Finally, a comparison was made to ascertain which 'meaning units' of the second researcher matched those of the first researcher. This was followed by a discussion of the 'meaning units' that did not correspond, when agreements and adjustments of the units were made. At other times the disagreement was stated, acknowledged and registered.

As stated above, different coloured paper was used during the research:

- White paper for the transcript –with wide margins on the right and left hand side used for the first two stages of the analysis.
- Green paper for the accounts' registration.
- Cream paper for the trends/themes related to inner power.
- Pink for the comparisons between researchers.

At all stages of the study there was a need to incorporate a re-agreement of the judges. There were, however, times when disagreement was strong. When no agreement could be made, disagreement was acknowledged on paper.

A further significant difference between the researchers was that the second researcher was unaware of many of the hypotheses governing the study. This was intentional order that the second researcher provided the objectivity to the analysis of the category of inner power.



### 6.7 Validity governance

The second researcher was reminded of the ethical principles of confidentiality at the beginning of the analysis. He did not know the identity of the participants. A code number identified the interviews. The validity study was done using the transcripts already accepted by the participants. The second researcher did not know what the factor or theory was considered by the main researcher regarding the conception of inner power. The only thing the other researcher knew was the general aim of the research “What helped to overcome the abuse?” and the definition of inner power ‘power over’ the self (Elworthy, 1996).

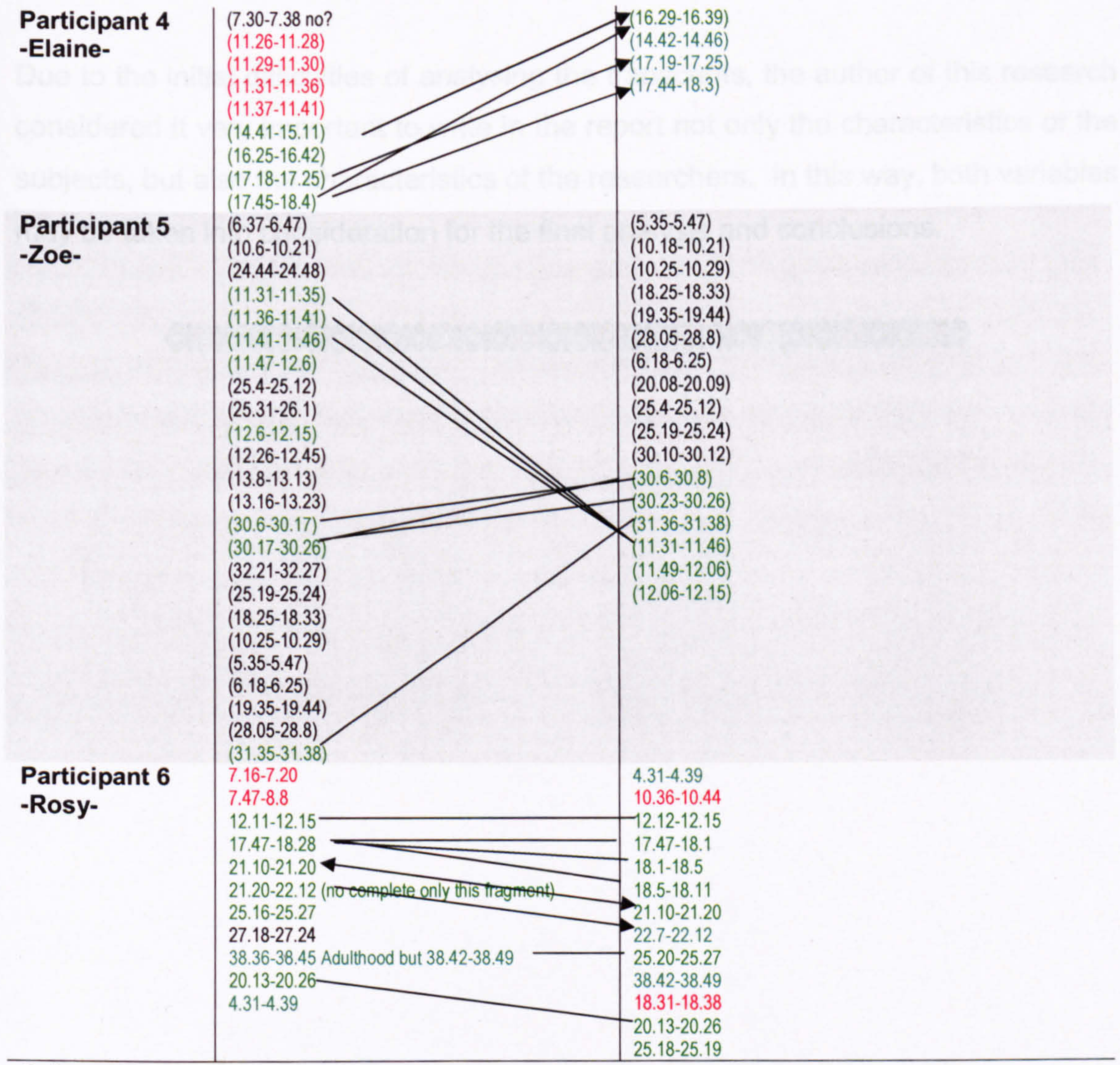
### 6.8. Results

Table A.2. shows the results of the validity, and the direction of the researchers contribution towards each category.

Table A.2. Validity of the category of inner power in childhood

	RESEARCHER 1	RESEARCHER 2
	<b>Meaning Units</b>	<b>Meaning Units</b>
<b>Participant 1 -Isabel-</b>	(5.03-5.18) -agrees up to 5.29- (17.37-18.11) (18.7-18.18) (13.31-14.4)	(5.1-5.29) (17.37-18.18) (13.31-13.32) (13.49-14.02) -agrees up to 14.04- (13.41-13.46) -change it as inner power because it explains better-
<b>Participant 2 -Natalie-</b>	(2.30-2.37) (4.32-4.42) (6.34-6.36) (10.45-10.46) (20.43-21.15) (21.14-21.29) (21.36-22.11) (22.22-22.24) -adulthood- (22.29-22.39) (22.39-23.4) (33.26-33.47) (15.22-15.43)	(27.26-27.28) (27.44-28.02) (21.14-21.15) (17.38-17.42) (19.30-19.34) (19.48-20.02) (27.44-28.02) (15.15 - 15.21) (20.43 -21.32) (21.39-21.47) (21.49-22.11) (19.03-19.12) (15.22-15.43) (22.29-22.39)
<b>Participant 3 -Anne-</b>	(6.6-6.14) (7.28-7.37) (12.12-12.18) (14.45-15.15)	(6.6-6.14) -agrees- (7.28-7.37) -agrees- (12.12-12.18) -agrees-





Colour code:

- Red – not agreed
- Sea green - agreed with modification
- Bright green – agreed
- Black - Not in childhood

## 6.9. Conclusions and suggestions

Analysing the transcripts is not an easy task. It requires time to read them, time to capture the sense and essence of the accounts and of the interviewee, and time to understand the experience.



Due to the initial difficulties of analysing the transcripts, the author of this research considered it very important to write in the report not only the characteristics of the subjects, but also the characteristics of the researchers. In this way, both variables may be taken into consideration for the final analysis and conclusions.

