RISK, RELATIONALITY, AND RECONCILIATION:

EXPERIENCES OF REPRODUCTIVE DECISION-MAKING AFTER

CHILDHOOD MALTREATMENT

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ABSTRACT

Little research has explored reproductive decision-making processes specifically among adults who have experienced childhood maltreatment. Life history and semi-structured interviews were conducted with 13 women and 2 men ages 25 to 35 in Saskatchewan who had experienced childhood physical abuse, emotional abuse, neglect, or exposure to family violence. From a critical interpretivist theoretical perspective, thematic analysis of their retrospective narrative constructions explicated a process wherein contemplation on starting a family was entangled with worries about transmission of dysfunction, contemporary relationships with parents, and, for many of them, reflections on living with a parent with a mental health and substance use disorder. Vivid vignettes and figurative language describing childhood environments and roles provided the historical context for these contemporary intrapersonal and interpersonal life projects and dramas. Interpretation informed by concepts of metaphor, theories of social roles and intergenerational gifts, explanatory models of causation, and ideologies of forgiveness revealed varied streams of experience. This research found distinct and shared patterns of reflections, life paths, and ways of reconciling a life story and perception of risk after childhood adversity, reconstructed in the context of their interviews. Analysis of configurations among participants of the variations within five themes—1) metaphors of childhood environments, 2) childhood statuses and roles, 3) reproductive choices and explanations, 4) intergenerational gifts and transmissions, and 5) conditional and unconditional forgiveness or unforgiveness— elucidated three streams of experience. In participants' reports of reproductive decision-making, the spectre of danger of intergenerational transmission of dysfunction was treated in different ways: 1) seven women described themselves as meant to be mothers who would not transmit dysfunction but would pass on the good gifts of family life to their children; 2) four women described themselves as not meant to be mothers (voluntarily childless or parent allies) who eliminated any risk of transmission of dysfunction; and 3) two men and two women were uncertain of starting families with children and described themselves as uncertain of their ability to eliminate risk and pass on good gifts. Between the components of reproductive decisions and contemplations of transmission appeared another component: identity. The participants implicitly reconstructed a figure of themselves as a good parent or good abstainer from parenthood. In the context of a history of childhood maltreatment, adult reproductive decision-making and negotiations of forgiveness were tied to the participants' construction of their identity as

represented in their narratives, and reflected relational ethical choices. This process of deciding whether to reproduce and forgive was based on primarily relational (over rational) considerations. This descriptive dissertation lends experience-near insight to our understanding of the phenomenon of reproductive decision-making, particularly for this demographic. It offers an introduction to the experiences of suffering, resilience, and strategies of adaptation among adults who had difficult childhoods and now ponder their generative choices. The findings have implications for health research and practice with men and women who choose or decline to start their own families after childhood adversity.

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DEDICATION

For the fifteen individuals who made this dissertation possible

by sharing their stories with me,

and for Saraih-Dawn, Adam,

and my Bram Garner.

TABLE OF CONTENTS

7. **CONCLUSION: RISK, RELATIONALITY AND RECONCILIATION**

LIST OF FIGURES

1. INTRODUCTION

Believing...that man [sic] is an animal suspended in webs of significance he himself has spun [;] I take cultures to be those webs, and the analysis of it to be therefore not an experimental science in search of law but an interpretive one in search of meaning (Geertz, 1973, p. 5).

1.1 <u>Project Overview</u>

The central question of my doctoral research is how experiences of childhood maltreatment are entwined with experiences of making reproductive choices. The goal of this research was to understand the reproductive decision-making of adults with a history of childhood maltreatment from the perspective of the world they are living in, with a focus on their adaptation to childhood maltreatment across time in two trajectories: that of their contemporary lifestyle, and that of their life history or life project (across time from the past to the future). This study attended to these adults' bonds and ties within both their family of origin[1] and their family unit (current or prospective) as young adults. Since the lifeworld is intersubjective—"interpretive schemes, our ways of making experience, are socially constituted through symbolic interaction" (Shwandt, 2007, p. 161)—this project involved the investigation of these adults' dialogues with collective discourses. Such knowledge will speak to the quality of life of childhood maltreatment survivors and their families, and the social and cultural systems of support available to them.

In the literature review that follows, references are made to many studies of parenthood among adult childhood maltreatment survivors which have focused on narratives of intergenerational perpetuation of dysfunction or narratives of liberation from family of origin experiences through procreation. The review will also refer to studies in which associations have been found between the ways that adults were parented and their attitudes toward childbearing. Overall, this field of research reveals that parenting is intricately bound up with a sense of history, risk, and healing in those who have experienced childhood maltreatment; however, the decision-making process has remained unexplored with this population.

This study aimed to address significant gaps in the literature in four ways. First, this study focused on the meanings of the process of reproductive decision-making and the transition to parenting as understood by childhood maltreatment survivors—related to but distinct from the

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[1] In this document, the term "family of origin" refers to the family the participant was born into as a child (i.e., their parents, grandparents, siblings), while "family of procreation" refers to the family the participant makes for themselves as an adult (i.e., partner or spouse, children).

limited focus on parenting in the empirical literature—and the moral experience of this decision at a specific time within the adult life trajectory. Second, in contrast to primarily retrospective accounts of childhood maltreatment survivors who have become parents, this study elicited prospective accounts from adults who are considering whether or not to transition to parenthood in the future, as well as retrospective accounts of adults who have recently had a child, focused on the process of choosing. This captured what is at stake for them, or the meanings involved in the process of reproductive decision-making among these adults, and how these choices fit into a global adaptation process and life project. Third, this study included the experiences of childhood maltreatment survivors who 1) want to have children, 2) do not want to have children, 3) hesitate, and 4) have children. Finally, the focus on adults who have not yet become parents, and not exclusively those who are "at risk" or displaying dysfunction in their lives, allowed for the emergence of other narratives in addition to those of redemption and success currently dominant in the literature, bringing attention to a broader spectrum of meanings, experiences, and strategies of adaptation.

I conducted life history and semi-structured interviews with 15 adults who have experienced physical or emotional maltreatment as children, are in the typical Canadian childbearing years (ages 25 to 35), and who either have not yet had children or have one or more children. The narrative data were enhanced by collection of demographic information, and field notes about the interview context. Thematic analysis was utilized to explore the intersubjective meanings—particularly of family and reproduction—of the lifeworlds of childhood maltreatment survivors, from a critical interpretivist perspective.

The study fills an important gap in our understanding of the connections between childhood maltreatment, reproductive decisions, adaptive processes, and associated meanings. The results have implications for identifying personal and social supports or barriers to healing and family formation among childhood maltreatment survivors, and therefore have implications for clinical practice and program development. This study extends the literature on reproductive decision-making in general to include the representations that childhood maltreatment survivors construct of their experience of maltreatment and its resonance in their lives.

It has been noted that reproduction has multiple meanings and is linked to various other (both broader and subordinate) personal and social values, structures, ideologies and meanings, as well as experiences of (in)fertility, abortion, pregnancy, birth, child care, medical and health

2

systems, gender, identity and family, to name a few (Browner & Sargent, 1996; Liamputtong, 2007). For instance, Ginsburg and Rapp (1995) pointed out that reproduction "entails much more than literal procreation, as children are born into complex social arrangements through which legacies of property, positions, rights, and values are negotiated over time" (p. 2) and thus reproduction is "inextricably bound up with the production of culture" (Ginsburg & Rapp, 1995, p. 2). This implies that one of the significant advantages of exploring this particular topic is that research in the realm of reproductive decision-making carries the advantage of creating knowledge about other related social realms (Browner & Sargent, 1996). It is also connected to the moral realm; reproductive choices involve deep moral deliberations and reveal the moral order(s) according to which people engage in action (Desjardins, 2010). A critical interpretivist perspective is suited to elucidating those connections, since it necessarily explores both the local and global meaning systems and political sites.

1.2 Research Context

This doctoral research was conducted in the context of two areas of Canadian population demographics and statistics: reproductive statuses and childhood maltreatment rates.

1.2.1 Reproductive Decisions in Canada

Today, most Canadians will choose to reproduce in their lifetime and most young adult men and women in this country either have or are planning to have children by the time they are age 34. In 2001, only 7% of Canadians ages 20 to 34 reported they were not planning to have children, while 93% were planning to or already had children (27% and 66%) (Stobert & Kemeny, 2003). In a 2003 survey by the Vanier Institute, 70% of the Canadian respondents from young to older adulthood (aged 18 years to 55 and above) had children (Vanier Institute, 2004, p. 37). The percentages of Canadians intending to remain childfree are similar through ages 20 to 34 (Stobert & Kenemy, 2003), though national longitudinal studies are need to assess the relationship between fertility intentions and behaviours (i.e., are the people intending not to have children at age 20 the same who are not intending to do so at age 35?). Of Canadian adults 55 years old and above surveyed in 2003, 10% stated they had no children and among 35 to 54 year olds, 18% did not have children (Vanier Institute, 2004, p. 38). There are some differences between the sexes. Among 30 to 34 year old Canadians, in 2001, 9% of men and 6% of women were not planning to have children, 34% of men and 20 % of women, were planning to have children, and 57% of men and 74% of women already had children (Stobert & Kemeny, 2003).

3

While the majority of Canadians will transition to parenthood, a small but significant number will not (for voluntary childlessness statistics see 1.3.1.2), and research into reproductive decision-making should consider the range of choices and intentions (i.e., have children, plan to have children, plan not to have children, or are uncertain about whether or not they will have children).

Reproduction as a developmental milestone of adulthood in Canada has been delayed over time. The average age of first-time mothers in Canada in was 25.2 in 1945, 23.5 in 1965, 27.9 in 2010, and 28.5 in 2011 (Statistics Canada 2012b, 2013, 2015b). The average age of first-time fathers in 2006 was 29.1 compared to 27.8 in 1995 (Beaupré, Dryburgh, & Wendt, 2010). The average age of first-time fathers in 2011 in Saskatchewan was 29.0 (31.5 in Canada, the lowest except for Nunavut at 26.9) (Statistics Canada, 2015a). Saskatchewan had the second lowest average age of first time mothers in 2010 and 2011—25.2 and 26.3 respectively—next to Nunavut (21.3, and 22.1) (Statistics Canada 2012b, 2015b). In 2011, 59.8 % of all births in Saskatchewan were to women between the ages of 25 and 34 (19.3 % for ages 20 to 24 and 10.9% for ages 35-39) (Statistics Canada, 2013). Nationally, the average age of mothers at childbirth (not just first-time) in 2011 was 30.2 years, compared to 29.3 years in 1945 and a dip to 26.7 years in 1975 (Statistics Canada, 2013). Children born to women over age 30 accounted for 52.2 % of births in Canada in 2011 (more than double the 23.6% in 1981) (Statistics Canada, 2013). In brief, the transition to parenthood in Canada is now occurring at a later age than in the past. Even if it participates in that global trend, Saskatchewan can be set apart as having younger first-time parents than the national average. This is relevant to the sampling and inclusion criteria for this project.

In addition to bearing children later in life, Canadians are having fewer children today than in the past. The average number of children per Canadian family has dropped from 2.7 to 1.9 from 1961 to 2011 (Statistics Canada, 2012a). The Canadian total fertility rate (number of children born to a woman during her reproductive years) was 1.68 children in 2008 1.67 in 2009, 1.62 in 2010, and 1.61 in 2011, remaining below the 2.1 replacement level (consistent since 1972) (Statistics Canada, 2013). Saskatchewan had a higher than average total fertility rate of 1.99 in 2011 (the rate in Nunavut was 2.97) (Statistics Canada, 2013). The population trend of below replacement level fertility may be of interest to policy-makers, as well as understanding why members of society choose to delay, forgo, or limit fertility. The later and limited

procreation of Canadians may be related to changes in attitudes toward child-bearing. Canadians reported that "people need to take parenthood very seriously" and that they should consider the time, responsibility, finances, strength of partnership required (Vanier Institute, 2004, p. 49). Given the trend of decline in fertility and family size in Canada and the value, for the majority, of taking procreation seriously, reproduction may have a different meaning today than in the past, as families have fewer children to focus all their attention and consideration on.

The use of the term reproductive "decision-making" assumes that reproduction is planned. However, while an estimated 66% of Canadians affirmed that their children were "planned," one third were not (Vanier Institute, 2004, p. 39). Among parents who have one or two children, 74% and 80% reported that all their children were planned (Vanier Institute, 2004, p. 39). Notwithstanding the fact "planned" can be taken to mean a variety of things (e.g., someone could be generally intending to have children but the development of a pregnancy does not coincide with the desired timing), this statistic is an important check on our framing of reproduction and choice; in other words, reproduction is not always a conscious, deliberate choice. The process involved in contemplating future parenthood may impact the experience of the reproductive outcomes, whether or not they are aligned, and it is the process and the meanings involved that are of interest for this study.

As of yet I have not been able to find any studies of fertility intentions and behaviours (i.e., how many have children or not) among survivors of childhood maltreatment, or how these compare to adults who have not been maltreated. Given the high percentage of the population that has children and the high prevalence of childhood maltreatment, it is not imprudent to suppose that at least some childhood maltreatment survivors will have children and at least some will not, and that the results of this project—to understand the process of reproductive decision-making among childhood maltreatment survivors—are relevant. There is some evidence that an unhappy childhood may be associated with reproductive decisions and the intention not to have children. According to the Canadian 2001 General Social Survey, 7% of 20 to 34 year olds who reported a happy childhood also reported they were not planning to have children, compared to 9% of those who reported they did not have a happy childhood, a difference that was not statistically different (Stobert & Kemeny, 2003). There was also no statistically significant difference in the intention to have children between those who were and those who were not close to their mother or father (Stobert & Kemeny, 2003). It appears that most Canadians plan to

and do have children, and that this decision most frequently takes place in the second decade of life. While adverse childhood experiences may not prevent most adults from transitioning to parenthood, it may colour the experience of that transition and of parenting, whether planned or unplanned, certain or uncertain. It seems reasonable that whether or not adults' intentions match their reproductive outcomes, the process will shape their transition to and experience of parenting. This also raises the question of the intentions and experiences of Canadian adults who do not just have unhappy but violent childhoods.

1.2.2 <u>Childhood Maltreatment in Canada</u>

Childhood maltreatment is a serious social issue in Canada. Childhood maltreatment includes physical abuse (assault), sexual abuse, neglect, emotional harm, and exposure to family violence (Government of Canada, 2006).[2] The Canadian Community Health Survey: Mental Health found that in 2012, among adult Canadians, 32% had experienced childhood maltreatment (physical abuse 26.1%, sexual abuse 10.1%, and exposure to intimate partner violence 7.9%), and "robust associations" linked childhood maltreatment and mental health disorders (Afifi, MacMillan, Boyle, Taillieu, Cheun & Sareen, 2014).

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[2] For the purpose of this proposal the following definitions from Government of Canada, 2006, p. 2, will be used: **Physical abuse**: "The application of unreasonable force by an adult or youth to any part of a child's body." **E.g.:** "Harsh physical discipline, forceful shaking, pushing, grabbing, throwing, hitting with a hand, punching, kicking, biting, hitting with an object, choking, strangling, stabbing, burning, shooting, poisoning and the excessive use of restraints." **Sexual abuse**: "Involvement of a child, by an adult or youth, in an act of sexual gratification, or exposure of a child to sexual contact, activity or behaviour." **E.g.:** "Penetration, attempted penetration, oral sex, fondling, sex talk, voyeurism and sexual exploitation." **Neglect**: "Failure by a parent or caregiver to provide the physical or psychological necessities of life to a child." **E.g.:** "Failure to supervise, leading to physical harm or to sexual harm; permitting criminal behaviour; physical neglect; medical neglect; failure to provide psychological treatment; abandonment; and educational neglect." **Emotional harm**: "Adult behaviour that harms a child psychologically, emotionally or spiritually." **E.g.:** "Hostile or unreasonable and abusive treatment, frequent or extreme verbal abuse (that may include threatening and demeaning or insulting behaviours), causing non-organic failure to thrive*, emotional neglect, and direct exposure to violence between adults other than primary caregivers." **Exposure to family violence**: "Circumstances that allow a child to be aware of violence occurring between a caregiver and his/her partner or between other family members." **E.g.:** "Allowing a child to see, hear or otherwise be exposed to signs of the violence (e.g., to see bruises or physical injuries on the caregiver or to overhear violent episodes)."

Childhood maltreatment can be perpetrated by a parent, sibling, other relative, friend, acquaintance, caregiver, teacher, authority figure, health professional, or guardian (Government of Canada, 2006; World Health Organization & ISPCAN, 2006). While rates of police-reported physical and sexual assaults against a family member in Canada have decreased in recent years, in 2014, 85,402 Canadians were victims of police-reported family violence (i.e., physical, sexual, verbal, and financial victimization and neglect, against intimate partners, children and youth, and seniors); of those cases, 16,300 (19%) were children under age 18 and 61% of those young victims were hurt by a parent (representing 18% of all family violence) (Statistics Canada, 2016). Locally, the province of Saskatchewan had the highest rate in 2014 of family violence (486.7 per 100,000 population) and family violence against children and youth (461.4 per 100,000), compared to the national rates (243.1 and 238.1) (Statistics Canada, 2016)[3]. In 2014, girls aged 17 or under experienced police-reported family violence at a rate 1.5 times higher than boys (274.4 compared to 189.7 per 100,000) and they were four times more likely to experience a sexual offence by a family member (Statistics Canada, 2016). These Canadian incidence rates of police-reported violence against children do not include calculations of exposure of children to family violence; spousal violence accounted for 48% of family violence in 2014 (Statistics Canada, 2016). In this study, I was particularly interested in childhood maltreatment perpetrated by a parent (self-defined by the participant as including biological, foster, adoptive, step, or legal guardian).

In addition to childhood maltreatment cases reported to police, other types of childhood maltreatment are attended by child protective services (there will be some overlap). The incidence of substantiated childhood maltreatment investigations in Canada in 2008 was 14.19 per 1000 children (Public Health Agency of Canada, 2010, p. 3). This total can be divided according to type: 34% exposure to intimate partner violence; 34% neglect; 20% physical abuse; 9% emotional maltreatment; and 3% sexual abuse (Public Health Agency of Canada, 2010, p. 3); rates were very similar between genders (p. 37). In 18% of these cases more than one type of abuse occurred, and while childhood sexual abuse was rarely accompanied by another form of abuse, common combinations were: neglect found with exposure to intimate partner violence

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[3] In 2014, the Yukon, Northwest Territories, and Nunavut had the highest rates of family violence in Canada, and the rates of family violence against children and youth were 886.3, 932.4 and 1420.5 respectively.

(the most common combination); emotional maltreatment found along with either neglect, exposure to intimate partner violence, or physical abuse; physical abuse found along with exposure to intimate partner violence (Public Health Agency of Canada, 2010, p. 31). One Canadian study of combinations of childhood maltreatment estimated that less than 5% of cases involved only one type of childhood maltreatment, and the authors concluded that, "there is a tangled web of neglect and abuse in many families" (Ney, Fung, & Wickett, 1994, p. 711). Notably, physical assault accounts for 56% of police-reported family violence against children (Statistics Canada, 2016). Arguably, all forms of childhood maltreatment involve emotional harm. Notably, these incidence rates include only cases of childhood maltreatment that were reported to police or child welfare authorities (and of the latter, only substantiated cases are included). We cannot assume that since they were reported these are the most extreme cases. These numbers do tell us that some types of childhood maltreatment are more common (neglect, exposure to family violence, and physical) and others less common (childhood sexual abuse) (one could argue that all other types of abuse entail emotional maltreatment, and thus it is the most common).

Regarding prevalence, one Ontario population (15 years and older) survey indicated a history of physical abuse for 31.2% of men, 21.1% of women, and a history of childhood sexual abuse for 12.8% of women and 4.3% of men (MacMillan et al., 1997, p. 131). The proportion of men and women reporting a history of physical or sexual abuse was 33% and 27% respectively (MacMillan et al., 1997). If this Ontario estimate is similar to the national prevalence rate, it may be that around one quarter to one third of adult Canadians have experienced physical or sexual abuse as children, based on the contemporary definition of abuse. This prevalence estimate is similar to international estimates. Worldwide, 25% to 50% of children reported they have endured severe physical abuse, and around 5% to 10% of men and 20% of women report a history of childhood sexual abuse (World Health Organization & ISPCAN, 2006). Childhood maltreatment is an issue that affects a significant number of people around us. Given the information that we have (despite limitations in defining and detecting abuse), it seems clear that relative to other regions, childhood maltreatment is high in the local provincial context.

In many countries today, childhood maltreatment is constructed as a major and yet underestimated issue. Given that a fraction of childhood maltreatment cases are reported, the extent of the problem is likely underestimated as well as the personal and social tolls (Fallon et

al., 2010; Government of Canada, 2006; MacMillan, Jamieson, & Walsh, 2003; Statistics Canada, 2016; World Health Organization & ISPCAN, 2006). A study in Ontario noted that only 5% of adults who self-reported they were physically or sexually abused in childhood had had contact with child protective services (MacMillan, Jamieson, & Walsh, 2003). Data from police reporting surely underestimate the incidence of family violence against children, particularly related to the inability of infants and younger children to report their victimization (Statistics Canada, 2016). Complete and accurate estimates of the incidence and prevalence rates of all types of childhood maltreatment in Canada are not available. Regardless, it has been estimated that childhood maltreatment exerts a significant economic burden on societies, including the costs of health, education, social, and justice services (World Health Organization & ISPCAN, 2006), not to mention the evident personal and familial costs.

All of this information on the magnitude and scope of the problem raises the question of how individuals interpret the impact of childhood maltreatment in their lives and in the lives of their families. The next section of this chapter will examine historical and contemporary research on the meaning and consequences of childhood maltreatment at the level of the individual and social groups, and what is known about its interrelationship with reproductive decision-making.

1.3 <u>Literature Review</u>

The following selective review of the literature will discuss and dialogue with research on the historical and contemporary social constructions and experiences of reproductive decision-making and childhood maltreatment, identifying themes most relevant to the researcher's topic of interest, and placing this study within our current knowledge framework. These works span the fields of history, demography, psychology, health sciences, and social work, among others.

1.3.1 <u>A Brief History of Reproduction in the West</u>

1.3.1.1 <u>From the Enlightenment.</u> Historians have marked the period of Enlightenment thought as a turning-point in cultural conceptions of the family and childhood in Western societies (Foyster & Marten, 2010). As we will see, this moment in history has significant implications for present-day cultural constructions of both reproductive decision-making and child maltreatment. Contemporary patterns and standards for the middle-class family and childhood began in the eighteenth century—though only the lives of a privileged few would match it—and at the same time families, parents and children came under examination by the

9

scientific community and interference by the state (Foyster & Marten, 2010). Germane to the meaning of both reproduction and child maltreatment, the very notion of childhood itself was constructed in the period of the Enlightenment and Romanticism, and the protection and development of children, who were now considered innocent and a source of happiness in the lives of parents, became a serious duty for parents and later—especially when the parents failed—for the state (Foyster & Marten, 2010). In the sixteenth to nineteenth centuries in England, the value of children and the meaning of fertility were knotted:

> children were highly prized: by the religious as a sign of God's blessing; by the wealthy as an assurance of the continuation of the family line; by the poor as a possible source of security; by some women—who were proud of their sexuality and closely related it to their capacity to bear children—as a demonstration of the maternal power which established their status…they regarded their fertility not as 'natural', but as part of their social and cultural creation (McLaren, 1984, p. 32).

From the late nineteenth century through the twentieth century, the American child was reframed from the "useful worker to sacred child" (Zelizer, 1994, p. 209), "economically useless but emotionally priceless" (Zelizer, 1994, p. 209), a child who "occupied a special and separate world, regulated by affection and education, not work or profit" (Zelizer, 1994, p. 209). This valuable child would come to be seen as in need of careful protection. This Romantic view of the child became mixed with Christian notions of morality during the crusades for child protection in the nineteenth century. During this time in England, the literature on sexuality was preoccupied with controlling reproduction in the direction of increasing fertility rather than birth reduction (McLaren, 1984)[4]. In France, in the nineteenth century, sterility was represented as a disaster or a vice, while fertility was considered a blessing or a virtue (Flandrin, 1981). Similarly, in the procreative traditions of Aboriginal culture, prior to and after contact with Europeans, pronatalism was present (Romaniuk, 2008). Later, Freud (1905/1965) described the development of a sexual life adopted by adults that was considered normal, wherein pleasure was at the service of procreation; that is, sexuality was no longer a sin, but healthy only if open to reproduction.

The Judeo-Christian tradition influenced marriage and fertility beliefs and practices in Europe and Canada in the few centuries preceding the twentieth. The individual, independent

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[4] The development of reproductive control may have been more complex, in respect to a simultaneous movement of eugenics and Malthusian measures of population control, a discussion of which is beyond this scope of this dissertation.

household was to consist of a monogamous, lifelong, freely married (by love not arranged) couple, and sexual intercourse was to be confined here—even then it was sinful if not for the purpose of procreation (i.e., if it was for pleasure) (Badinter, 1981; Flandrin, 1981; Gee, 1982; Ward, 1990). Foucault described Victorian bourgeois sexuality as also limited to marriage:

> Sexuality was carefully confined; it moved into the home. The conjugal family took custody of it and absorbed it into the serious function of reproduction. On the subject of sex, silence became the rule. The legitimate and procreative couple laid down the law. The couple imposed itself as a model, enforced the norm, safeguarded the truth, and reserved the right to speak while retaining the principle of secrecy. A single locus of sexuality was acknowledged in social space as well as at the heart of every household, but it was a utilitarian and fertile one: the parent's bedroom (Foucault, 1978, p. 3).

Heterosexual sex for the purpose of reproduction not only served religious tradition, but also became, in Foucault's (1978) perspective, an economic, political, and medical socialization of the procreative couple. In the eighteenth century, "the family became closer and withdrew into itself" (Badinter, 1981, p. 149), and demonstrated an "intensifying of affective relations and physical proximity" (Foucault, 1978, p. 129). By the nineteenth century, the modern Western nuclear family was "centered on the 'interior,' to keep the effective bonds of the family snug and warm, the modern family regrouped around the mother" (Badinter, 1981 p. 180). As will be discussed in the history of childhood maltreatment, this environment of emotional overinvestment and increased privacy in the nuclear family may be implicated in the sort of childhood maltreatment that has developed from the Enlightenment through to the modern day in the West.

In early Canadian society, in addition to European norms, ideologies and religious traditions, reproductive practices were influenced by environmental and economic conditions. For northern and western European settlers in Canada, the labours of farm life, lack of effective contraception, and religious doctrine equalled a prescription for married couples to bear children (an average of 6.6 births for women in 1851) (Gee, 1982; Milan, 2000). The large size of frontier farming families in North America may have been explained by the need for free manpower, the paradox of individualism and interdependence of family members, and the culturally characteristic desire to have numerous children (Bouchard, 1994). In nineteenth century Canada, forgoing marriage and procreation were acceptable through the outlet of religious vocation and the requisite virtue of celibacy (Gee, 1982), but often deviations from the nuclear family were the results of outside forces: "men and women who never married, lone parents, childless

11

couples and couples living common-law—always existed, but [their situations] were less likely the result of individual choice than of uncontrollable circumstances, such as the death of a spouse, obligations to aging parents, or poverty" (Milan, 2000, p. 2). The greatest changes to marriage and fertility rates in Canadian history were due to financial difficulty, such as the Depression, and prosperity, such as the baby boom following World War II (Milan, 2000). Rates of childlessness mirror these events. In developed Western countries, the proportions of women who were childless rose for those born in the middle of the nineteenth century, declined for those born from 1900 to 1940, and increased for those born after 1945 (Rowland, 2007). An estimated 15% to 25% of women born in the nineteenth century in developed Western countries remained childless, while 10% to 20% born in the twentieth century will remain childless (Rowland, 2007). While it appears that fewer individual women remain childless today than did in the past, fertility in general is decreasing. McLaren and McLaren (1997) contend that fertility decline was the most important Canadian social shift of the twentieth century and that it was "inextricably entangled in a web of social, sexual, and cultural relationships" (p. 10). Regarding the public and political debate about birth control, "doctors and priests, eugenicists and feminists, politicians and labour leaders who entered the discussion were more concerned by the broader issues of sexual, social, and political power than by the issue of family size" (McLaren & McLaren, 1997, p. 10).

   1.3.1.2 <u>**The Contemporary Climate: Voluntary Childlessness and Intensive Parenting Ideology.**</u> Today, among Canadians 18 to 34 years old, the transition to adulthood— leaving school, leaving home, working full-time, entering conjugal relationships, and having children—has been "delayed and elongated" (Clark, 2007, p. 20). Similarly, in Finland and Spain, financial independence has replaced marriage and parenthood as the principal sign of adulthood, perhaps reflecting contemporary realities of the education, housing, and labour markets; however, marriage and parenthood remain the final indicators of true maturity (Oinonen, 2003). Some authors argue that a basic Western belief system conflating womanhood with motherhood, manhood with virility, and maturity with reproduction remains untransformed (Morell, 1994; McLaren, 2007). In the last three decades, empirical research has documented the contemporary pronatalist climate of Western societies. These arguments are evidenced by reactions to voluntary childlessness and expectations for mothers today. For example, childless and childfree men and women have been judged less favourably on developmental attributes by

young adults (Koropeckyji-Cox, Romano & Moras, 2007; Rowlands & Lee, 2006). Two selected trends in Western societies—voluntary childlessness and intensive parenting—reveal social expectations and dominant discourse that may be of particular relevance to young adults deciding whether or not to have children and what the experience of parenting might have in store for them.

Voluntary childlessness is a growing contemporary phenomenon among a significant minority in Canada and in a number of Western societies internationally (Agrillo & Nelini, 2008). In Canada 6% to 9% of men and women ages 20 to 34 reported they were not planning to have children in 2001 (Stobert & Kemeny, 2003, p. 8). Subsequently, in 2006 7.7 % of Canadian women ages 15 to 44 who were in married or common-law relationships intended to have no children, a relatively constant rate since 1990 (Edmonston, Lee, Wu, 2010, p. 309). That same national survey indicated that 8% to 10% of Canadian men ages 20 to 34 and 14% to 18 % at ages 35 to 44 intended to be childless (Ravanera & Beaujot, 2014, p. 44)[5]. The child-bearing choice of voluntary childlessness is a salient issue in an exploration of reproductive decision-making, and its relationship to childhood maltreatment is relatively silent in the literature. According to several qualitative investigations, explanations and motivations among men and women for choosing childlessness have included: protection of the unrestricted childless lifestyle; pursuit of a career; rejection of dominant discourses and of modern forms of motherhood, femininity, fatherhood, and masculinity; possession of personal qualities incompatible with parenthood; the influence of positive and negative experiences (e.g., childhood trauma) and models of parenting; and broader considerations such as concerns for the environment, overpopulation, and global politics (Carmichael & Whittaker, 2007; Doyle, Pooley, & Breen, 2012; Gillespie, 2003; Mollen, 2006; Lunneborg, 1999; Park 2005; Peterson, 2014; Shaw, 2011; Terry & Braun, 2012). Veevers (1980), in the late twentieth century, established that voluntarily childless Canadian married men and women were regarded as deviant and experienced stigmatization and stereotyping in a pronatalist context in which parenting desires

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[5] Although the question "Do you intend to have a/nother child sometime?" was asked on the Canadian General Social Survey in 2011 (see Cycle 25 Family Questionnairre FI Q110 at http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=getInstrumentList&Item_Id=132471&UL=1V), as of May 2014, no analysis had been done on voluntary childlessness, but custom tabulations could be ordered for a fee (personal communication, F. Fortin, Statistics Canada, personal communication, May 8, 2014).

are normative. According to Veevers, the "parenthood mystique"—the assertion that "having children is not only compatible with self-actualization but is, indeed, necessary for it" (p. 4)—was the backdrop in the lives of voluntarily childless men and women. Childless coupling has been seen as transgressing moral, religious, and civic obligations and compromising the marital relationship, gender identity, mental health, and adult maturity (Veevers, 1980). More recently, the voluntarily childless have continued to report that they have been seen through stereotypes (e.g., selfish, materialistic, abnormal, unnatural, unfeminine, inadequate) and received negative responses from others (e.g., shock, disbelief, dismissal, questioning, pity, patronization, and discrimination) (Doyle, Pooley, & Breen, 2012; Lee & Zvonkovic, 2014; Mollen, 2006; Park, 2002; Rich, Tacket, Shelley, 2011). Experiences of stigma and consequent resistance in the lifeworlds of the voluntary childless are emphasized in Durham's (2008) finding that these men and women enact risk evaluations of disclosing their status, Gillespie's (2000) description of women's "radical rejection" narratives, and Terry and Braun's (2012) description of the "rebellion" of men who had "pre-emptive" vasectomies. Voluntarily childless men and women have reported adapting and coping with the disqualification of their nonparent statuses by employing "reactive" and "proactive" strategies to manage and negotiate their stigmatized identities and challenge the social prescription of childhood which include: hiding their identity; affecting infertility or procreative intentions; judging child-bearing to be a selfish choice; refuting discourses of "unnaturalness" and positioning voluntary childlessness as "natural"; constructing alternative gender identities; and aligning with competing cultural ideals of self-determination and service to society (Durham, 2008; Mollen, 2006; Morell, 1994; Park, 2002; Park, 2005; Purewal & Akker, 2007; Rich, Taket, Graham, and Shelley, 2001).

Various decision-making processes have been described among some voluntarily childless women and heterosexual couples: originating in childhood and adolescence; a result of child-bearing postponement; simultaneously active, equivocal and fluid; justified by generative pursuits (informal and professional helping work in families and communities); and disagreement, consensus, negotiation, persuasion and conversion interactions between partners (Doyle, Pooley, Breen, 2012; Durham & Braithwaite, 2009; Lee & Zvonkovic, 2014; Shaw, 2011; Veevers, 1980)

Given the cultural meaning of parenthood in Western societies, and its connection to gender and adult development (i.e., the conflation of motherhood and fatherhood with adulthood,

14

womanhood and manhood), it will be important to ask adult childhood maltreatment survivors in the process of reproductive decision-making how they respond to these cultural discourses and how these figure in their lifeworlds, life projects, and life trajectories.

A recent, dominant Western discourse on childrearing—on how it should be done, by mothers in particular—may be implicated in people's decisions whether or not to become a parent. Badinter (2011) contended that three movements of the late twentieth century—ecology, ethnology, and biological science, and essentialist or maternalist feminism—have contributed to a new ideology of naturalist motherhood, an ideal of the "good ecological mother" (p. 38), who gives birth un-medicated, breastfeeds on-demand, uses cloth diapers, co-sleeps, and provides full-time child care. Badinter (2011) claimed that this demanding, sacrificial model of child-rearing and the conflation of motherhood with womanhood, makes child-bearing incompatible with a career, and thus a substantial number of women—convinced that motherhood is an all-or-nothing endeavour—will forgo parenthood. In contrast, Badinter (2011) contended that the contemporary discourse on motherhood in French society, which allows for, even encourages, "mediocre" (p. 156), part-time mothering, partially accounts for the relatively high fertility rate in France. Hattery (2008) has argued that there exists in contemporary American society a "hegemonic ideology of intensive mothering" (p. 192). Hattery (2008) charged this model of intensive mothering—which requires complete, full-time devotion of a mother to the care of her child(ren) in order not to deprive children—with inciting conflict between employed mothers, stay-at-home mothers, and voluntarily childless women, through personal and interpersonal judgements (Hattery, 2008). Hattery specifies that while occasional intensive parenting acts are praised in men, for women they are expected practices. These examples of cultural discourses of what is expected of parents (particularly targeted at women) prompt us to ask how these ideologies might figure in the worlds of adults in their childbearing years, and especially those who have judged their own childhoods as abusive. Do these, and other exemplars of parenting in Canadian society, influence the reproductive decision-making process, and if so, how? These questions prompt the researcher to explore cultural discourses and to ask whether individuals with a life history of childhood maltreatment are exposed to such ideologies and if they tend to ignore or embrace such models or forgo or choose parenthood in light of these standards.[6]

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[6] It is important for the researcher to avoid the perspective of mystification (see Good, 1994, for a discussion of mystification in social research).

1.3.2 A Brief History of Childhood Maltreatment in the West

While this study uses the term "child maltreatment" throughout, the term "child abuse" is prevalent in writings on the history of the child[7]. There is some debate about whether abuse of children has increased, decreased, or remained the same over the past three or four centuries in the West, and whether any supposed changes are due to factors such as increased reporting, improved living conditions, and decreasing fertility (Archard, 2004; Heywood, 2001; Stearns, 2011). There is no doubt, however, that "child abuse" is a socially constructed term, the meaning of which, and the social actions in response to it, has changed dramatically in Western society. Certainly, some previously accepted parenting behaviours of the past, such as corporal punishment, have been problematized by the development of the concept of child abuse. Indeed, "'malleable and expansionist, it has gobbled up more and more kinds of bad acts'" (Hacking in Archard, 2004, p. 193). The 1908 Children's Protection Act, which allowed for children to be apprehended from families, defined a child in need of protection as any child:

> who is begging; who is wandering about at night and sleeping in the open; who is associating with a thief or drunkard or vagrant and allowed to grow up without salutary parental control; who lives in any disorderly house or in the company of reputed criminal or immoral or disorderly people; who is a destitute orphan deserted by lawful parents or guardians; who is guilty of petty crimes and likely to develop criminal tendencies; who is habitually truant from school (Dornstauder & Macknak, 2009, p. 5).

The current Saskatchewan Child abuse protocol now encompasses physical abuse, emotional abuse, sexual abuse, and neglect (Government of Saskatchewan, 2011). While some of the 1908 seven categories would be subsumed by the contemporary four, there is a difference in the moral tone. There is a suggestion here of the religious and class issues that were intertwined with the beginning of state intervention into the lives of children and parents.

It has been argued that today's conception of "child abuse" in the West was formed during the late nineteenth and early twentieth century; prior to this, state intervention in the family was unimaginable, and paternal power in the family in Europe and North America was absolute (Cunningham, 2005; Heywood, 2001). Cunningham (2005) identified the period from 1830 to 1920 as a distinct era of "saving the children," when a "concern to save children for the enjoyment of childhood" (p. 137) was the practical application of the ideology of childhood that

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[7] Childhood maltreatment is a more inclusive term than child abuse as it encompasses physical and emotional abuse, neglect, and family violence exposure, acknowledges that they can occur in combination, and connotes a range of severity).

developed over the previous three centuries. The new belief in America that children had a right to a protected, dependent childhood "encouraged a growing chorus of child welfare advocates calling for increased government intervention on behalf of the young" (Lindenmeyer & Graham, 2010, p. 147). Early in the twentieth century, a nuclear family (i.e., working father and stay at home mother) was also considered a right of children (Lindenmeyer & Graham, 2010).

Child welfare advocacy began as a primarily philanthropic venture. In the late 1800s, an organized movement began, starting with the establishment of societies for the protection of children across the UK, USA, France, and Germany (Archard, 2004; Cunningham, 2005; Heywood, 2001; Mangold, 2009). In the local context of Saskatchewan, Children's Aid Societies were established across the province between 1908 and 1911. The Saskatoon Society for the Prevention of Cruelty to Children was registered in 1976, serving Saskatoon and surrounding area with public education, advocacy against corporal punishment, a parenting aide program, and a crisis nursery (SSPC, 2012). Concern for children was coupled with class and religious tensions and inequalities. Such was the case of the Boston Society for the Prevention of Cruelty to Children:

> Upper-class agents of the society saw themselves helping culturally inferior immigrants achieve 'American' standards of childcare. What stands out, then, is the way the peculiar atmosphere of the late nineteenth century in particular, with its widespread fear of social unrest and foreign rivals, concentrated minds on the advantages for the nation of encouraging child welfare. Hence all the effort to educate poor parents, provide them with material assistance, and, if necessary, to take over their responsibilities (Heywood, 2001, p. 108).

The fervour of these campaigns was partly motivated by a desire to "refashion poor, working-class families in the image of middle-class reformers" (Heywood, 2001, p. 109). In Britain, Canada, and the United States, such efforts were pervaded by a "philanthropic/missionary discourse" and intended to protect the innocence of children (a Romantic rather than Christian view of childhood) and to save and reform the "heathen" and "dangerous classes" (Cunningham, 2005, p. 138)[8]. Early child welfare in philanthropy in Western societies (UK, France, USA) targeted the children of poor, working-class and immigrant families, who were considered

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[8] There is a connection here with the history of colonial discourses on child welfare systems in the lives of Indigenous children and families in Canada and Saskatchewan. A full accounting would be required in order not to trivialize that momentous historical context, and thus is outside of the scope of this literature review.

physically abusive but also in need of "morality" and "civilizing" (Lindenmeyer & Graham, 2010; Heywood, 2001), and as a result, many of these families "came under some sort of surveillance or control by philanthropic organizations" (Cunningham, 2005, p. 139).

By the end of the nineteenth century, responsibility for child welfare action shifted from the philanthropic realm to the state, since it was believed that "only state action could secure a childhood for all children"; moreover, "states had a variety of motivations...concern about population levels; worry about the level of 'civilisation' of the masses; desire to breed a race capable of competing in the twentieth century" (Cunningham, 2005, p. 140). The British Prevention of Cruelty to Children Act was passed in 1889, allowing for state apprehension of children (Heywood, 2001). In 1893, Ontario passed the Act for the Prevention of Cruelty to and Better Protection of Children, becoming the first Canadian province to legally protect children from neglect and abuse (Dornstauder & Macknak, 2009). In Saskatchewan, the Children's Protection Act came into effect in 1908, allowing for children to be apprehended from families, and in 1909 child welfare programs and services were implemented in Saskatchewan (Dornstauder & Macknak, 2009).

In the middle of the twentieth century, medical, social work, and psychological definitions of child abuse and its sequelae changed the tone of the concept. In response to Dr. C. Henry Kempe's 1962 article, "The Battered Child Syndrome," every American state between 1963 and 1967 passed laws requiring reporting of child abuse (Mangold, 2009, p. 9). Kempe's work was a central force in initiating the field of studies known as Child Abuse and Neglect, with its key journal, *Child Abuse and Neglect,* which began in 1970, and the field now boasts an enormous research literature (Young-Bruehl, 2012). Child abuse and neglect research, feminist studies, trauma studies, and personal memoir have all come to inform society's understanding of the phenomenon of child maltreatment (sources, outcomes, sequelae) and the current categorization of childhood maltreatment as physical, emotional, sexual, family violence exposure, and neglect (Young-Bruehl, 2012). This field was and remains a highly politicized and contested area, with the "Family Values" movement that began in the 1970s in the United States which was opposed to government interference in the private realm of the family and has, in

Young-Bruehl's (2012) analysis, been effective in limiting funding for child welfare in that country.[9]

Some historians have speculated that the rise of the insular nuclear family (see Badinter, 1981, Foucault, 1978) in the West created an environment that fostered and increased family violence:

> there's a plausible argument that government monitoring does not match the kind of controls over abuse offered by tight-knit customary villages or neighborhoods…it was actually harder to conceal abuse in conventional villages than is the case today (Stearns, 2011, p. 169-170).

Child abuse in less private, more communal contexts in the West in the past was rare (Stearns, 2011). At the same time, in the eighteenth and early nineteenth centuries, "adult abuse of children had met with strong community sanctions and sometimes legal sanction" (Cunningham, 2005, p. 153). In addition, some historians suggest that "the work of the CAS [Children's Aid Society of New York] contributed to and resulted from the heightened social focus on the nuclear family as an ideal important to the nation's democratic future" (Lindenmeyer & Graham, 2010, p. 146).

Undoubtedly, the concept of child abuse and maltreatment is not static. Even today in Canada, there is an ongoing debate over what constitutes physical punishment versus physical assault. The so-called "Spanking Law," section 43 of the *Criminal Code* of Canada since 1982, which gives parents and teachers a defence for physical punishment or "reasonable" force or correction and was upheld in 2004, continues to be controversial (Barnett, 2008). There were eight legal attempts between 1996 and 2008 to abolish corporal punishment (Barnett, 2008). A national survey by Toronto Public Health in 2003 found that 69% of Canadians were in favour of repealing the section 43 defence for teachers and 51% were in favour of repealing it for parents (Barnett, 2008, p. 6). This demonstrates that defining child abuse is a negotiation and that Canadian society remains divided on what constitutes child abuse even today. The United Nations Convention on the Rights of the Child of 2006 has set minimum guidelines and reporting requirements that can be seen as an "attempt to balance both the privacy of the family and cultural diversity with the health and safety of children" (Mangold, 2009, p. 8).

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[9] See Young-Bruehl, 2012, for a detailed accounting of the academic and political history of child abuse neglect literature and social action in the United States since the 1970s.

This has not been an exhaustive history of child maltreatment in the West, but a selective review of some major themes in the literature. The origins of the contemporary social construction of "child abuse" coincided with beginnings of a new Western cultural conception of the "family." The meanings of the child (its value, its nature), childhood, marriage, family, gender roles, sexuality, and adult development are connected to the meaning of reproduction and family relations.

1.3.3 Reproductive Decision-Making Paradigms

Why do people have children today? Within psychology and closely related fields, several streams of research have proposed explanations of the forces underlying human reproductive behaviour. Three arguments characterize the literature aimed at answering the question of why people bear children: humans have an evolved biological predisposition for childbearing as a response to the pleasure of the procreative and generative act; humans are compelled to bear children by a pronatalist/antinatalist social environment; and humans make rational choices to bear children based on the economic or noneconomic value of children (Morgan & King, 2001). Biological, neurological, evolutionary, psychodynamic, and developmental theories favour biological processes and genetic factors (such as evolved neural correlates, neurotransmitters, sex hormones, gene expression, and inborn personality traits); motivation and choice in these traditions are primarily conceived of as the determined consequences of inherited, innate, intrinsic drives or imperatives, activated within a physical and social environment (Baumeister & Leary, 1995; Easton, Confer, Goetz & Buss, 2010; Fisher, Aron, Mashek, Haifang & Brown, 2002; Keller, 2000; Miller, 1992, 1994). From a developmental perspective, Erikson (1959/1980) held parenting to be a natural, evolved milestone or inclination in the normal human life trajectory (e.g., a progression towards generativity), according to "epigenetic principle" (p. 53). Social psychology research has focused on the power of social learning, norms, pressures, and expectations, and of gender socialization as the key influence on motivation for procreation (Boucai & Karniol, 2008; Gormly, Gormly, & Weiss, 1987; Starrels & Holm, 2000; Yaremko & Lawson, 2007).

In contrast to these emphases on the deterministic role of biology or society, the cost-benefit paradigm (including the theory of reasoned action, the health belief model, decision-analytic models, Friedman's theory of the value of children, and Weber's typology of action) is a particularly prominent social-psychological theory that proposes an individualistic, rational

choice model applied to reproductive behaviour wherein informed, autonomous, logical actors engage in conscious, logical analyses or evaluations (i.e., a calculating or weighing of the pros and cons, utility, outcomes, options, risks, sacrifices, value of children, economic costs, psychological and social benefits) in their decision to have children (Barber, 2001; Bos, van Balen & van den Boom, 2003; Fawcett, 1988; French, Kurczynski, Weaver, & Pituch, 1992; Heckerling, Verp, & Hadro, 1994; Lawson 2004; Lawson & Pierson, 2007; Liefbroer, 2005; Nomaguchi & Milkie, 2003; O'Laughlin and Anderson, 2001; Park, 2005; Pinquart, Stotzka and Silbereisen, 2010: Seccombe, 1991). A number of scales, measures and inventories of motives, reasons, perceptions, and expectations (e.g., of social, emotional and financial support; socioeconomic status; bringing meaning to one's life; connection and continuity; suitability for parenting; parental stress) have been developed and employed in these studies (Brahler, Stobler-Richter, & Schumacher, 2001; Cassidy & Sintrovani, 2008; Langdridge, Sheeran, & Connolly, 2005; Lawson, 2004; Miller, 1995; O'Laughlin and Anderson, 2001). Alternatively, a contextual, systems, or ecological approach has been developed within this paradigm to address some of the theoretical and pragmatic weaknesses and to incorporate a broader range of psychological and social factors in decision-making, including the embeddedness of individual choices in wider interpersonal and societal contexts or systems (Lawson, 2004; Lawson & Pierson, 2007).

In addition to biological and social determinism, as well as to individualistic, rationalistic perspectives, other research has emphasized the dialectic of personal experiences with cultural meaning systems. A number of these studies will be reviewed in sections 3 and 4 of the literature review pertaining to childhood maltreatment. Sevon's (2005) study of pregnant women stands in clear contrast to the biological, developmental, social-learning, and cost-benefit frames of research. Sevon (2005) questioned the framing of the choice to become a mother as rational, conscious and autonomous, since the women's choices were characterized by ambivalence and uncertainty, and considerations included: observations of parenthood experiences of others, perceptions of normal life trajectories, their own state of personal development, and concern for the potential child. Sevon (2005) characterized the "desire for motherhood" as "emotional, embodied, and unforeseeable" (p. 474). Similarly, Grewal and Urchel (1994) asked 135 Canadian women why they wanted to have or why they had had children and concluded that "having children is primarily an emotional decision" and "it appears that prospective parents give little thought to why they want children" (p. 455). On the contrary, Touroni and Coyle

21

(2002) described a reproductive decision-making process of "substantial and careful consideration...a moral and ethical process" (p. 205), by lesbian couples with children. Some of the salient factors in the decision-making process for Touroni and Coyle's (2002) participants were also considered by heterosexual couples (e.g., personal and partnership readiness), while others were specific to the lesbian life context (e.g., reproductive technology and biological fathers or sperm donors); the considerations of both groups were embedded within charged personal, familial, social and political discourses on sexuality and lesbian parenting. For the ten lesbian couples who had children or were pregnant via donor insemination in Chabot and Ames' (2004) study, the answer to the question "do we want to become parents?" entailed struggling with their perceptions of the meaning of lesbian identity in general, its relationship with the meaning of motherhood, and how their personal lesbian identity would be negotiated with a new identity as a parent. These two studies highlight how reproductive decision-making is a process, multi-faceted, highly dependent on context, and connected to many other aspects of one's life.

Biological/developmental, social-psychological, and rational-choice paradigms all contribute to our understanding of reproductive motivations. Indeed, the drive of the body to procreate, the ubiquitous presence of parenthood in the social context, and careful conscious calculations all play a part in motivating people to bear children. Meaning-centered or experience-near research in particular attends to the diversity of contexts in which motivations and choices reside, the various emotional and thought states involved, and, in some cases, the process of decision-making.[10] The following section will explore the experience of childhood maltreatment in particular and relate it to decisions about reproduction, in order to build a case for a research project in the meaning-centered tradition.

1.3.4 <u>Childhood Maltreatment and Related Research</u>

This section reviews the following themes in the research literature: the consequences of childhood maltreatment for adults—both the observed problems (particularly with parenting and sexuality) and in some cases perceived benefits; the situations in which some survivors are able

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[10] One way to define "experience-near" research an approach that attempts to "focus on the experiences of subjects who suffer and who care, and on psychological resilience and damage, in the particularities of the settings, past, present and anticipated future, as people engage with and make meaning out of their situations and actions" (Hollway, 2009, p. 461-462). Experience-near researchers strive to avoid the reductionism of other approaches, where "actual people are nowhere to be found" (Hollway, 2009, p. 462), while recognizing that texts and observations (i.e., interview recordings transcripts and field notes) do not capture actual experience.

to overcome these challenges; the influence of family of origin experiences (or being parented) in general on childbearing outcomes for adults; and the interrelationship of a difficult or traumatic history with the experience of becoming a parent.

1.3.4.1 <u>**Social Suffering: Individual, Intergenerational and Relational.**</u> Previous research has indicated that all forms of childhood maltreatment have been associated with long-term life adjustment difficulties, psychopathology, social deviance, re-victimization, and social suffering in adulthood among women and men. Suicidal ideation, suicidal attempts, and psychiatric disorders have been associated with a history of child abuse (physical and/or sexual abuse, neglect, and witnessing domestic violence) among men and women (Afifi, Boman, Fleisher, & Sareen, 2009). A history of childhood psychological maltreatment among both male and female adults has been associated with higher (clinically significant) levels of depression and anxiety and higher (not clinically significant) Post-traumatic Stress Disorder indicators and anger than in those without a history of psychological maltreatment (Chirichella-Besemer & Motta, 2008). A history of childhood maltreatment (emotional and physical abuse and neglect, and sexual abuse) in women has been associated with adult psychopathology and relationship conflict, and a higher severity of such distress has been associated with a higher number of forms of maltreatment that were experienced (Lang, Stein, Kennedy, & Foy, 2004). Jumper's (1995) meta-analysis of 26 studies confirmed statistically significant positive relationships between childhood sexual abuse and adult psychopathology symptoms, depression, and low self-esteem. Childhood physical and sexual abuse were associated with higher rates of anxiety, depression, alcohol and drug abuse, and antisocial behaviours among women (MacMillan et al., 2001). Childhood physical abuse was associated with higher rates of anxiety, alcohol abuse, and antisocial behaviours among men, and childhood sexual abuse was associated with higher rates of alcohol abuse among men (MacMillan et al., 2001). A history of childhood sexual abuse among adult women who are mothers has been associated with poorer psychological well-being (e.g., depression, anxiety, low self-esteem), teenage pregnancy, and more problematic parenting behaviours (e.g., poorer quality of the parent-child relationship) and adjustment problems in their offspring (e.g., emotional, peer, and conduct problems) (Roberts, O'Connor, Dunn, & Golding, 2004). The greater adjustment problems among children of mothers with a history of childhood sexual abuse, and the poor quality of the parent-child relationship, were partially explained by the mother's poor mental health (Roberts, O'Connor, Dunn, & Golding, 2004). Compared to

23

adults who have not experienced childhood maltreatment, adult survivors of childhood maltreatment are more likely to contend with a variety of psychological problems in their lives. These struggles also impact members of their families, both their children and their partners.

As the study by Roberts and colleagues (2004) demonstrated, in addition to individual psychological and interpersonal problems, childhood maltreatment has been associated with intergenerational problems, particularly between mothers with a history of childhood emotional or physical abuse and their children. A number of studies of parenting by adult childhood maltreatment survivors focus on parenting difficulties, perpetuation of dysfunction and adjustment difficulties among their children. A history of childhood emotional abuse among mothers was associated with poorer interactions with their infants, and a history of childhood physical abuse was associated with the mother's perception that her infant was more difficult and challenging to parent, and also with a lack of knowledge about how to respond to her infant (Lang, Gartstein, Rodgers, & Lebeck, 2010). Notably, these effects were separate from psychopathology in the mother; indeed, both emotional and physical abuse were also unexpectedly associated with some positive maternal perceptions and adaptive mother-infant interactions (Lang, Gartstein, Rodgers, & Lebeck, 2010). Bert, Gunner and Lanzi (2009) found that the magnitude of mothers' experiences with emotional and physical abuse had a negative relationship with self-reported responsiveness to their infant and a positive relationship with endorsement of abusive parenting behaviours. A history of harsh parenting experiences (yelling, spanking, slapping, shoving, hitting with an object, which the researchers defined as overlapping with physical abuse) among male and female adults was found to be directly related to their own harsh parenting practices (Simons, Whitbeck, Conger, & Chyi-In, 1991). In parallel, it has also been demonstrated that good parenting can be passed from one generation to the next. Chen & Kaplan (2001) found a direct relationship between male and female adults' experience of the good parenting models of their parents and the "constructive" parenting behaviours they displayed with their children. In the next section I will review a number of studies that also explore a more optimistic side of carrying a childhood maltreatment legacy.

In addition to individual mental health problems and difficulties in their relationships with children, it has been found that childhood maltreatment survivors, particularly women with a history of childhood sexual abuse, have greater difficulty in adult intimate relationships than those who were not maltreated, their problems including sexual dysfunction and lower

24

satisfaction, communication and trust (Davis & Petretic-Jackson, 2000; DiLillo & Long, 1999). Colman and Widom (2004) found that male and female adults with histories of childhood physical abuse and neglect had higher rates of relationship breakdown than non-maltreated comparisons; in addition, females were more unfaithful to sexual partners and had less positive views of their partners. Not surprisingly, researchers have recognized that therapists need to consider the experiences of the male partners of women with a history of childhood sexual abuse because they also experience a form of victimization, must respond to the survivor's sexual and relational difficulties, and act as support persons (Hunt-Amos, Bischoff, & Pretorius, 2004; Reid, Wampler, & Taylor, 1996). Considering the intricate relationship between sexuality and procreation, and the relevance of the quality of the partner relationship to childbearing within couples, these long-term effects of childhood maltreatment have significant implications for reproductive decision-making when they occur in the context of partnerships.

The research findings in this area of childhood maltreatment literature indicate that compared to their non-abused peers, adult survivors of all forms of childhood maltreatment are a greater risk for dysfunction in a number of their life realms. Unfortunately, the majority of these studies do not indicate who the perpetrators of the abuse were and none of them report differences in statistical associations between those survivors who experienced violence at the hands of parents or others (e.g., family, friends, etc.). Lower levels of well-being, coping, and relating may impact how these people experience reproductive decisions and the prospects of parenthood. Those studies that indicate less than optimal parenting practices among this population leave us to wonder about how they experienced the transition to that role. These associations reveal that on average, adult childhood maltreatment survivors fare less well in this transition than non-abused adults; however, they don't rule out the prospect of a positive course of mental health for some survivors.

1.3.4.2 Resilience. Recently a trend toward a more optimistic, positive psychology has emerged, and a number of researchers have applied this perspective to the experience of trauma, with an emphasis on the human ability to cope with potentially traumatic events—rather than exhibit pathology—by total resilience or growth, not just recovery. Bonanno (2004) defined resilience as the ability of adults who encounter a potentially traumatic situation to "maintain relatively stable, healthy levels of psychological and physical functioning" (p. 20) plus the "capacity for generative experiences and positive emotions" (p. 21). Upon reviewing relevant

research, Bonanno (2004) concluded that resilience is actually the most common trajectory and response to events that could be experienced as traumatic, a counter-intuitive finding in the current context of multiple cultural discourses on the negative consequences of trauma. Indeed, Konner (2008) suggested that human evolution is the result of successful coping with stress and asserted that "most people should be told that they are resilient, not just because it is a healthy message, but because it is the legacy of our biological evolution and is usually true" (p. 326). Wilson (2006) argued that though some traumatised people do not experience it, a process of growth, transcendence, and transformation can be noted in each of the categories of resilient, recovered, and chronically traumatised individuals. Wilson called this alternate path a "syndrome of positive self-transformation" (p. 406), with distinct "characteristics," as opposed to symptoms. Chan, Chan and Ng (2006) offered a therapeutic approach to trauma, the "strength-focused and meaning-oriented approach to resilience and transformation" (p. 9), divergent from conventional approaches, which they assert strive for the goal of merely removing symptoms and returning to base-line functioning; in contrast, they propose rather to support resilience and transformation through "meaning reconstruction" (p. 10), seeking to uncover and develop clients' inner resources. Walsh (2003), in a review of the literature on resilience, defined it as "the ability to withstand and rebound from disruptive life challenges" (p. 1) and asserted that it is not only a characteristic of individuals, but also of families. Walsh (2003) identified "making meaning of adversity" (p. 6) as a quality of high-functioning, resilient families, less vulnerable to life challenges and more supportive of the healing and growth of individual members. This line of research and theory posits that positive meaning-making fosters resilience among individuals and families (Suzuki, Geffner, & Bucky, 2008; Walsh, 2003). The resilience paradigm is distinct from the previously reviewed research in its optimistic prediction and recognition of outcomes. This perspective reminds researchers that there are manifold life course possibilities for adult childhood maltreatment survivors. While this view does not tell us much about those individuals who do not experience growth and transcendence, and one must not disregard the reality of negative recovery experiences, the emphasis on meaning-making as a strategy of adaptation in the resilience framework invites us to explore this process with adult childhood maltreatment survivors as a potential component of their lifeworlds and narratives. Perhaps the most important concept to garner from the resilience paradigm, in parallel with the dominant literature focus on

pathology, is that life trajectories of people with histories of traumatic childhoods may be complex and multifaceted.

Resilience has been explored specifically in the context of a history of childhood maltreatment. Collishaw and colleagues (2007) found that 44.5%, a "substantial minority" (p. 211), of adults who reported childhood sexual abuse or child physical abuse (10% of their sample was abused) reported no mental health problems; in fact, resilient abused individuals demonstrated greater psychosocial functioning than non-abused individuals in the sample. Collishaw et al. (2007) differentiated between child abuse that occurred in the family household and that which did not; fewer individuals who were abused in the home context were resilient than those whose abuse was not at home (this difference approached statistical significance). The authors did not identify how many participants were parents. The results of this study echo assertions that a significant number of traumatized individuals will demonstrate resilience. Qualitative investigations of the experiences of thriving adult men and women with childhood maltreatment histories have found that they describe diverse ways of making meaning out of their life stories, along with positive intra and interpersonal change. Suzuki, Geffner and Bucky (2008) found that 10 adults (including 2 males, 3 parents) who had been exposed to intimate partner violence only (no other childhood maltreatment) as children, and were assessed as currently having normal mental health (i.e., no PTSD), retrospectively reported several protective factors that enabled their resilience, including the ability to learn and make meaning from their childhood experiences and having a social support network. (Of note, some participants in this study identified a connection to a member of their family of origin as protective and some identified separation and boundaries from the family of origin as protective) (Suzuki, Geffner, & Bucky, 2008). Similarly, Hall (2003) described the processes of "epiphanies" and "maintaining momentum" (p. 654) as factors that emerged in the stories of low income women survivors of all forms of childhood maltreatment (including childhood sexual abuse and neglect) currently recovering from substance abuse. These factors served as the impetus for advancement to personal successes; notably, most of these women had been physically or sexually assaulted by partners and most of the mothers had lost custody or relinquished care of their children (Hall, 2003). Adult survivors of all forms of childhood maltreatment have described themselves as successful and "thriving" (Roman, Hall, & Bolton, 2008, p. 187; Thomas & Hall, 2008, p. 150), surpassing common expectations of their capacity

27

for healthy relationships (partnerships, work, parenthood), often with the support of significant others, and in spite of their past experiences of childhood maltreatment and mental health issues (Roman, Hall, & Bolton, 2008; Thomas & Hall, 2008). A number of questions that need to be explored arise from these studies, such as how childhood maltreatment survivors personally define "success", "resilience", and "normal functioning" in their lives and whether intending to become a parent or not figures in these life projects. Clearly the childhood context—especially home life relationships (e.g., with non-abusing parent) and social supports—plays a role in the life trajectory of adult childhood maltreatment survivors and their capacity for resilience.

Resilience factors in some cases appear to translate into reflective parenting behaviours among childhood maltreatment survivors, such as those in the following two studies of mothers with a history of childhood sexual abuse. O'Dougherty, Crawford, and Sebastian (2007) documented among 60 mothers the ability for some of them (60%) to construct at least some meanings of the childhood sexual abuse (35% found positive meaning) and found that 87% of them identified at least some benefits of the trauma, such as spiritual growth, better relational skills, and an enhanced ability to be a protective, effective parent; these benefits were found to be associated with positive adjustment (i.e., marital satisfaction, better physical health, less isolation). However, it should be noted that the O'Dougherty, Crawford and Sebastian's study also found that other perceived benefits—e.g., greater awareness of sexual abuse—were associated with negative outcomes and many participants were unable to make any meaning or only negative meaning of their traumatic experiences. Likewise, among McMillen, Zuravin and Rideout's (1995) 154 participants, 46.8% reported that they perceived at least some benefit (i.e., personal strength, self-protection, childhood sexual abuse knowledge) from their experience, and 29.2% described the ability to protect their children from childhood sexual abuse as one of these benefits; in addition, a greater degree of perceived benefit was statistically related to higher adult adjustment scores. In particular, the benefit of perceived personal strength was related to self-esteem, and greater knowledge of childhood sexual abuse was associated with seeing others positively and greater ease being close to other people (McMillen, Zuravin, and Rideout, 1995). The perception of "benefits" resulting from childhood maltreatment is surprising and counterintuitive. These two studies provide some evidence of this reality and its diversity (i.e., a perceived benefit does not always translate into better psychosocial functioning). These results instigate questions about how perceiving such benefits as enhanced parenting abilities,

relationship skills, spirituality, personal strength, and self-perception figures in relation to making decisions about transitioning to parenthood. What are the experiences behind these numbers? The following section describes research that provides some partial answers to these questions.

1.3.4.3 Family of Origin Experiences and Reproductive Decisions

There is a corpus of research that has considered the link between family of origin experiences, specifically parent-child relationships, and reproductive attitudes and choices of adults, in the general population (i.e., abused and non-abused). Some quantitative studies have explored the connection between adult reproductive choices and the quality of the relationship with their parents in childhood. For example, Sanders (2012) proposed that today, when childbearing is a voluntary (though not always) and costly choice, people choose it simply "because it interests them" (p. 21), and that this factor—interest—is an accurate predictor of fertility. Sanders' (2012) analysis of survey data almost 17,000 childless young adults (ages 18 to 34) and high school seniors found that the family of origin variable of parent-child relationship quality, which was related to interest, positively predicted both childbearing intention and the reported importance of childbearing. It appears that the family of origin environment helps form an individual's attitudes about and interest in creating their own family (Sanders, 2012). This study was not designed to associate child-bearing interest with actual child-bearing behaviour, but it is of interest to my topic precisely because it looks at early childhood experiences and pre-procreative contemplation of child-bearing. Early family experiences have been associated not only with young adults' reproductive intentions, but also with their predictions of their performance in parenthood. Rholes, Simpson, Blakely, Lanigan, and Allen (1997) asked college students who were not yet parents to complete questionnaires on their desire to have children and their perceptions of their relationship with their mothers. Rholes and colleagues (1997) found that students who self-reported attachment-avoidance characteristics, thought to be linked to a history of insecure attachments in childhood, were more likely to report less interest or desire to have children and negative expectations of themselves as parents and their relationships with their children. Those individuals who were uncertain about their desire to have children were more likely to have negative expectations about themselves as parents and their relationships with children (Rholes et al., 1997). The authors concluded that adults' "working models of parent-child attachment" (p. 363) begin in their own childhood and

29

that the attitudes toward parenthood that are associated with avoidant characteristics and insecure attachment styles play a role in passing this type of attachment to their children (Rholes et al., 1997). Home environments have been found to relate to child-bearing attitudes in more subtle ways. For example, Starrels and Holm (2000) surveyed adolescents (ages 11 to 16), asking if they thought they would have children by age 24; they found an association between sons' and daughters' self-reported expectations that they would have a child by age 24 with their mothers' expectations that their sons and daughters would have a child by age 24. These studies reveal some connection (prospectively) between an individual's relationships with their parents and their anticipations (intentions and expectations) about reproduction and parenting. What is not investigated in these particular studies is how those connections figure in the process of adult development.

Some qualitative research has explored parent-child relationships as well, particularly the connection between an adult's perspective on their parent's performance and their attitude to becoming a parent themselves. Marsiglio, Hutchinson and Cohan's (2000) prospective study with 32 young single men (ages 16 to 32) who were not yet fathers (although 6 had pregnant partners and13 had partners who had had abortions or miscarriages) noted there was a connection between the desire to become fathers and feeling ready; that is, in some cases they wanted to but reported they were not ready for the multi-faceted role. They also noted that when envisioning fatherhood for themselves, these young men tended to reflect on their own experiences of being fathered, particularly their assessments of what was inadequate or effective in how their own fathers parented them; they employed this consideration to define the kind of fathers they wanted to be and to evaluate their readiness (Marsiglio, Hutchinson, & Cohan, 2000). In the same way, Park's (2005) exploration of the motives of voluntarily childless men and women revealed that the way in which they perceived their own experiences of being parented, and the parenting models derived from their families of origin, served as "motive forces" (p. 389) in their decisions not to become parents. Some wanted to avoid similar experiences of what they saw as parental unhappiness and harm done to their children, while others spoke of not wanting to have children despite a positive childhood experience and current belief in the value if the family (Park, 2005). These two grounded theory studies did not specifically consider the experiences of the population of adults who had a history of childhood maltreatment. It seems clear that for adults in general, their experiences of being parented—positive or adverse—are entwined with their

30

inclinations toward or away from starting their own family with children. These qualitative works build on the quantitative studies reviewed earlier by illuminating some of the meanings participants gave to their experiences of being parented and the relations they saw between these meanings and their parenting choices. Some of the process and the stakes involved were explored. The study by Marsiglio and colleagues (2000) is remarkable in its inclusion of men who were not yet parents and those who were in transition, their findings pointing to an evaluation process when reflecting on their own childhoods. Park's (2005) study includes the perspective of adults who did not want children and points to how both positive and negative evaluations play a role in that choice. In these quantitative and qualitative studies, what is intriguing is not that "interest" and "readiness" in childbearing figure in reproductive decision-making, but that the researchers and participants explicitly relate these attitudes to perceptions and evaluations of their parents and to their own potential as parents. The next and final section of this literature review will relate early experiences of being parented with the adult transition to parenthood among childhood maltreatment survivors in particular, coming even closer to the topic of this study.

1.3.4.4 Childhood Maltreatment and Reproductive Experiences and Parenting.

Several studies have explored the life experiences of parents who have been exposed to all forms of childhood maltreatment. These adults have told life development stories interspersed with themes such as redemption, renewal, deliverance, opportunity, progress, personal growth and generativity, including a commitment to being a good parent. For example, Williams and Vines (1999) considered the transition to motherhood of first-time adolescent mothers who had a history of childhood abuse or neglect (by a family member), and were enrolled in a parenting program for those at risk to abuse or neglect their own child. The authors found that these young women,

> described a process of using the experience of pregnancy and parenting as a mechanism for growth. Becoming a parent provided an opportunity to receive support from family members and to build more positive relationships. They viewed the experience as a second chance for a successful and fulfilling life (Williams & Vines, 1999, p. 15).

Williams and Vines (1999) interpreted the life stories as a chronological plot of a "broken past merging with a fragile future" (p. 18). For these young women, pregnancy was experienced as a hopeful turning point, often a first success, a chance for a loving relationship with the child, to right the past, and to heal relationships (Williams & Vines, 1999). Similarly, Reeves (2006)

31

interviewed young men who were making the transition to fatherhood and utilizing social services, and had histories of turbulent childhood experiences such as family disintegration, voluntary or involuntary removal from the home and foster care, and a broken education. The author interpreted the emerging plots as "moving from behaviour associated with being 'irresponsible' and anti-social, prior to the pregnancy or birth of their child, to repositioning themselves responsibly afterwards" (Reeves, 2006, p. 84). These fathers, in Reeves' (2006) interpretation, positioned themselves first in terms of "recklessness" (p. 84), subsequently "being 'rescued'" (p. 84) by their child and the child's mother and developing a new identity, and finally as following "the route to responsibility" (p. 86) while waiting for or welcoming the child. The choice to embrace fatherhood (intended or not) was for Reeves' (2006) participants deeply entwined with a sense of the development of the self in an "overall optimistic and progressive narrative of their lives" (p. 89). Likewise, Esperat and Esparza (1997) found that minority adolescent mothers (recruited from agencies providing services targeted to adolescent mothers) who reported childhood sexual abuse (perpetrator unspecified) expressed positive feelings about being parents along with anxiety about the safety of their children. The open-ended question asked in this qualitative study, "How do you feel about being a parent?" (p. 240) generated responses of "exhilaration, pride, and joy about their children, coupled with the resolve to be good parents" (p. 240). All three of these studies of young, vulnerable mothers and fathers described an optimistic, advancing life trajectory, from the past, to the present, through to the future. These themes of positive meaning-making and transcendence echo the characteristics identified in resilient individuals. Comparably, among a more diverse group of women who were childhood maltreatment survivors (ages 29 to 79, all forms of childhood maltreatment, family or friend perpetrators), some of whom were mothers, Thomas and Hall (2008) described life stories wherein four variations of redemption narratives emerged, in which parenthood (and generative relationships with nephews and nieces and within their communities and professions) was embedded and expressed in themes of pride, gratitude, restoration, return, and altruism. Williams and Vines' (1999), Reeves' (2006), and Esperat and Esparza's (1997) participants represent a specific developmental stage and path of adolescence, social deviance, and vulnerability, leading one to wonder if these prototypical plots by which they made sense of their life history serve as adaptation strategies for other adult childhood maltreatment survivors, particularly those who are older and are not currently or have not in the past been "at risk" in the same way. Thomas and

32

Hall's (2008) study included a wide developmental range of women; however, the authors reported that "respondents who volunteered for the study knew our focus was on strengths and on improvement of health and other services for survivors of childhood maltreatment. Most of them said their narratives were intended to help others and, less often, to help themselves" (p. 152); in other words, eliciting positive narratives for a specific purpose was the research goal. This is problematic. When a particular kind of narrative is elicited, a respondent who was more ambivalent might feel compelled to produce an inauthentic narrative. Finally, except for some of the participants in Thomas and Hall's (2008) study, all of these men and women were already parents or on their way to becoming parents, so stories of adult childhood maltreatment survivors who do not yet have, do not want to have, or are uncertain about children are not explored in these studies. A number of potential research questions remain open in this area of life narratives of adult childhood maltreatment survivors related to reproductive decision-making.

Some survivors of childhood maltreatment who spoke of optimism and transformation saw this positive direction as a rejection of and resistance to the past. For example, Roman, Hall and Bolton (2008) identified a positive "intrapersonal" relationship (p. 190) that helped some women survivors of multiple forms of childhood maltreatment, aged 22 to 79, some of whom were mothers, to thrive. They described it as,

> a conversation within one's self, forming an "I'll show them" or "Who I am NOT" framework, shaped as rebuttal to the negative views, behaviors, or statements of parents or others. Often formed in youth, "I'll show them" counter-frames negatives as challenge not prophecy; a promise to self that bolstered resoluteness. Several participants who grew to be successful in work, marriage, or parenting learned life lessons through paradox; they resolved to become the converse of negative appraisals or role models—"I will be the mother I did not have" (Roman, Hall, & Bolton, 2008, p. 190).

Similar to Thomas and Hall's (2008) study, recruitment for Roman, Hall and Bolton's (2008) study included "a newspaper interview wherein the principal investigator had described her research interest in 'what worked' for women in becoming successful after childhood maltreatment" (p. 185). The prototypical narratives found in these reviewed studies are not surprising in light of Douglas's (2010) observation that the autobiographies of childhood trauma that are most well-received (i.e., considered credible and representative) are those that privilege the rights of the adult who was abused as a child and display humour, forgiveness, resilience, recovery, and self-reflexivity, since they "tap into cultural contexts that are receptive of trauma

stories" (p. 139). This highlights the interplay of culture in personal expressions of experience of trauma.

Of particular relevance to this study is Martsolf and Draucker's (2008) exemplary grounded theory work on how women and men (36% of whom were parents) with a history of childhood sexual abuse (perpetrated in their immediate or extended family) and adverse familial environments saw themselves as inheriting and carrying a "legacy" from their ancestors and their families of origin (memories of trauma, vulnerabilities to further abuse, and dysfunctional behaviours or ways of life) (p. 335). Among the 88 adults (ages 19 to 62, of diverse backgrounds), multiple life patterns emerged in their descriptions: participants were "stuck in", "plagued by", or "rejecting" the family legacy, and each of these three pathways could potentially lead to any of three ways of passing on the legacy, though some patterns were common or predominant (Martsolf & Draucker, 2008, p. 336). Some who were stuck or plagued were "passing" it on or decided not to have children lest they do so, while others, especially those who were plagued, were "taking a stab at passing on a new legacy" to their current children but were unsuccessful (Martsolf & Draucker, 2008, p.337). Most of those who had "rejected the family legacy and created a new legacy" had "vowed to 'stop the cycle'" of violence in the generations of their family and some participants reported generative community acts of intervening in the lives of other children who were not their own (clients or friends).[11] The participants' "life trajectories" were "complex, cyclic, regressive, and iterative," wherein individuals might move from one pattern to another, and "some might attempt a new legacy for one child, and leave a new legacy for another" (Martsolf & Draucker, 2008, p. 338). These findings provide an excellent demonstration of how a variety of patterns and choices (whether to be parents or non-parents) are present among diverse individuals who have one similar life experience in common. The grounded theory of "Living the Family Legacy" challenges the notion of a simplistic, linear, causal explanation. Martsolf and Draucker's (2008) description did not specifically explore the process of creating a procreative family, though they noted that some of the participants did choose not to have children; it is not clear how the legacy figured in the decision-making of those participants who did have children or those who did not yet have

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[11] In Chapter 5 I have included an expanded discussion of the concept of inter-generational legacy, which arose in the data, in dialogue with the theory of the gift (Mauss, 1954/2011), which resonates with Martsolf and Draucker's (2008) grounded theory.

children but had not decided they would never have children. The meaning of the legacy for their conjugal relationships was not described by the authors, or its connection to the meaning of many other elements of their lives. This may be an effect of the methodology; specifically, each of the 88 participants attended one open-ended interview where they were asked to describe "(a) the sexual violence they had experienced, (b) how they managed following the violence, (c) how the violence affected their lives, and (d) how they healed, coped, or recovered from the violence" (Martsolf & Draucker, 2008, p. 334). While the authors identified three possible outcomes of the legacy, the strategies that individuals attempted (or failed) to use in order to pass on a new legacy or avoid passing on the unwanted legacy were not detailed in Martsolf and Draucker's (2008) report. The descriptions of the observed pathways leave questions of how these adults experienced a sense of agency and order, or lack thereof.

Clearly the process of becoming a parent can bring to the forefront the need to reconcile with one's own experience of being parented. Barlow and Cairns (1997) did not sample intentionally among adult survivors of childhood maltreatment; however, they described how women, within their first year of becoming a mother, experienced the process of reflecting and "encountering the ghosts of mothering received" (p. 237). Those who experienced "inadequate" mothering ("distant and cold" or "hostile and abusive") felt these experiences left them without preparation or a model for parenting, and thus they had to engage in "self-healing: coming to terms with maternal rejection and acknowledging the reality of their childhood" (Barlow & Cairns, 1997, p. 237) were important themes that emerged in their accounts. These mothers needed to resolve the negative aspects of their own experience of being mothered to avoid damaging effects on their own parenting (Barlow & Cairns, 1997). Similarly, Wortham and Gadsden (2006) noted that among marginalized fathers who had faced adversity in childhood, the autobiographical narrative demonstrated their attempts at self-construction "as good fathers in a social context that impedes good parenting." (p. 315). One father who had transitioned to parenthood as a teen positioned and constructed himself as a responsible, good, and "decent" (p. 339) parent, separate and dissimilar from his own father and step-father; these were seen to be irresponsible, uninvolved, and not decent.

What remains ambiguous in the reviewed research literature is the reproductive decision-making process that occurs in these contexts: the contemporary conception of child abuse and reproduction; powerful moral discourses of pronatalism and intensive parenthood; a society

35

where children are often both highly prized and costly; the reality of childhood maltreatment sequelae of psychological and social maladaptation; cultural templates for stories of childhood maltreatment entailing resilience and redemption; and conscious or unconscious personal evaluations of one's own childhood experiences. In addition, the reviewed literature does not specifically address the transition to parenthood or non-parenthood for adult childhood maltreatment survivors prospectively or in process. It is important to study this transitional developmental process because of what is at stake in the course of the decision-making. I hypothesized that the personal and interpersonal struggles, negotiations and contemplations, and feelings of agency (or the absence of these) would shape an individual's: sense of self and family; experience as a parent; feelings of satisfaction (or lack thereof) with the decisions they have made (or the reproductive outcomes which may be out of their control, i.e., infertility, unplanned pregnancy); and engagement with subsequent life projects in the future. Although there are only two outcomes—procreating or not procreating—there are a myriad of possible meanings for them. Each part of the life narrative (e.g., the pre-decision process and the outcome) is connected. Reproductive decision-making takes time, a multitude of moments, and a narrative research approach is ideal to capture this. I wondered if there are distinct meanings of child maltreatment and reproduction for childhood maltreatment survivors who 1) want to have children, 2) do not want to have children, or 3) are uncertain or hesitate, and if these meanings relate to different worlds and lifestyles. Addressing these gaps allowed for the emergence of other narratives, meanings, and trajectories in addition to those of redemption and success that are currently ubiquitous in the literature, illuminating a more diverse range of strategies of construction and adaptation. I assumed neither dysfunction nor resilience among my participants, leaving the door open for mixed strategies, addressing both the positive and negative sides of unresolved trauma and alternative forms of success and redemption. This project also considered the contextual cultural discourses and social practices in relation to both childhood maltreatment and reproductive decision-making (and their combination) in Saskatchewan and how these participants are positioned therein.

Many of the questions opened throughout this literature review pertaining to the various elements of the lifeworlds of adult childhood maltreatment survivors informed the categories of questions in the semi-structured interview technique that was employed in this study.

1.4 Research Questions

The purpose of the this study was to seek to understand the following questions: what are the experiences of reproductive decision-making among adults who have experienced childhood maltreatment in their family of origin and how do those decision processes fit into the global world of these persons and into their familial lifeworlds (past and present)? That is, how do these individuals construct the world and its elements, the meaning of self, adulthood, parenthood, motherhood, fatherhood, partnership/marriage, family, life course, reproductive decision-making, childhood maltreatment, and their social status? The sub-questions are: How do they describe the process of reproductive decision-making? How do the historical experiences of these people compare and contrast among genders, types of maltreatment, current positions on procreation (certain yes, certain no, undecided), and parental status (no children, one child, multiple children)? How do individuals position themselves in their social and moral worlds? How are narrative and metaphor employed to create coherence in their lives and to shape and structure their practices, choices, and projects with regards to reproduction and in their worlds? How do the themes speak to what is at stake in this process? How many meanings, worlds, and life trajectories emerge among individuals? What do their narratives reveal about their relationships with dominant cultural discourses on reproduction and childhood maltreatment in Saskatchewan?

1.5. Theoretical Framework

1.5.1 Personal Perspective

In this section I will outline the theoretical perspective that has generated the methodological approach I took to investigate my research questions. Guided by Crotty's (1998) conception of social constructionism and Good's (1994) critical phenomenology, I have brought together a medley of theories by multiple authors and constructed a methodology that allows me to explore the theoretical concepts. In addition to the intentionally chosen theoretical lens, my personal position and perspective undoubtedly played a role in shaping this research project and the participants' responses to me as the researcher. I am a white female between 25 and 35 years old, in a long-term partnership, and a mother of one young child. I have been witness to the stories of adults who experienced childhood maltreatment (including those who worry about their children) in a personal, volunteer, and professional capacity. I completed an undergraduate research project with one voluntarily childless couple and an honour's thesis study of three

voluntarily childless couples (Matthews, 2009, unpublished). These two streams of personal experiences played a role in triggering my curiosity about the reproductive decision-making experiences of adults with histories of childhood maltreatment. Figure 1 provides an overall visual of the following theoretical model.

Figure 1. Theoretical Model
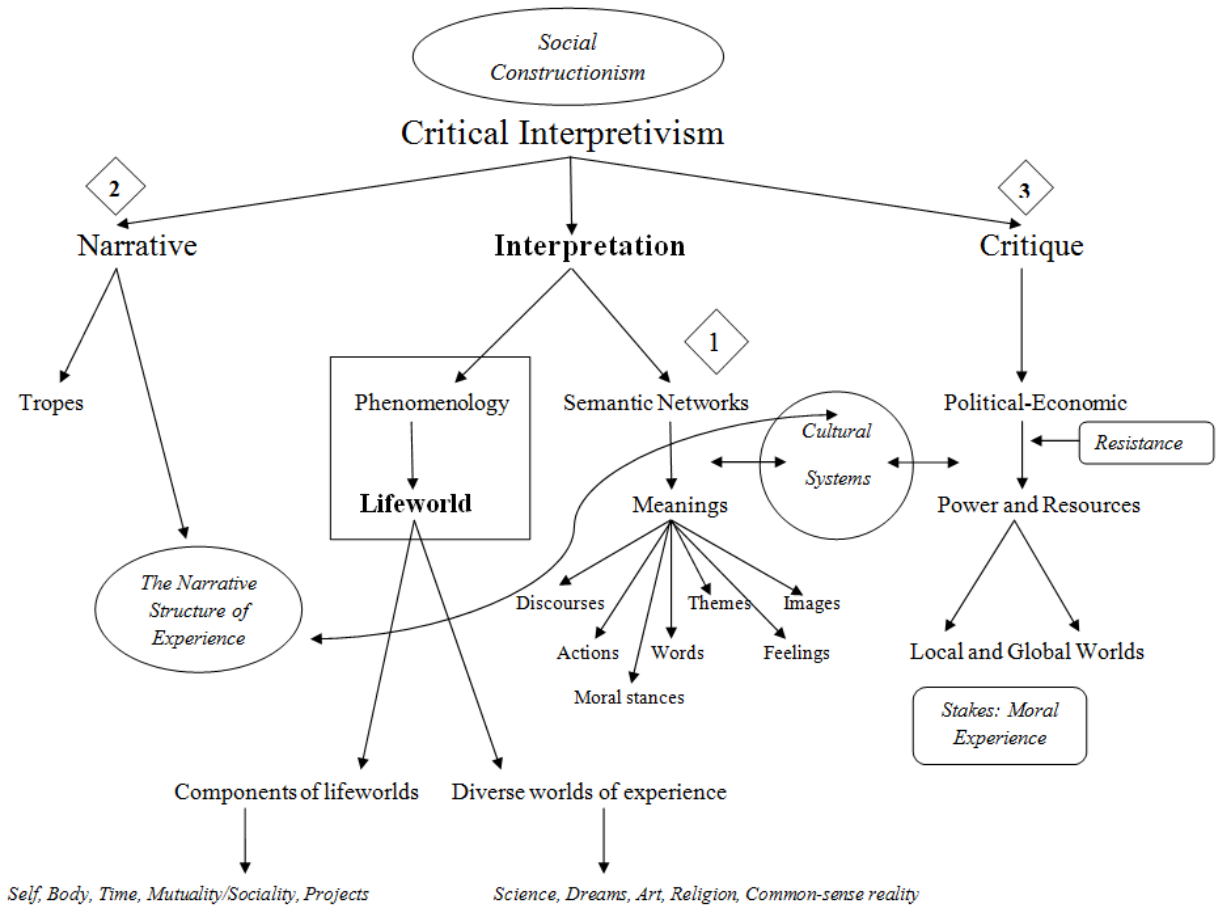
Note. References: Bruner (1986); Crotty (1998); Geertz (1973); Good (1994); Kleinman (1999); Mattingly (1998); Ricoeur (1986/2008); Shweder (1996 & 1996)

1.5.2. <u>Social Constructionism</u>

Social constructionism is an epistemological approach to knowledge and research in the human sciences which holds that our access to meaningful reality is mediated by the inherited lenses of the symbolic forms of our culture (Crotty, 1998). It is "the view that *all knowledge, and therefore all meaningful reality as such, is contingent upon human practices, being constructed in and out of interaction between human beings and their world, and developed and transmitted within an essentially social context*" (Crotty, 1998, p. 42). Thus, I attempted to enter and comprehend the socially constructed world of the participants in my study. My report will be one interpretation of the meaning of these experiences, generated in interaction with the historical and cultural environment I work in. A critical perspective examines the connection of a framework of meaning to the social interests and power structures they defend or that support them, or that they resist (Crotty, 1998). The role of critical perspectives consists in providing rigor to interpretive approaches. My interpretation will be one meaningful construction and expression of the research participants' meaningful interpretation, construction, and expression of their experience, of which there are many possible interpretations within both the researcher and the participants (Bruner, 1986; Geertz, 1973; Ponterotto, 2005). I assume the participants' expressions of their experiences of reality are simultaneously real to them and culturally, socially and historically embedded. In other words, "the people we study interpret their own experiences in expressive forms, and we, in turn, through our fieldwork, interpret these expressions for [another] audience…our stories about their stories; we are interpreting the people as they are interpreting themselves" (Bruner, 1986, p. 10). These are the "inevitable gaps between reality, experience, and expression" (Bruner, 1986, p. 7), but they are "dialogic and dialectical" (Bruner, 1986, p. 6), which is the reason that we can know something about the worlds of others. That is, while expressions of experience do not communicate precisely actual lived experiences, they are connected. As well, individuals who experience the real (e.g., material) world, while they interpret it differently among themselves, share some elements of a common, cultural meaning-system or lens by which people interpret (and know) the real world (which is meaningless in itself). Thus the researcher engages in a "double hermeneutic," the work of " 'entering and grasping the frames of meaning involved in the production of social life by lay actors' as well as the subsequent task of 'reconstituting these within the new frames of meaning involved in technical conceptual schemes'" (Giddens, 1976, p. 79, in Crotty, 1998, p. 56).

In order to avoid any misinterpretation, here I will clarify my position regarding the relationship between reality, knowledge, mind, and culture. The ontology inherent in my definition of social constructionism is realism. Simply put, this position holds that reality does exist outside the mind or consciousness (realism), but it is not—cannot be—*meaningful* reality (Crotty, 1998, p. 10-11), since its meaning is not intrinsic to it; in other words, there is no "meaning without a mind" (p. 11) and all "meaningful reality is socially constructed" (p. 63). There *is* reality without a mind but there is no *meaningful* reality without a mind, and we can only know the *meaningful* reality. For human beings, objects and social actions, for example, are "real," but their *meaning* is socially constructed (Crotty, 1998; Burr, 2003). According to Geertz (1973), culture is a "control mechanism" (p. 45)—in the same way that DNA is also a control mechanism—and thinking is "a traffic in...significant symbols" (p. 45) or that is "disengaged from its mere actuality and used to impose meaning upon experience" (p. 45). In other words, people cannot perceive the world without the recourse to symbolic meaning. So, for the human sciences, the question of 'what is?' is not as salient as 'what is perceived, experienced, meaning-full?' Indeed, Geertz asserted that,

> Man [sic] is so in need of such symbolic sources of illumination to find his bearings in the world because the nonsymbolic sort that are constitutionally ingrained in his body cast so diffused a light. (Geertz, 1973, p. 45)

It is these systems of meaningful symbols that, as a researcher, I am interested in: both the cultural context that they form and the individual's experience of them. Furthermore, social constructionism contends that "there exist multiple, constructed realities" (Ponterotto, p. 130) and thus research should not "be aimed at discovering the true nature of people and social life...[researchers should] instead turn their attention to a historical study of the emergence of current forms of psychological and social life, and to the social practices by which they are created" (Burr, 2003, p. 7). In other words, my interpretation will not be a report of "'what is there'" (Crotty, 1998, p. 64), but "how something is seen and reacted to, and thereby meaningfully constructed, within a given community" (Crotty, 1998, p. 64).

1.5.3 Critical Interpretivism

My approach to generating knowledge about the meaningful, socially constructed reality of my participants is critical interpretivism. Interpretivism "looks for culturally derived and historically situated interpretations of the social life-world" (Crotty, 1998, p. 67). I will adapt

Good's (1994) "critical phenomenology," a blend of the interpretive tradition with critical theory, to study "how illness comes to meaning, of how reality (not simply beliefs about it) is organized and experienced" (p. 63). I also draw on Ricoeur's (1986/2008) theory of hermeneutics—enhanced by phenomenology—and his advice on interpretation of text and discourse in the social and human sciences. In brief, the approaches of interpretation and phenomenology will be at the core of my theoretical framework. The three key perspectives that promote understanding and explanation of experience are semantics, narrative, and critical traditions. This theoretical core and the three arms will each be discussed in turn in this section.

1.5.4. <u>Phenomenology and Interpretation</u>

This research was interested in the *experiences* of adult childhood maltreatment survivors in the process of making reproductive decisions. However, the researcher did not have direct access to the lived reality or experience of the participants, but only to the expressions about those experiences. The goal of this research was to investigate the lifeworld, "the intersubjective world of human experience and social action...the world of commonsense knowledge of everyday life...constituted by the thoughts and acts of individuals and the social expressions of those thoughts and acts" (Schwandt, 2007, p. 177). The task of phenomenology has been to depict the "structures of experience and the principles and concepts that give form and meaning to the lifeworld" (Schwandt, 2007, p. 177). However, as argued by Ricoeur (1986/2008), since it is through the interpretation of expressions that we gain access to the lived world of both others and ourselves, I have asserted my position as critical *interpretivism,* and not critical *phenomenology*, to give precedence to the hermeneutic pursuit of this research.

Accordingly, the core concept of my theoretical framework is thus *world*. The relationship between the stories people tell about their experience is that "discourse...intends things, applies itself to reality, expresses the world" (Ricoeur1986/2008, p. 81). Through hermeneutics, I can attempt to comprehend the "world of the text" (Ricoeur, 1986/2008, p. 81), or in the context of my topic, orally expressed "texts," that is, discourses distinct from the ones of ordinary conversations. According to Ricoeur (1986/2008) text is "discourse fixed by writing" (p. 101) and "to interpret is to explicate the type of being-in-the-world unfolded *in front of* the text" (p. 82). In the same way, Good (1994) contended that "meaning and knowledge are always in reference to a world constituted in human experience, formulated and apprehended through symbolic forms and distinctive interpretive practices" (p. 177). I attempted to reconstruct some

parts of the way the participants relate to the meaning systems of their environment, or how their experiences, perceptions, emotions, practices, and understandings of themselves and the world reflect, resist, and push back against some elements of cultural meaning systems. Through narrative and discourse, I will investigate how each participant understands and constructs both the world and his or her self, since "the self is constituted in relation to a world, and it is not only through direct description of embodied experience but through the description of that lifeworld that we have access to the selves of others" (Good, 1994, p. 123).

Inherent in this approach is: 1) distanciation, or taking a position somewhere between "alienating distanciation and participatory belonging" in regards to the interpreted narrative or discourse (Ricoeur, 1986/2008, p. 72); 2) contextualization, the search for indirect, hidden meaning and questioning what is most taken for granted (Crotty, 1998, p. 82); 3) the hermeneutic "circle of understanding" (Gadamer, 1959/1988, p 68), or the "rule that we must understand the whole from the individual and the individual from the whole" (p. 68), a "constant re-designing, constitutive of the back-and-forth of meaning in understanding and interpreting" (Gadamer, 1959/1988, p. 72); and 4) thick description, that is, the construction of a rich, nuanced, layered reading of the entangled concepts of lifeworlds (Geertz, 1973). Thick description is the operationalization of the hermeneutic approach, a way to record data that are thick, because different institutions are related together to generate an appropriate interpretation[12]. My goal is to achieve what Shweder (1996) calls a "true ethnography," or

> a mind read in which we rely on our mental state concepts to interpret the discourse and praxis of members of some moral community. Whatever interpretation we settle upon, we do not treat what people tell us in an interview as an incorrigible representation of their inner life, but rather as one more piece of information to be made use of, as we construct a model of the mental state concepts exhibited in their behaviour (Shweder, 1996, p. 29).

A reconstruction of lifeworlds will include attention to many interconnected components or dimensions, which Shutz (1971 in Good, 1994) identified as the self, body, mutuality or sociality, projects, and time. Each lifeworld is intersubjective, that is, grounded in language and

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[12] In alternative terminology, Braun and Clarke (2006) have asserted that a "rich thematic description" (p. 83) can be achieved through thematic analysis, which "involves a constant moving back and forward between the entire data set, the coded extracts of data that you are analyzing, and the analysis of the data that you are producing" (p. 86) and that "analysis is not a *linear* process of simply moving from one phase to the next. Instead, it is more *recursive* process, where movement is back and forth as needed, throughout the phases" (p. 86).

collective symbols, independently of its interactions with others. I will also consider the plurality of lifeworlds; individuals live in a multiplicity of worlds, including those of science, art, common sense reality, and religion (Good, 1994). The meanings of these lifeworlds and their components are both idiosyncratic and informed by the semantic networks of cultural meaning systems.

1.5.5 <u>Semantic Networks and Thematic Analysis</u>

According to Good (1994), semantic networks are "domains of meaning associated with core symbols" (p. 54), "deep cultural associations...that appear to members of a society simply as part of nature or an invariant of the social world" (p. 55). Semantic networks point to the interconnected meanings of phenomena for an individual in a social world. Good's concept of semantic networks aligns with my understanding of culture as a "learned system of meaning" (D'Andrade, 1984, p. 116) or system of "significant symbols" (Geertz, 1973, p. 45). Individuals both receive meaning from these cultural systems and social structures (the latter are framed and subsumed by a meaning system) and also create—through human behaviour—the meaning in these systems; the relationship is co-constitutive, "flexibly and ineradicably" so (Burke et al., 2009, p. 63S). The individual and culture "live together, require each other, and dynamically, dialectically, and jointly make each other up" (Shweder, 1991, p. 73). To study the meaning of individuals' lifeworlds is to study their cultural meaning systems, since "human beings and sociocultural environments...interpenetrate each other's identity and cannot be analyzed into independent and dependent variables (Shweder, 1991, p. 74). To put this in more psychological terms, "psyche and culture are thus seamlessly interconnected" (Shweder, 1991, p. 100).

This dialectic, coconstitutive relationship means that individuals are not uniformly determined by culture. Individuals are not passive recipients of culture, nor completely autonomous, but active, creative, resistant. Individuals are intentional actors, since

> the life of the psyche is the life of intentional persons, responding to, and directing their action at, their own mental objects or representations and undergoing transformation through participation in an evolving intentional world that is the product of the mental representations that make it up. (Shweder, 1991, p. 97)

If we acknowledge this understanding of culture and psyche our research should endeavor to

> examine the different kinds of things that continually happen in social interaction and in social practice as the intentionality of a person meets the intentionality of the world and as they jointly facilitate, express, repress, stabilize, transform, and defend each other through and throughout the life of a person or the life of a world (Shweder, 1991, p. 102).

Interpretation of human behaviour must also consider resistance to both culture and social structure (which is constructed of meaning) (Burke et al, 2009). For example, Obeyesekere's (1981) work presents an exemplary illustration of this dialectical relationship between culture, social positioning and individual stakes in the author's descriptions of how individuals create personal and idiosyncratic adaptations of shared significant cultural symbols to express their distress. In summary,

> no sociocultural environment exists or has identity independently of the way human beings seize meanings and resources from it, while, on the other hand, every human being's subjectivity and mental life are altered through the process of seizing meanings and resources from some sociocultural environment. (Shweder, 1991, p. 74)

Childhood maltreatment can be conceived of as a cumulative form of trauma (see Brown, 1995, van der Kolk 2008), and cultural meaning-systems have been identified as an essential part of shaping the meaning or definition of trauma both for the individual and the social group (Kirmayer, Kienzler, Afana, & Pedersen, 2010; Marsella, 2010). These meaning systems facilitate: the perception and interpretation of what is traumatic, its intensity and magnitude; the response to expressions of the effects of trauma; the behaviours for dealing with the trauma (e.g., therapy, coping); and thus the whole course of the traumatic experience (Kirmayer, Kienzler, Afana, & Pedersen, 2010; Marsella, 2010). Key to the experience of traumatisation are cultural understandings of the self; for example, Taylor (2009), drawing on Foucault's history of sexuality, argued that the (not illegitimate) central, intense, enduring sense of the self as a victim among women in the West who have been sexually assaulted as adults or children is related to the current construction of sexuality as the most vital facet of identity. Bracken (2001) also spoke to the cultural specificity of the course of trauma, arguing that the PTSD symptoms of lost meaning and coherence are specific to post-modern societies, which are characterized by a lack of meaning, certainty, and frameworks for a good life.

Cultural meaning-systems are also essential to understanding reproductive decisions. Schneider (1976) held that symbols and meanings form a "culturalogic" (p. 219), wherein multiple "cultural components" are associated with "cultural units" (p. 212). For example the cultural unit of "father" is constituted by concepts such as kinship, age, sex-role, class and religion; in turn, "kinship" articulates with the symbols and meanings of blood, marriage, law, family, relatives, solidarity, land, place, nation, birth, coitus, sex, gender, and so on (Schneider,

1976). In other words, to interpret the components of the lifeworld we must describe thickly the related components, moving from the whole of the culturalogic to the parts. These examples compel us to attend to the interconnected complexity and logic of cultural meaning systems when we are interested in the meaning of one component of that cultural meaning system. The cultural unit of "reproduction" can be fully understood in connection to the whole of the meaning-system, comprised of many other parts. This is in line with Good's (1994) notion of semantic networks as "cultural models" that are not only reflective or referential, but "deep" and "generative," that is, they are "largely outside of explicit cultural awareness...they are enduring, appear to be natural, and are generative of popular and professional discourse and behavior" (p. 172). This notion emphasizes how many components of the lifeworld are at stake when one is at the forefront of an experience.

A theory of cultural meaning systems compels me to ask how the concepts of "reproductive decision-making" and "childhood maltreatment" are connected to the meanings of other elements of their worlds; if I want to understand the parts, I need to comprehend the whole. Semantic networks are constituted by the entangled meanings of individuals and cultural systems, which include social discourses (popular and professional, dominant and resistant), moral stances, actions, themes, images, words, and feelings (Good, 1994). Semantic network analysis facilitates understanding of a particular experience—in this case childhood maltreatment and reproductive decisions—as a "product of interconnections" (Good, 1994, p. 174).

1.5.6 Narrative

Mattingly (1998) contended that narratives resemble experience—and therefore tell us about experience—because experience has a narrative structure; people need to constantly story their life experiences and trajectories. Individuals try to live out the plots they have in mind for themselves and they try to understand the plots that others are living out, to understand the behaviour of others, thus actively giving life a narrative form (Kristeva, 2001; Mattingly, 1998). People have a need to emplot the events and meanings of their lives in order to create coherence in their life stories; when significant life events or conditions effect an unmaking of the lifeworld, narrative is employed to remake it (Good, 1994).

A trauma—acute or cumulative—constitutes not mere experience" but "an experience" (Bruner, 1986) that is "significant" or "powerful," an event "worth telling stories about" (Mattingly, 1998, p. 82). Multiple authors have noted that a disruption of time and life trajectory

is a defining feature of traumatic experiences (Caruth 1995; Crossley, 2000; Leys, 2000; Nader, 2006; Stonebridge, 2009).

Diverse discourses on trauma, inscribed in the Western cultural imagination, have described the life course of trauma according to a social pattern depending on the origin of the breach and crisis and the potential for resolution or irresolution, and framed according to the Western understanding of the life course. Depending on the orientation (e.g., psychiatric, neurobiological, psychoanalytic, feminist, critical, resiliency), and the conception of the source of the trauma (pathology of the body, psychological vulnerability, childhood experiences, oppression, social inequality), a different sort of action is required to unfreeze time and mind to resolve the trauma (psychotherapy or pharmacology; social justice and empowerment; drama therapy; development of inner strength) (Matthews, 2011, unpublished; see for example: APA 2000; Brier & Scott, 2006; Bagot et al., 2007; Bonanno, 2004; Brown, 1995; Burstow, 2003; Chan, Chan, & Ng, 2006; Das, 2000; Garland, 2002; Glass, 2006; Kirmayer, Kienzler, Afana & Pedersen, 2010; Kleinman, Das, & Lock, 1997; Levine, 1997; Rau & Fanselow, 2007; Stolorow, 2007; van der Kolk, 1995; World Health Organization, 2007; Wilson, 2006).

Similarly, Prager (1998) noted that individuals call on cultural categories of experience— especially suffering—when they tell their stories, in order to "experience the world's meaningfulness, predictability, coherence, and responsiveness" (Prager, 1998, p. 216). For example, Douglas (2010) has identified particular "cultural templates" (p. 113) or "scripts for remembering" (p. 106) (and for telling) in contemporary autobiographies of childhood trauma, templates and scripts available for survivors of childhood abuse; these include descriptions of the abused body and other details (e.g., child welfare reports) that authorize and verify adult testimonies and memoirs and of abuse. This research aimed to identify prototypical narratives and themes of childhood maltreatment and of reproductive decisions springing from the local and global cultural meaning system(s) of the participants.

Finally, in addition to placing themselves in a story with a plot, individuals position themselves as actors or characters in relation to others. Wortham and Gadsden (2006) described how, in addition to placing themselves in the temporality of their autobiographical accounts, individuals narratively construct the self by positioning themselves in relationship to the other people in the story: by voicing themselves and others in familiar character roles, evaluating those characters, and interacting with the one to whom they are telling the story (e.g., the research

interviewer). The construction of the self is inseparable from time, since each time we reflect on our memories of our lives, we reinterpret them; there is a "gap between the past and the future" (Arendt, 1978, p. 202) and at every point in the present, the now, when we reflect, we reconstruct our understanding of the past and the future. Self-understanding is continually shifting with time. The positions and evaluations through which adult childhood maltreatment survivors construct themselves can contribute to our comprehension of those elements of the lifeworld and to the semantic and syntactic elements of the life story.

1.5.7. Critical traditions

Interpretation is only complete when a critical perspective is added to the analysis of meaning. Good (1994) asserted that semantic networks are always socially positioned and they may be part of the dominant, powerful, systems of control of a society, or else of the dominated, weak, systems of submission or resistance. Indeed, narratives are frequently "the source of contested judgements" (p. 134), moral discourses, and competition for resources. This underlines how much is at stake in the lifeworld of everyday experience. Kleinman (1999) described the moral features and stakes in a local world where

> some things do matter, matter greatly—such as status relationships, resources, ultimate meanings, one's being-in-the-world and one's being-unto-death and transcendence, among many other things—and that what matters has a collective as well as a personal significance is what provides experience everywhere with its moral mode. Experience is *moral,* as I define it, because it is the medium of engagement in everyday life in which things are at stake and in which ordinary people are deeply engaged stake-holders who have important things to lose, to gain, and to preserve (Kleinman, 1999, p. 362).

A *critical* interpretivism draws attention to how individuals' experiences at the local level are shaped by global political and economic powers (Good, 1994). Cultural meaning systems are not value free: "cultures do not simply constitute webs of significance....They constitute ideologies....Cultures are webs of mystification" (Keesing1987 in Good, 1994, p. 57)[13]. A critical phenomenology asks whose interests are served and how suffering ensues from particular representations of life experiences (Good, 1994). In turn, this highlights forms of resistance to such power (Good, 1994).

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[13] See 6.5 for a discussion of the concept of mystification as it applies to the participants' notions of forgiveness, and the extent to which potentially hegemonic discourses—secular, religious, popular, and clinical—shape their experiences of forgiveness.

At the same time, the Marxist concept of mystification is problematic, and the challenge in taking a critical perspective is to balance an examination of dominant discourses or representations of categories of experience–which may obscure or misrepresent social and power relations—with study of the experience-near (Good, 1994). A "critical phenomenology," argued Good, should aim for a "critical analysis of illness experience without the self-authorizing language of mystification or false consciousness" (p. 63). In a discussion of dominant and divergent patterns, Whyte (1995) considered the dilemma: "it seems clear that discursive practice does not shape individual experience in a simple, mechanical way. The problem is to find a way of describing a dominant pattern while showing the extent to which people ignore or actively contest it" (p. 281-282). However, Good (1994) observed that while collective and individual resistance to mystification does occur, more often it doesn't. The "romance of resistance" (Abu-Lughod, 1990 in Good, 1994) is a problematic as the characterization of individuals as "dupes— of a hegemonic system" (Good, 1994, p. 61). The challenge to taking both a critical and interpretive perspective is to be aware of these two pitfalls and find equilibrium in a description of the two.

1.6. Methodology

My methodology or plan of action was an operationalization of my theoretical framework; as such, it was designed to elicit life stories that speak to the worlds of adult childhood maltreatment survivors in the transition to (or away from) parenthood.

1.6.1.   Frame of Reference

1.6.1.1 Participants. The inclusion criteria for the sample were: English-speaking, urban or rural, males or females, of any sexual orientation, partnership status (single, partnered, otherwise) and cultural background, aged 25 to 35 years[14]; have thought about (or are willing to) whether or not they will have children and have either decided yes or no or remain uncertain, or have had their first child recently; have a history of physical abuse and/or emotional harm (including family violence) (as defined by the participant) perpetrated by a parent (biological, step, foster, adoptive, other); and have no history of sexual abuse.

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[14] Participants were recruited from the 25 to 35 year old demographic in the interests of homogeneity of developmental stage within the sample. Notably, the average age of first-time fathers in 2011 in Saskatchewan was 29.0 (31.5 in Canada) and 26.3 for first time mothers (28.5 in Canada) (Statistics Canada 2015a, 2015b).

The purpose of the criteria was to recruit a sample that shared significant characteristics, especially developmental stage and proximity to the decision-making process. A brief telephone screening interview (see script in Appendix D) or email was conducted with each person who responded to the recruitment advertisement (see Appendix A for the Call to Participate) to provide them with information about the study (see Appendix B for the Letter of Invitation to participants) and determine if they met in the inclusion criteria for the study. If the individual was interested in volunteering for participation in the study, their contact information was collected and arrangements made to meet for the first interview.

Employing convenience sampling, I engaged in interviews with 15 adults: 13 women and 2 men. Participants ranged from 25 to 35 years of age (average of 30). All participants had been maltreated by one or more parents, and one participant had also been maltreated by an older sibling. All participants identified as heterosexual. Regarding marital status, six participants were single, one was dating, four were married (average of eight years), and four were separated or divorced (one of whom was dating). Five of the women had one, two, or three children, between 1.5 to 14 years of age (all the youngest children were age seven or under). Participants had between one and four siblings; seven were the eldest child, three were the middle child, and five were the youngest. Participants were born in four Canadian provinces and one outside of Canada. Participants were raised in seven Canadian provinces (eight urban, seven rural). At the time of interview, all participants resided in urban Saskatchewan. All were fluent in English (two were fluent in another language). Regarding religious affiliation, participants identified as Protestant Christian (eight), Roman Catholic (one), or none (six). Regarding cultural background, participants identified as European-Canadian (seven), Canadian (three), Asian-Canadian (two), Aboriginal-European-Canadian (one) and none (two). All participants had obtained some level of post-secondary education (five diploma/certificate/some university, five bachelors, one masters, four doctoral). Participants were employed in helping fields (nine) (e.g., health, education, social services), academia (two), labour (one), or were students (three), with a wide range of combined family incomes, between less than $10,000 to $130,000 (seven in the $20,000 to $40,000 category). Four participants were living with a parent or grandparent. Most participants (eleven) reported they had recently or were currently receiving mental health therapy or treatment, while two reported they had never received services, or only in the past (two).

I limited the scope of maltreatment to physical abuse and emotional harm (inclusive of exposure to family violence). Exposure to family violence has been considered a form of emotional maltreatment in some categorizations in the past (Government of Canada, 2006) (an example of this would be the emotional harm perpetrated on a child who witnesses the physical assault of their sibling by a parent). Physical abuse alone accounts for a large proportion of childhood maltreatment, and when combined with emotional abuse (if we include emotional harm and exposure to family violence) together account for a large proportion of child maltreatment, and they often occur in combination.[15] Limiting the sample to physical abuse and emotional harm (including exposure to family violence) will render the study relevant while potentially increasing the homogeneity and level of shared experience of the participants. Child sexual abuse is not as common as other forms of child maltreatment and may be a unique form of childhood trauma because of sexuality's central connection to the self in the West (for example see Taylor, 2009). In addition, Fergusson, Boden, and Horwood (2008) found that while childhood sexual abuse was associated with increased mental health sequelae in young adulthood, the magnitude and consistency of such associations was lower for child physical abuse and might be explained by family functioning and parental behaviour factors (i.e., parental attachment, care, and over-protection, changes of parents, and parental drug abuse and criminality), unlike childhood sexual abuse. Fergusson and colleagues (2008) noted these findings echoed a trend in the literature for stronger and more consistent associations with childhood sexual abuse and adult mental health sequelae. The results of this one study suggest that there may be differences between the long-term effects of childhood sexual abuse and physical abuse, and that these differences may be connected to different experiences of being parented. Therefore, the separation of these childhood maltreatment variables in the research project could lend itself to future comparisons. Studies of child neglect are poorly represented in scientific research on child maltreatment (Stoltenborgh, Bakermans-Kranenburg, & van IJzendoorn, 2012) (indeed, in all of the studies of childhood maltreatment included in this literature review, only a few included neglect, while almost all included childhood sexual abuse, most included physical abuse, and about half included emotional harm). While childhood neglect is an important phenomenon to study, the choice of physical and emotional abuse as childhood maltreatment variables will allow for more dialogue with the current available literature. In

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[15] See the "Research Context: Childhood Maltreatment in Canada" for the reported percentages.

addition, much of the focus of the reviewed literature has been on intergenerational/familial effects of maltreatment, and limiting the research to experiences of parent-perpetrated maltreatment will allow for a dialogue with previous research. Indeed, Jumper's (1995) meta-analysis noted that a limitation with a number of studies of childhood sexual abuse and adult psychopathology was the failure to differentiate between intra-familial and extra-familial abuse.

1.6.1.2 **Ethical Approval**

This study was approved by the University of Saskatchewan Behavioural Research Ethics Review Board (#12-358). Participants were informed of the risk that the process of reflection upon their childhood experiences and answering questions about family and other topics may trigger experiences of moderate to significant stress, and a list of resources that are available in the community (see Appendix I) was provided to all participants when informed consent (see Appendix E) was obtained and during the debriefing process (see Appendix H). Participants were informed that the researcher would not be engaging in any psychological assessment or intervention. Transcript release was offered to participants and it was explained that this was not mandatory and there would be no consequences for choosing (or choosing not) to review or remove any portions of the transcript (see Appendix F). Although this could have compromised the standard application of instruments, I considered this a right of the participants, who generously shared their time and stories with me, and who may have spoken of something in the interview that, if it were not for the extemporaneous circumstances, they would not have chosen to share. Participant checks on the analysis and interpretation were not conducted. No honorarium was provided.

1.6.1.3 **Recruitment**

Recruitment and data collection took place over nine months (February 22 to October 25, 2013). Posters (hard copies) were placed (and replaced) in 72 different locations (post-secondary campus buildings, libraries, civic and community centers, medical clinics, counselling offices, coffee shops and restaurants, pharmacies, grocery stores) (see Appendix C for the Letter to Organizations). Announcements were made on a social networking site to 13 parenting and community association groups, the researcher's personal page (as well as word of mouth to my personal social network), and a project page, for a total of over 2000 members (at the time of posting). An announcement on an online classified advertisement site received 942 views. A continuous announcement was posted on an electronic bulletin board to students of a large post-

secondary institution. A one-time announcement was made in an undergraduate class of 350 students. What is remarkable is that these recruitment efforts elicited only 35 inquiries (7 from men): 7 from online classifieds, 9 from community posters, 14 from campus posters, and 4 unknown. Among 20 inquirers who did not participate, 10 did not qualify, 7 did not reply after being provided with the study information and 3 declined to participate. All of the 15 final participants were recruited by posters (7 in the community, 7 on campuses) (notably, none were from classifieds). The ratio of recruitment efforts to responses may indicate the sensitive and taboo nature of the topic.

1.6.1.4 Relationship with Participants

As a researcher in the qualitative tradition, I acknowledge myself to be unavoidably a central part of the research process. I am an active part of the culture I share with the participants and the social milieu of the interview setting could impact the stories that are shared with me. In addition, the researcher and the participants will always be changed by the interview process. Whether the "bias" introduced by the researcher-informant interaction is acknowledged, welcomed, or eschewed, it is present. My own reflexivity or awareness of my own reactions to the research process was helpful in comprehending the experience of the participants. My position as a psychology PhD student, woman, mother, long-term partner, relatively privileged (educated, white, middle-class) person could have some level of influence the participants. Participants may have disclosed or concealed elements of their story depending on their perception of how receptive I was to what is at stake.

1.6.2 Techniques

1.6.2.1 Demographic Questionnaire

After obtaining informed consent, at the beginning of the first interview, the researcher asked each participant a series of demographic questions (see Appendix J) in order to contextualize each participant's story (as well as the group as a distinctive whole), to allow for some comparisons between participants, and to potentially provide the basis for some very limited generalizations based on the sample's characteristics. This also provided a non-threatening way to begin the interview, with questions that were easy to answer, and helped the interviewer to establish some context for the narrative.

1.6.2.2 Field Notes

 Brief notes about the context of the interviews (i.e., location and setting, description of the household, non-verbal communication, mood and unfolding of the exchange, etc.) were collected in a fieldwork diary. These observations were not used for analysis or for comparison between participants, but will serve to remind the researcher of the interaction with specific participants.

1.6.2.3 Life history and Semi-structured Interviews

I conducted audio-recorded (digital) interviews with each participant separately either in their home (five), in a comfortable, private room on a university campus (nine) or a meeting place in the community that was proposed by the participant (one). Audio-recordings of the interviews ranged between 1.24 and 4.2 hours (average 2.79 hours). Intervals between the two interviews ranged from 2 to 15 days for 14 participants (average of 8 days) and 47 days for one participant. Although the goal was to inquire about the same dimensions with each participant, it was not a requirement that the techniques and instruments be strictly administered in the exact same way with every participant. In each case, all semi-structured interview questions were posed to each participant. Recognizing that storytellers are impacted by the telling of their narrative compelled the provision of multiple opportunities for them to voice their experience. Prior to beginning the interview, the researcher read the consent form to the participant. The researcher emphasized that participation was voluntary and they were free to decline to answer any questions or to withdraw from the study at any time with no consequences. Participants were thanked and debriefed at the end of the second interview.

Two techniques, first the life history and secondly the semi-structured interview, were employed (see Appendix K and Appendix L for the instruments). A limited number of follow-up or clarification questions were improvised. The participants were invited to speak of anything else they deemed important that had not already been covered at the end of each interview and were given the opportunity to begin the next interview with any new reflections. The instruments intended to collect data spanning the theoretical framework, to identify gaps in the literature addressed by the research questions, and to explore many aspects of the lifeworld, life projects, and life trajectory of the participants that spoke to the resonance of childhood experiences in the present. The first instrument, the life history, allowed the participant to narrate their experiences and present their interpretation of what was meaningful in these experiences of reproductive

decisions and childhood maltreatment. The life history questions were intended to elicit the participant's conception of where the story of the childhood maltreatment and reproductive decisions began and what facets of their life experiences were encompassed by representations of the past, interpretations of the present, and anticipations of the future. This was done using open-ended questions, while taking care to avoid leading questions or making inferences. The life history was completed at the first interview. The second instrument was the semi-structured interview, a set of topical, intriguing, open-ended questions that encourage the participants to speak to specific aspects of their experience (Rothe, 2000). A limited number of follow-up questions from the first interview were improvised during these interviews. The second meeting was comprised of semi-structured interview questions. The participants' answers were inevitably both time-specific (in the course of their life history) and influenced by the relationship between the researchers and the participants (Rothe, 2000). I was informed by the advice of Levy and Hollan (2000) on conducting effective person-centered interviewing and observation.

1.6.3 <u>Analytic Strategies</u>

The analysis of the data was informed by the elements of narrative: voice (especially tropes), meaning (master and subordinate ideas and themes), and pragmatics (especially the context of power, values, agents of change, and the performance of the narrative—where in the life the moment of telling begins). The analytic chapters (2, 3, 4, 5, and 6) present a thematic analysis of the data. The identification of emerging concepts was informed in part by the theoretical framework and in part by the literature, as well as by participants' unique expressions. Implicit in these steps is an ongoing work of comparing and contrasting participants and trajectories, and noting the transformation and multiplicity of themes, and returning to previous levels of analysis. An additional stratum of analysis concentrated on the intertextual nature of the narratives, their connection to polyvalent, collective discourses (for example, Prager's (1998) "cultural categories" of suffering). The final layer of analysis was a theoretical interpretation based on the concepts of the theoretical framework (particularly moral experience, and the lifeworld), in dialogue with the literature.

My analysis process began by transcribing audio-recordings of the 30 interviews verbatim (5 or 17% by myself, and the remaining 83% by a paid professional confidential transcriptionist). Transcript release was given by all participants and no significant additions or deletions or alterations were requested. These transcripts were cleaned to remove any identifying

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information and imported into Atlas.ti qualitative analysis software for data management. I assigned a pseudonym to each participant; these are the names that appear in this dissertation. Excerpts from the transcripts presented in the dissertation have had filler words removed; after spending hours conversing with and listening to the participant, the researcher was familiar enough with each participant's speech patterns to confidently discern which repeated phrases were filler and which conveyed meaning. My choice to approach the data in this way acknowledges the difference between spoken and written language—the filler akin to nonverbal communication—and intends to minimize the distraction of verbatim data presentation. Rothe (2000) identified the first step of qualitative data analysis to be to "develop a working model according to the project's issue or problem statement, the purpose of the study, or the idealized conceptual framework that was used to develop the study" (p. 139). For this project, I was guided by the question of: "What is the meaning of the participant's reproductive choices, in the context of the meanings of other realms of experience the participant connected to it?" The key concept was *world.* I continuously asked the following questions: What is the participant trying to communicate to me? How does this episode relate to my overall research question? Does the participant explicitly relate to me the meaning of the episode? What is at stake for the participant in this passage of their story? How does this relate to what the participant has previously related to me? How does the participant's response relate to the question I asked them? What concept did I ask them about? What element of their lifeworld are they discussing? My process of data analysis was guided by Rothe's (2000) advice on progression from surface analysis to deep structure analysis. The researcher (analyst) identifies categories (ideas, concepts), which are synthesized by the analyst to create themes, which are merged by the analyst into patterns—or sets of behaviours, empirically based in the data (LeCompte & Schensul, 2010: Rothe, 2000)— which are the foundation for proposing theories (Rothe, 2000). It is important to note the distinction between codes and themes: themes or patterns are comprised of a collection of codes. Deep structure analysis is "a commitment to uncovering properties of cultural and social patterns that organize and sustain social activities and events" (Rothe, p. 150). In sum, coding progresses to thematic analysis, which progresses to deep structure analysis, which leads to theorizing and interpretation of the data, in relationship to the research question. The movement from analysis (which is a synthesis) to interpretation (which is meaning) is from idea to explanation, data to story, and confusion to meaning (Madden, 2010, p. 148).

During my first overall reading, I conducted what Saldana (2013) termed "eclectic" coding, combining elemental first cycle coding (descriptive, initial, in vivo, process), narrative coding, and exploratory coding (holistic, provisional). Atlas.ti software was used to apply (in the "margins") these initial preliminary codes to chunks of data which ranged from one to several sentences or larger passages. Multiple codes were often applied to the same chunks of data in this stage. Coding labels were sometimes words used by the participants; in other cases, I identified a realm of experience the chunk referred to. The code labels were applied to subsequent transcripts and revised (renamed and reconceptualised) and clarified as the reading progressed within and between transcripts; that is, categories, ideas, and concepts were identified and were combined or divided as further categories (and variations on categories, alternative categories, subcategories) emerged. At this stage I asked the following questions: Is this a new lifeworld element or category of experience? How does this relate to what this participant has been telling me or what previous participants have told me? For each participant I sketched a "map" with "My Choice" at the center, surrounded by Venn diagrams of categories of experience, noting the location in pre, intra, or post-decision time period, and a list of key episodes in their narratives. I also made note of initial overall impressions of the individual's data set, included the key stakes and my preliminary understanding of their causal understandings, explanations, and connections between aspects of their experience. Using this map, I later noted hierarchies between categories and codes. Most transcripts had a key quote that summarized most aspects of their life story—their family role, their reproductive choice, what was most at stake for them, and their explanations. Early in this process, I noted a pattern of phrases participants used to designate their family roles and metaphors. Atlas.ti software enabled me to call up all quotations in one or more transcripts for one or more codes; this facilitated the pattern-identification process as I drew comparisons, contrasts, and variations between groups of participants. I sketched many diagrams to visualize the relationships (hierarchies and directions) between categories within and among transcripts. The process of interpretation is one of making meaning, and is made possible through repeatedly cycling between the whole of the transcript to the parts of the transcript, and between the whole data set and the individual transcripts (Gadamer, 1959/1988).

1.7 Conclusion

While qualitative data analysis can feel and appear intuitive and inductive, "patterns actually emerge because the researcher is engaged in a systematic cognitive process involving comparing, contrasting, and finding sequences, co-occurrences, and absences" (LeCompte & Schensul, 2010, p. 199).The process of analysis was guided by my research sub-questions and theoretical interests; that is, forgiveness, trans-generational gifting, parent-child relationships across the lifespan, sensory and aesthetic experiences, figurative language, reasons for reproductive choices and participants' implicit or explicit connections to childhood maltreatment experiences. Madden (2010) noted that different ethnographers will make different choices about what themes and codes to use; the set of codes should "be the best fit for your interests in your data and aims of the project" (p.142). Madden (2010) advised that themes are the researcher's choice and "should be constructed with reference to the overall aim of the project; thinking about the reason you started the ethnographic research in the first place should help you decide" (p. 143). The emergence of themes and patterns becomes obvious through familiarity of the research with that data and congruency with the goals of the research program (LeCompte & Schensul, 2010). I give this detailed account to prevent the "mystification" (p. 142) Madden (2010) noted around meaning-making in ethnographic analysis and applicable to thematic analysis.

1.8 Preface to the Descriptions

The following five chapters describe the data according to thematic patterns based on themes. They are composed in a highly descriptive writing style. In this thesis, I have endeavored to give precedence to the participants' voices on each topic. Frequently, each participant is given a voice—through direct quotations, or acknowledging the names of individual participants— even when they are imparting a similar or identical idea. This device is intentional and purposeful.

First, it reminds us that this thesis is constructed in partnership with, and fully dependent upon, 15 individuals who participated in and made possible this research.

Second, it is an attempt to bring colour, imagery, and movement into this lengthy, scholarly document. Full ethnographic participant-observation was not an appropriate technique for understanding this population; there is no gathering place for this category of person and experience, and for many it is too private and sensitive for them to invite the researcher into their home and speak freely in the presence of family members—indeed, in this case, the "laboratory"

setting is in fact a safe, freeing space. Instead, I provide the unique, if seemingly mundane descriptions (though I cherish each little piece of their reality, whether profound or ordinary) so we may gain access into the distinct worlds and stories they inhabit—aspiring to a person-centered ethnographic account.

Finally, this device provides some evidence of common and shared personal discourses on the lived experience of childhood maltreatment and reproductive decision-making. We can see how aligned these (sub-groups) of participants are, not just in the ideas they shared but also in the language they used to express it. This suggests that the narratives of the process of reproductive decision-making in the context of childhood maltreatment are not idiosyncratic constructions but reveal access to the collective social and cultural discourses on the phenomenon.

In addition, in each chapter, new theoretical concepts are introduced prior to the data description; these introductions serve to clarify the horizons according to which the data will be interpreted. In the conclusions of the chapter, the data will be examined from the angles and insights of those horizons.

A map of the themes of the five descriptive chapters is included in Figure 2**.**

Figure 2. Map of Patterns

Pattern 1: Environments		
Disasters	**Collisions**	**Battlegrounds**
Andie DeeDee Kylie Noelle Pamela Rebecca	Frasier Jane Rowan	Iris Corey Emily Gavin Morgan Stella

Pattern 2: Roles			
Holding			**Resisting**
Caring		**Mediating**	
Andie Emily Jane Kylie Noelle	Iris Rebecca	DeeDee Stella Morgan Rowan	Corey Gavin Frasier Pamela

Pattern 3: Decisions						
Meant to be a Mother	**Becoming a Good Mother**	**Became a Mother**	**Mothers-To-Be**	**Like a Mother**	**Maybe Not a Mother/ Probably not a Father**	**Never a Mother**
Andie Corey			Rowan Stella	Pamela		DeeDee Iris
		Kylie			Jane Morgan	
	Noelle Rebecca			Emily	Frasier Gavin	

Pattern 4: Transmission				
None (Mothers, Mothers-to-be)		**Attenuated**	**Risk**	**None** (Voluntarily Childless)
Andie Corey Kylie	Rowan Stella	Noelle Rebecca	Emily Frasier Gavin Jane Morgan	DeeDee Iris Pamela

Pattern 5: Forgiveness			
Unconditional		**Conditional**	
Forgiven		**Forgiven**	**Not Yet** **Not Forgiven**
Emily Iris Frasier Rowan Stella		Andie Corey Jane Pamela Rebecca	Kylie Noelle DeeDee Gavin Morgan

2. METAPHORS OF CHILDHOOD ENVIRONMENTS

The word *trope*, denoting those usages of language that include metaphors and similes, literally means a twisting of language. The twisting is not mere aesthetic display but is necessary to express what is genuinely complex about the kind of truth that is best told in stories (Frank, 2010, p. 88).

In another vocabulary, one might say that metaphor is a mediating device connecting the unconnected and bridging the gaps in causality (Fernandez, 1974, p. 126).

[We] know how we were born, and that we will die. Our awareness of these two phenomena gives us...the notion of what a lifetime is. We alone see our existence on Earth as a path endowed with meaning (and direction). An arc. A curve that takes us from birth to death. A shape that unfolds in time, with a beginning, a series of adventures, and an end. In other words: a narrative...Human Meaning is distinct from animal meaning in that it is built up out of narratives, stories, fictions (Huston, 2008, p. 14-15).

This chapter is organized around three patterns[16] of metaphors that arose in the participants' narratives when describing their childhood experiences of home and family life, metaphors which encapsulated and exemplified the atmosphere of early life. Key metaphors—*Battlegrounds, Disasters, Collisions*—divided three patterns of the environments they lived in. In addition, these three patterns were distinct in being based on three criteria: 1) the type of childhood maltreatment (omissions of responsibility and commissions of violence), 2) the impact of parental personal problems (mental health and substance use disorders), and 3) the visibility of family dysfunction to outsiders. Although some participants matched the criteria for two patterns, I placed them in one pattern based on the feeling and focus of their narrative. Notably, the number of participants who reported their parents lived with (diagnosed or suspected) a

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[16] Braun and Clarke (2006) defined "theme": "A theme captures something important about the data in relation to the research question, and represents some level of *patterned* response or meaning within the data set" (p. 82), and "so, researcher judgement is necessary to determine what a theme is" (p. 82). For them, thematic analysis "involves the searching *across* a data set…to find repeated patterns of meaning" p. 86). I use the terminology of codes, or "interesting features of the data" (Braun & Clarke, p. 87), which are gathered into main themes and sub-themes, which together form a larger constellation or pattern (a collection of themes). Each chapter of this thesis contains a collection of patterns. The goal of the thematic analysis and dissertation is to "relate the patterns of meaning" and "tell the complicated story of [the] data in…a concise, coherent, logical, non-repetitive and interesting account of the story the data tell—within and across themes [providing] sufficient evidence of the themes within the data" (Braun & Clarke, p. 93-94).

mental health and/or substance use disorder (depressive, anxiety, bi-polar, dissociative, schizophrenia and personality disorders; alcohol and drugs) was10 of 15 (67%); the significance of this demographic item begins in this chapter, particularly in the *Collisions* and *Disasters* patterns, where mental health and substance use disorders interfered with parenting competence. Similarly, the number of participants who reported they had lived with a mental health disorder in the past (5) or present (8) was 11 of 15 (73%). These participant and parental prevalence rates are higher than the 33% lifetime rate of major mental health (mood or anxiety) or substance use disorders reported by Canadian adults in 2012, according to the Statistics Canada Community Health Survey – Mental Health (Pearson, Janz, & Ali, 2013, p. 2). The implication of this self-reported mental health demographic item is that many of the stories in this thesis are not only reflections on childhood maltreatment and reproductive decision-making; they are also reflecting on the experience of living with and growing up in the home of a parent living with a mental health disorder. Discussion of the significance of these descriptive statistics is limited due to the lack of precise assessment and health history-taking in this study; however, this context and particularity of the sample should be kept in mind when interpreting and transferring the findings. An additional note on context: while all participants have one or more siblings, their reflections focused on their own experiences in childhood. In this chapter the term "childhood" stands for early childhood to adolescence—participants rarely specified an age when relating their stories.

The figurative language used communicated the past experiences of the child as they were represented and experienced by the adult. In the descriptions of their childhood environments, key phrases or words portrayed the mood of early family life. These metaphors and descriptions transported the participant and the interviewer back to the experience of the participant as a child—as in the reading of a novel, when the author and the reader are carried off to a closely related—but not the same—world. Figurative language has the power to emotionally move the speaker and the listener and communicate how it felt to be a child in the participant's home. The mood and atmospheric quality invoked by the dominant metaphor is related in the participants' narratives. Description of the atmosphere evokes the maltreatment. This could be interpreted as a way of providing a sort of evidence of the maltreatment, especially in the face of doubt (in the present) by the participants regarding whether or not and how they

were maltreated (which they did not name in childhood), explaining it to themselves as well as the researcher.

In the context of this chapter, I assert that the metaphors hold explanatory power. This chapter contextualizes (thus clarifying the meaning of) the content of later chapters presenting childhood roles, reproductive paths, transmission processes, and approaches to forgiveness. Descriptions of the participants' experiences of being parented are crucial to their own and our understanding of the choices they are currently making, whether or not to become a parent— their worries, fears, and feelings of confidence—and their ability to forgive these sins of the past. This chapter provides the foundation for later descriptions of the participants' understandings of causality in their life stories. This is not surprising considering Lakoff and Johnson's (1980) proposition that metaphors can provide a coherent, explanatory account of suffering (p. 34). It is also consistent with Fernandez's (1974) assertion—when presenting the "missions" of metaphor—that metaphor serves in the "filling of frames" (p. 126) of life:

> Men [sic] are framed between the remembered past and the imagined future, with a need not only to predicate an identity upon their inchoate selves but to fill the present with activity. We are, indeed, 'time binders' concerned to find the kind of identity and activity that will concretize the inchoate, fill the frame in which we find ourselves, and bind the past and the future together (p. 126).

Fernandez's (1974) comments refer to the connection between metaphor, identity, and stories. Metaphors in participants' narratives served to bring about an understanding of the remembered and recollected childhood experience, making the stories of childhood and the stories of reproductive choice coherent with one another, and that, as much for the teller as for the listener. These metaphors are what Fernandez (1974) refers to as "textual" (p. 123) since they bring understanding "on the basis of similarity in feeling" and provoke an "emotional movement" (p. 124) within the witness to the tale, and within the participant who must move her or himself back to the time of childhood. In their interviews, participants used metaphors that painted deeply stirring descriptions of the identities of the parents and their behaviours, and of the viewpoint of the child. Participants employed metaphors, through the telling of particular "scenes", to make concrete the inchoate "frame" of childhood experience (Fernandez, 1974, p. 126). They try to understand themselves and others during childhood. Fernandez (1974) proposed that metaphors serve

...not only to concretize their inchoateness but often to link the corporeal and the social, socializing corporeal experience, as it were, and incorporating social experience. A metaphor is an assertion based on an inner sense of the pronoun's similarity to some aspect of the external world...The motivation to put forth metaphor lies, I have proposed, in the need to concretize the inchoateness of subjects within frames and obtain a more satisfactory occupancy of quality space. Metaphors move us, and their aptness lies in their power to change our moods, our sense of situation (p. 129).

In other words, metaphors and narratives are linked: the participants employed metaphor to give meaning to the inchoate (undeveloped), amorphous remembered childhood experienced by comparing it to a concrete experience that evokes a similar feeling (battlegrounds, vehicle accidents, disaster zones), thus facilitating story-telling. Huston's (2008) propositions agree with this notion that humans cannot help but interpret, "elevate meaning into Meaning. We translate, metaphorize, metamorphose—everything" (p. 16), and "we are literally incapable of recording reality without instantly 'understanding' it" (p. 15), "endowing reality with meaning through tale-telling" (p. 17); and "speech never contents itself with naming or describing reality. Always and everywhere, it *narrates* (i.e., invents) reality" (p. 17). Together Fernandez's (1974) and Huston's (2008) ideas inform us that in the context of tale-telling or narrativization, metaphor helps us to name our experience, to shape meaning from the nebulous, and to (re)position ourselves within the narrative and through the narrative (which is inclusive of social, cultural, and emotional space). I will use the term "narrative" in reference to the combined life history and semi-structured interview data of each participant—the stories they told me, prompted by my questions, their answers and interpretation of their lifetime, focused on childhood maltreatment and reproductive decisions[17]. In response to my questions, the participants proceeded to

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[17] This cultural unit of childhood maltreatment and reproductive decision-making is related in the narrative to other cultural components; this is apparent within and between the five major patterns and subthemes. See section 1.5.5 for a discussion of Schneider's (1976) concept of the "culturalogic." Guss (1989), described the relationship between symbols, narrative, and culturalogic as a constellation of meaning, using the basket weaving of a South American community as an example:

> In each instance, the symbols reproduce the same organization of reality that structures every other aspect of the society. Hence, just as the basketry symbols are informed by the larger cultural patterns to which they refer, so too are these larger cultural patterns informed by them. It is a process of reflexivity in which meaning is continually being created from a shared context of forms. I order to understand how symbols actually operate, therefore, ***one must identify the underlying key that unites the entire system of metaphors***...In each instance, a synthesis is achieved which brings the foreign and toxic

"fabulate" (Huston, 2008, p.22), since necessarily, for you to tell your life story, you must "select the events you deem most salient, relevant, or important, and organize them into narratives. In other words, very innocently, you spin tales" (Huston, 2008, p. 25). In this chapter, three patterns of metaphors—*Battlegrounds, Disasters, and Collisions*—contribute to sense-making or meaning-making of the participants' inchoate experiences of childhood and childhood maltreatment; these metaphors link their lived experience to its social sense in the past and present (as it is experienced, represented, and understood in the present), by comparison to more easily understood physical and social conflicts and dramas. This chapter describes the first set of patterns, that, when taken with the patterns of the following chapters, will form my interpretation of the "culturalogic" (Schneider, 1976, p. 219) of each participant, embedded in the larger culturalogic of their cultural context.

Most participants (11) explicitly identified their current understanding about what makes a good parent. These qualities included being nurturing, loving (unconditionally), affectionate, supportive, encouraging, affirming, respectful, approachable, fair, firm, consistent, patient, non-judgemental, honest, admitting of mistakes; they include allowing children freedom, not pressuring achievement, having boundaries, having faith, demonstrating goodness, providing for one's family (financially), sacrificing one's own desires for theirs, spending time with children, and prioritizing them. All 15 participants reported positive memories and qualities of their parents in their childhood, including spending time together playing, reading, cooking, and eating, going on family vacations, showing affection, providing for extracurricular activities, giving special gifts, demonstrating goodness, spirituality, ethics, resiliency, perseverance, courage, forgiveness, and honesty, making sacrifices for their children, and "being there." Not all

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into harmony with not only the other elements of the basket but also with the overarching structure of the entire culture. It is the primary act of humanization by which the chaotic and natural, whether external or subconscious, is organized into a pervasive, comprehensible pattern of reality or as David Schneider calls it, a "culturalogic"…For the ability of these symbols to evoke and organize depends on a multireferentiality which, although seldom verbalized, extends to every configuration of cultural expression. As such, meaning results from a layering of experience wherein every action recapitulates the whole yet is only explained by the accumulation of all the parts. One example of this ***interconnecting web of metaphors*** is the relation between the baskets and the house (p. 162-163, emphasis added).

Thus, narratives of childhood maltreatment and reproductive decision-making are not only an instance of individual meaning-making (as emphasized by Huston, 2008), but relate to a larger, shared constellation of meaning.

participants listed all of these qualities; there were variations. At the same time, their parents were often the "anti-example" (Morgan) of good parenting. Kylie, a mother herself, captured the overall judgement of their parents' parenting:

> I look back with a second set of eyes and a second set of instincts…and I'm pretty appalled by how things were handled. I think it goes against my perception of mother and human nature.

This comment from Kylie highlights the status of the relationship between contemporary representations of the experiences of the past and the actual experiences of the past. The chapter will conclude with a figure that crossed the three patterns of atmospheric metaphors, namely the support persons outside the family, with qualities that contrast with the deficits inside the family. These portraits of childhood will not be complete until the next chapter, when I describe the participants' roles in the family as children. The participants' current relationships with their parents and their roles will be presented in later chapters.

2.1 <u>Battlegrounds</u>

Stella, Morgan, Corey, Gavin, Emily, and Iris's childhood stories described emotional and verbal abuse and violence consisting primarily of control of the child by one parent and lack of action by an enabling parent—one who failed to protect the child victim. They were not dominated by the character of the parent with a mental disorder or substance abuse issue, by neglect, or by family violence, which we will see in the other two patterns. Four also reported physical abuse, three reported neglect (parents did not believe in or care for physical illnesses or injuries or basic needs), signalling their lack of importance to their parents; however, none reported exposure to family violence[18]. One of these participants reported their parents had a diagnosed or suspected mental health and substance use disorder. The physical abuse was described as secondary to the emotional abuse (notably, only 3 of 15 participants reported no physical abuse). They described a feeling of living in a zone of constant conflict and anticipation of the next incident spiralling out of control, using the language of war:

> Stella: My parents would communicate what they wanted. They would say, we want you to behave this way, we want you to do this…if we didn't do it, then they'd be like— almost an explosion. Yeah, an explosion would be a good way to put it. Maybe not the first time, but all of a sudden it would be, this is wrong, you can't do that. It would be anger…That's kind of how my childhood was. Really either very calm and nothing, or explosions.

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[18] See footnote 1 in section 1.2.2 for definitions of childhood maltreatment types.

Morgan: I would stand my ground and I would argue back, and with a father who was very much similar, it escalated. So it would escalate both in terms of what I was called. It escalated in terms of being threatened to be kicked out…My father, on a couple of occasions, escalated to what I would say is violent action. [Later] I don't feel my dad raised me. He showed up on occasion to yell at me.

Corey: It was like a constant barrage of being berated and being put down and being yelled at. [Later] There weren't a lot of huge dramatic incidents. It was more just day to day, it was a hostile environment. Lots of arguing. Lots of criticism…I grew up feeling like nothing I did was ever right or ever good. Mom would yell lots. Lots and lots…I always felt it was a very hostile and critical environment...As I got older, it was more volatile. So then there were more screaming matches…where I was a more active participant…up to being a teenager. Then by that point I felt kind of broken…and I was so anxious all of the time because I was so used to having that really hostile and conflict-filled environment…I became sort of depressed…I was so tired of that extremely negative atmosphere…a constant atmosphere of stress. [Later] If I confronted her, it was always an attack. like it was always me being, having enough and freaking out…So I don't think I ever, not even once, sat down with her, when we weren't angry or when I wasn't being attacked about something.

Emily: He was very quick to yell at you and quick to vent his anger of anything at you. He was into the physical discipline…He used to be angry at us all the time because he was angry about other stuff. He wore these boots…you could hear him walking through our house with the boots and it terrified me because you knew he was coming. [Later] He was venting his anger on us…he just wanted to yell at somebody or hit something…he really had an explosive temper. [Later] If we did something wrong we would get berated about it for hours on end.

Gavin: It was like all the tensions and anxieties that they had in their lives...they enforced that on us. [Later] Whenever my parents had something—it exists to this day—whenever they were upset about something in their own lives...I was the target. All their mental angst got vented on me.

In addition, Gavin stated his father "would just take random [verbal] shots at me for no reason" and his mother would have "random freak outs" and "kick me out of the house" or "kick my dad out of the house" and "trash my stuff." Gavin remembered his parents "bashing on me [verbally] about something or getting smacked around [physically]," though he stated he "was never hurt that badly." These participants shared in common a sense of being a target of attacks by their parents. They varied in their description of these attacks as constant or episodic and unpredictable. Iris's comments, which represent a variation, are included later in this section. The language of explosions, escalations, hostility, volatility, attacks, brokenness, enforcement,

and targeting are the language of war and physical aggressions, to explain the emotional environment of the family. In addition to the quotes above, three participants used this language explicitly in other places in their stories, elaborating and extending the metaphor. Some of these metaphors were extensions of the key war metaphor. For example, Morgan described her childhood interactions with her parents with terms such as "chaotic", "unpredictable", "heavy conflict", "yell", "provoke", "rage", "defend", "[psychological] game"—even today her relationship with her parents is at times a "battleground" with "choosing sides." Emily referred to the family home as a "horrifying place." Emily, who described her parent's behaviour as controlling—isolating them from outside friends—stated her mother was critical, argumentative, competitive, pressuring and "always picking on everything." She "hated being home" and was treated "like a prisoner" experiencing "cruel interrogations." Stretching the metaphor further to include the related field of crime, Stella referred to her parents' behaviour as "emotional blackmailing, manipulating...telling me I'm responsible for their feelings."

In these contexts, fear—of verbal or physical violence—was reported as a childhood emotion and atmosphere. Stella's emotions were informed by the knowledge that her sibling had been harshly physically disciplined and recalled being sent to get the object used to physically punish her sibling. Emily was "horribly afraid" of her father, detailing physical violence of being grabbed, jerked, dragged, and hit. Her parents were "harsh" and "cruel."

Some participants reported wanting to flee in childhood. Childhood was described by Emily as "the worst years of my life" and as an adult she experiences echoes of that fear if she witnesses violence. Gavin: "My childhood was just about getting away from my family." Similarly, for Emily, "nothing could stop me from that goal of leaving that house" and she "couldn't wait to get out of that house…I started my new life. Free at last."

In some cases, one parent was the primary perpetrator and the other parent enabled, or failed to defend or protect the participant as a child. Corey described a "passive" father:

> I always considered him as the good parent…I don't consider him a perpetrator of maltreatment. He was more just silent...he didn't stand up against my mom enough. And he felt I think quite powerless. And I think that if he did something wrong, he needed to maybe just step in and be more of an active parent.

Emily described her mother both as an enabler of her father, by being "submissive", and as "mean and cruel." Emily felt neglected: "I had an imaginary mother. I imagined her sitting on the edge of the bed and I made up this imaginary mother. But it wasn't my mother…I would cry

because I just wanted my mom to be there so much." Often there was an element of denial in the enabling parent:

> I used to be mad at her..."Why don't you pack your suitcases and get the hell out of here?…take us with you and we wouldn't have to live here anymore." But she never did. I was always super bitter about that. Why she wouldn't leave dad…She didn't have to put up with this crap. I remember talking to her about how I was afraid of dad. She started crying and said, "How can you say that about your own father?" (Emily).

Similarly Morgan's mother, in the past and the present, was described as living in a "fantasy": "My mom would defend my dad…she ignored many years of whatever he had done."

Along with the commissions of violence, and failure to protect, participants cited omissions—of essential ingredients, from their perspective—by their parents, in terms of emotional connection. Emily reported a cold relationship with her parents (past and present). Stella reported a lack of "connection" with her parents, a lack of warmth, nurturing, encouragement, expression of affectionate feeling, and demonstrated interest in her life. She reported perceiving that her interests were an "inconvenience" to her parents. Stella, having pondered what emotions were "safe" and "allowed" in her childhood, stated: "I can't remember being allowed to feel anything", but her father was allowed "temper-tantrums." Similarly, Morgan referred to "that level of closeness that I never had with my family…you and I may not agree but you and I know how to respect each other…I've learned how to have that which is a basic thing I think for a functioning family but never had." Implicitly, Morgan associated emotions and morality: emotional closeness implies mutual respect, and lack of respect prohibits emotional closeness. In Corey's case, distance was a self-protective defence mechanism, initiated by her own attitude more than by her parents: "I never told my mom anything…it was kind of a safety thing because if you can't tell her then she can't start putting you down."

Four of the participants (Corey, Emily, Gavin, Morgan) reacted to these battle-like environments with despair, ranging from strong emotions to mental health crises, including hopelessness and vulnerability, a wanting to escape, anxiety, depression, and suicidal symptoms. Emily articulated clearly the extreme despair:

> I would mostly pray not to wake up in the morning because I hated my life and I was so unhappy. I'd wake up in the morning and I would still be alive and I would be so sad.

Upon reflection, some participants wished things had been different for their child selves. Emily expressed her wish that she had a relationship with her mother in the present that she saw

among other mothers and daughters. Morgan summarized this sense of loss, connecting childhood experiences with her parents and reproductive decisions today:

> I try not to say I wish I had the mom that I wish I would have had but there are moments where I do. Rare moments. Like when I hear my coworkers talk about…they've had a wonderful childhood. They really respect their parents, are really happy that their kids get to spend time with their parents. I'm thinking, I could not utter one of those sentences. And that's hard…having a child brings to the forefront all those things (Morgan).

Iris is a distinct case. I have placed her childhood narrative in the *Battlegrounds* category based on the absence of parental mental health and substance use disorder (reported diagnoses or episodes) or family violence, and absence of a chaotic environment. Her childhood environment with one parent was one of omissions. Iris reported being physically and emotionally neglected—a passively-aggressive form of emotional abuse and control by her father when she lived with him. I characterize the neglect—failure to provide adequate nutrition—as symbolic of lack of solicitude, acknowledgement, respect or emotional regard for her by her father (she even stated that some of her father's actions were "just symbolic of how much he doesn't care"). It was a silent struggle or battle, a cold war of sorts—control of Iris's life by ignoring her—with partially successful strategies on Iris's part to assuage her hunger. She had to wait for him to notice her hunger. He only spent time with her on "his own terms": "he cut us out of his life, or cut himself out of our lives even when we were living with him...My father had no interest in our lives...It certainly hurt me." She called her father "immature...irresponsible...not father material." Iris did not report or question her mother's possible role as enabling her father's neglect. She was "hesitant to ask for anything...he would do it, but I always felt belittled so I never wanted to ask." Her narrative is focused on physical hunger—which is the maltreatment type she identified as the criteria for her participation in the study, that is, physical maltreatment—but her narrative also implicitly describes her emotional hunger in relationship to her father, and this is what she mourned at the time of the interview:

> I stopped Father's Day first because I really had nothing to celebrate. They're all those, "You're the best dad", "thanks for being my father", and "#1 dad" and all those things. But it occurred to me finally he's not my dad.

In this and following chapters, Iris' case offers contrast, highlighting differences and similarities; her experience is on the border of a pattern made by the other participants' narratives.

These six participants reported a sense (to some degree) that something was "not normal" in their family. Morgan "had a feeling deep down I knew something was odd. I knew something about what I was experiencing wasn't right, but when I looked around nobody seemed to agree with me."[19] Notably, only one of these six participants reported receiving intervention from outside the family (that participant lived with another family and had contact with a social agency). The other five of these six participants did not receive outside intervention—although one participant did contact a professional who offered help, it was declined by the participant. In fact, in one case, the parents were active in hiding the inside family environment from the outside:

> My mom...was worried that her secrets would come out...my mom said stop crying…so when you get on the bus it won't look like you've been crying..all about hiding your emotions and how not to cause problems for your family...We had to behave ourselves but I feel that everyone in that community knew and never said anything and that really pisses me off...My mom told me not to tell anybody about it....Just go to school, say everything was fixed, everything was fine. But things just got worse at home (Emily).

Although this lack of intervention also indicates a betrayal from the community who failed to provide protection, another source of suffering, these five participants did not articulate this inaction as a source of harm. Stella recalled that once her father asked if she was going to call the police on him; she didn't, but now she knows "that's not a normal thing for a normal parent to have to even worry about, that the children will be calling the cops on them." These reflections on their childhood suspicions or knowledge that their home life was not "normal," or did not look like that of other families they observed, seemed to confirm—in the present—that they indeed had experienced maltreatment. The hidden nature of the maltreatment is related to the exertion of power and control by the parents.

2.2 Collisions

While only one participant living in a *Battlegrounds*-like environment reported diagnosed or suspected mental health and substance use disorders in their parents, for three participants, mental health and substance use disorder episodes of one parent were the focus of their narratives of childhood. The metaphor they used to depict their childhood environments—

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[19] This finding may indicate that participants were reflecting on memories from later childhood, if we agree with Flanigan's (1992) assertion that childhood abuse (mis)shapes children's moral development and in such a way that the child does not recognize they have been wronged or that the family's way of relating is unacceptable.

"crashes", "regressions" and "break-downs" (Jane); "episodes", "meltdowns", "flipping" and "spells" (Frasier); and "pick-ups" (Rowan) –are vehicular metaphorical references to episodic moments of one of their parent's mental health and substance use disorder instability, recurring *Collisions* of the parent with their disorder. These events colored the atmosphere of family life in between the *Collisions*.

Collisions also occurred between the child and the parent having the episode. In two cases these were experienced as physical violence and in all three cases as emotional violence. Two participants reported neglect; however, none reported exposure to family violence. All three participants described how before, during, and after these episodes, their feelings were ignored and their parents' emotional needs were prioritized. The emotional and physical abuses associated with these mental health and substance use disorder episodes were "traumatic" and an "emotional hell" (Rowan); "terrorizing" and "terrifying" (Jane); and "rotten" and "hell" (Frasier). Jane described her parent's pattern:

> She crashed, emotionally crashed again, and I ended up having a lot of responsibility...I started feeling kind of angry...I remember being really unhappy, how all the responsibility I felt that I had and how stressful it was at home...She obviously wasn't present enough to even step in if anything went wrong.

Rowan recollected the first event in the pattern of her parent coming and going in her life:

> That night everything changed...my mom came in the room and she said...we have to go pick up your dad...I was so mad at her for telling me that. All of a sudden my dad was not the shining star of my life and I thought she had to be lying...We went and we picked him up...We were shivering and we were tired and we were hungry and we picked dad up (Rowan).

Frasier experienced episodic abandonment and "torment" during his mother's mental health episodes: "Two weeks out of the month you don't have a mom."

Similar to the dynamics in the *Battlegrounds,* in all three cases of the *Collisions* childhood environments, the other parent failed to ensure the emotional and physical safety of the child. For example, Frasier's other parent was "never fully there as a person sometimes when we needed him the most. It felt like we were constantly dragging him to do something because he was dragging his feet." Similar to Gavin and Emily, Rowan was relieved to reach a point of escape from childhood violence: "that part of my life was over and done with. It was like crossing the finish line of a marathon...I felt protected."

72

While Frasier and Rowan's childhood maltreatment experience was visible to family and community members—due to the dramatic nature of their parents' mental health and substance use disorder episodes—there was no intervention from outsiders. Frasier did seek help and it was denied:

> I told someone at school and they didn't turn it around on my parents, they turned it around on me and said that I can be taken away and that it was my fault. They made me feel like her slapping me across the face was my fault in some weird way...Surely somebody must have seen or done something.

Some of Rowan's family and community members were aware of her family situation, while others were not:

> My mom always made sure that we were clean and we were fed and we were healthy, so nobody at school knew what kind of a situation I lived at home. I didn't want anybody to know and didn't make very deep friendships…So nobody really knew then when I was growing up.

Rowan stated that she threatened to report her parents to authorities but she did not want to be taken away.

2.3 Disasters

It was just constant tornado. It was just constant uproar… drinking… partying… fighting, just disappearing, not knowing where she is (Noelle).

Noelle's summary and use of "tornado" exemplifies the metaphorical language and images used by six participants (Andie, DeeDee, Kylie, Noelle, Pamela, and Rebecca) to describe childhoods marked—in all six cases, by emotional neglect, emotional abuse, physical abuse, and exposure to family violence. While like the *Collisions* group, all participants in this group reported a mental health and substance use disorder in either one or both of their parents, the *Disaster* childhoods were described as a constant—rather than episodic—chaos perpetrated by both parents, with neglect and exposure to family or partner violence. For example, while both Noelle's parents would "fly into rages and do outrageous things" they were also "just being absent"; the family was generally a "broken family" permeated by "dysfunction." Andie also stated she was "from quite a lot of dysfunction" and that her parents "left us in the dust forever and ever sometimes", either for "convenience" or because they "just couldn't do it"—that is, be parents. All six participants also reported in both parents an inability or unwillingness to be a parent, a focus on their own personal dramas, tragedies and needs, an inability to cope,

73

connected to a mental health disorder, drug use, and violence between partners. Two parents engaged in "self-exploration" (Kylie) or a "second childhood" (Pamela). In Pamela's family, she simply stated that no one was parenting her and that "kids shouldn't be the only responsible ones in the room." In all cases there was a failure by one or both parents to protect them from the violence of or neglect by one or both parents. Andie explicitly used the term "nasty disaster" to describe a parent. Kylie also used the *Disaster* language when she reported that "as a mix my parents are quite tumultuous and quite unsteady", and "they weren't all there." One of Kylie's parents would send her postcards that stated:

> 'Having the time of my life and I don't miss you'. That was the message on these postcards. We were young and we thought okay. So we put these postcards on the fridge…It was this little bit of attention.

Kylie described more than one experience when she feared that one parent would mortally hurt the other. DeeDee also witnessed near-deathly violence between her parents:

> My first memory…I remember being in my mother's arms screaming and crying and listening to my parents screaming and hollering and my dad banging, smashing on the door and breaking the glass to get in. I remember this very, very vividly...That being my first memory is very hurtful…My parents are two fighter personalities. Very, very, very fighter personalities...they're so fire…That sat with me for a long time, sat with me my whole life that I could have watched my mother die because of domestic violence.

Pamela also witnessed an attempt on her parent's life. DeeDee reported her experience of fear of frequent physical violence. Like Kylie who recalled hiding in a closet during a violent episode, DeeDee recalled how her mom and dad would fight: "I remember crying a lot in that closet… trying to understand…why this was happening." Four participants (Andie, DeeDee, Kylie, Pamela) reported at times being afraid, threatened, treated roughly or violently (struck with hands or with objects, pushed), being screamed at (with name-calling) and seeing one or both parents treated in the same manner or attacked by or fighting with their partner. Pamela frequently employed the metaphor of "snowballs" when she told the story of her life, beginning in childhood when her "snowball began":

> That one decision, one choice, or one event can dictate what your child's life is going to be like. It starts this whole process, this cycle. It's a snowball effect. I can tell you the exact…event that started my snowball cycle.

As a child, she lived in "turmoil" as "things just kept snowballing." Multiple tragic events in her life resulted in or were precipitated by childhood maltreatment and she was not protected.

Rebecca—who reported, "there was a lot of chaos and turmoil in our little family"—fits the criteria of living with a episodic mental health and substance use disorder experiences, during which her parent was "at home..but...wasn't really there...for days and days and days...I would have to take care of myself." The following insightful summary of her childhood and treatment she received describes her experience as a *Disaster* of frequent physical abuse, neglect, and family violence:

> Trying to raise a child and you've got all these problems going on. The child always seems to come last. That's basically where I was. I was just sort of the afterthought to everybody. They just sort of lived out their drama without any thought of how that was going to affect me. I had to learn really quickly to shut everything off, and act like everything was fine, and that I was fine...it was like, shut up, don't talk, don't feel, don't think.

Once, when Rebecca was beaten by her mother's partner, she was told by her mother it was her own fault: "she just said: 'well you deserved it'." Similar to Rebecca, DeeDee's mother experienced "flips": "she'd just turn on a dime and just snap." These two cases demonstrate the overlap between categories of experience, in this chapter and the following. Rebecca articulated the implicit and explicit refrain of the participants' reflections of childhood in her lament: "Why couldn't I have been born into that kind of family?"—that is, a functional family unlike her own dysfunctional family.

The *Disaster* family situations were visible outside the family and all six participants received outside intervention in the form of care giving by extended family members or outside agencies, ranging from support to removal of the child from the home. Noelle articulated the visibility of dysfunction in her family: "everyone in that community knew who she [Noelle's mother] was...she just wanted a fresh start, so we moved." Similarly for Andie: "To grow up in a community where...there's all these perfect, cookie-cutter families...that stigma in the community, where I could feel a lot of families felt sorry for us." While Kylie reported that all her friends and some family knew the nature of her home life, and offered limited support, she questioned why more wasn't done, and concluded: "I think a lot of people just didn't want to see what they saw."

2.4 Outside Support: Mentors and Grandmothers

Twelve of the participants (15) reported receiving some degree of support from someone outside their nuclear family (at least one, sometimes several), which provided some of the

missing necessities usually provided by a parent. These interactions contrasted with the climate of their parent-child relationships. These support persons were nurturing, affectionate, gentle, kind, patient, safe, protective, supportive, maternal/paternal, positive role models who believed in them. For example, Stella found someone who "saw me as a person" and "really helped me grow." Corey discovered she was "valued for any contribution" she made and had someone who helped her "recover from my parenting," someone whose support was "crucial." The persons were teachers, spiritual leaders, youth leaders, parents of their friends, extended family members, the non-offending parent, and other mentors. Three participants, one from each of the *Battlegrounds, Collisions,* and *Disasters* groups, did not identify an outside resource. Sometimes these support persons provided validation that their home life was not "normal." Sometimes they told the child or adolescent that they were indeed "good." For example, Emily heard that she was "smart...nice, and funny, and fun, and had all these good qualities, whereas I got criticism at home." Morgan articulated the contrast between home and an outside environment:

> In my family the only way I got respected was if I hit perfection which was impossible to do…I went to volunteer and my average day was still apparently a great day. It was above what they were expecting. So I learned, wait, there's something else out here that I can do right.

Noelle was also surprised by an alternative environment: "Wow, this is what it should be like."

For seven participants—notably including five of six in *Disaster* environments—their grandmother (sometimes assisted by a grandfather) figured largely in their childhood. Andie admired her "wise" grandmother who "sheltered" her and "saved us from the dysfunction we would have been in" and inspired Andie's vision of the family she wanted to have. Together, both her grandparents "fought for me, and stood up for me, and they didn't care what anyone thought." Similarly, Noelle's grandmother was a "prominent" person in her life, a "safe haven when things would get out of control," who helped Noelle "thrive" and would "do whatever she could in her power" to ensure her needs were met. Pamela's grandmother was a "confidante", "another mom." Kylie spent "almost every weekend" with her grandmother who "raised" her. Frasier's grandmother was the "most important" "parental figure" in his life. Rowan's grandmother was an "angel" who "knew that we didn't have a lot of support." Emily's grandmother's home was an occasional retreat. Rebecca's statement about her grandparents who helped raise her summarized most of these participants' perspectives on their grandmothers and

grandfathers: "They were like the constant in my life and they were every happy memory [the only happy memories] I ever had when I was a kid."

These descriptions are not surprising considering quantitative findings indicating that social support is positively related to resilience after childhood maltreatment (Nasvytiene, Lazdauskas & Leonaviciene's, 2012), and qualitative findings that resilient youth from eleven different countries, who had faced adversity, identified relationships with family, peers, elders, teachers and mentors as helping them to cope (Ungar et al., 2007). We can compare the role of these support persons for the participants in this study to Edgerton's (1967) "benefactor" role (p. 172), characterized as community members (e.g., social workers, health professionals, neighbours, employers, step-parents, siblings) who provided assistance to adults with intellectual disabilities. In Edgerton's (1967) case study, these helpers assisted with everyday difficulties, as well as providing protection through "passing" and "denial"—that is, they held the secret of the individual's history of institutionalization, facilitated the hiding of disability, refuted the "validity of any implied incompetence," and promoted the individual's internal gaze on "a worthwhile person" (p. 201). Playing with this idea, we can view the support person for the youths who were experiencing maltreatment as a sort of benefactor, lessening the effect of a family "disability"—obscuring the visibility of the dysfunction to the child's local context, helping with difficulties related to neglect and violence, improving their self-regard, and challenging the distorted vision that their home life was normal. In contrast to Edgerton's (1967) ethnography, the data from this study are not sufficient to complete a full portrait of the function of the grandmothers—metaphorical "angels" who provided "shelter" in the midst of "disaster"— and extra-familial allies in the *Battlegrounds* and *Collision* zones. This pattern should be explored in future research, as should the participants' perceptions of the culpability of their grandparents for any transmission of dysfunction to the participants through their parents.

2.5 Conclusion

In summary, three childhood environments were described and one common mediator was identified:

1. *Battlegrounds* were contexts of primarily emotional abuse (with physical abuse and neglect) and a violence of constant control and anticipation of unpredictable outbursts, with a failure by the other parent to provide protection.

2. *Collisions* were contexts of neglect, emotional and physical abuse, and family violence, dominated by the constant chaos of family violence between parents and their inability to parent related to mental health and substance use disorders.

3. *Disasters* were contexts of emotional abuse, physical violence, and neglect dominated by the episodic character of mental health and substance abuse disorders of the parent, with a failure by the other parent to provide protection.

4. Grandmothers and benefactors from outside the family supported the resilience of participants.

These contexts, described through metaphors, images, and vignettes, are the stage for the family dramas that follow in the next chapter, where parent and child roles are described. These childhood environments and roles (in families of origin) informed the participants' choices when writing their own scripts for their families (of procreation) with or without partners and children. The narratives of the past are essential for the researcher (the listener) and the participants (the tellers) to understand the participant's deliberations over transmission of family violence, transmission of virtue, and resolution through forgiveness or unforgiveness.

Returning to Fernandez's (1974) conception of the structure and function of metaphors, the third mission is "to move inchoate subjects into an optimum position in quality space" (p. 124). We can interpret the myth or narrative of the world of origin of these adult participants in terms of this notion; however, in their experience, the goal of the metaphors is not to improve through the change in quality, cultural, or emotional space, but rather to portray a fall in quality space as it occurred in childhood, in order to highlight redemption or reparation (the capacity to rebound after a fall) or the ambivalence of the recovery process and the incapacity to rebound. These movements will be expressed in the rest of their stories in the following chapters. The metaphors presented in this chapter brought both the reader/hearer (myself, the researcher analyst) and the tellers toward understanding and empathy regarding the original wounds of childhood.

Regarding empirical findings of the use of metaphor in tales of childhood maltreatment, Anderson and Hiersteiner (2008) asserted that adults (primarily women—25 compared to 2 men) who had experienced childhood sexual abuse employed a variety of individualized metaphors of recovery and healing; in that case the function was "to draw the listener into their stories and inner dialogues, in a more compelling way" (p. 417). Similarly, Willis, Rhodes, Dionne-Odom,

Lee, and Terreri (2015) reported that men who had experienced childhood maltreatment (including sexual abuse) used the metaphor of a "veneer"—a mask, facade, or wall—that must be removed for healing to occur: "the veneer is a metaphor communicating disguise and a presentation mode of the suffering self, in which one acts 'tough' or acts as if 'everything's fine'...a false presentation of the self when in fact the male survivor prior to healing felt especially vulnerable, deeply hurt, and broken" (p. 50). Thus, it appears that shared metaphors among narratives from adults who have experienced childhood maltreatment are not an uncommon research finding. Notably, shared metaphors are also widespread in narratives of mental and physical illness—particularly cancer and depression; the dominant tropes include battle, warfare, invasion, chaos, earthquakes, wreckage, interruption, darkness, and descent (Charteris-Black, 2012; Frank, 1995/2013; Hurley, 2014; Teucher, 2003; Sontag, 1977/2013). Teucher (2003), summarizing Ricoeur, asserted that metaphors succeed by "inviting a move from an act of linguistic analysis to phenomenological experience" (p. 4). In addition, "this existential importance of metaphor is relevant in situations of crisis, when people struggle to find words and explain a reality that seems to escape literal language" (Teucher, 2003, p. 4). Frank (1995/2013), drawing from Schafer (1992 as cited in Frank, 1995/2013), asserted that metaphor "establishes a storyline" (p. 56), at times "enacting the storyline" (p. 77). While the three metaphors—*Battlegrounds, Collisions, and Disasters*—resonate with those of cancer and depression, the participants in this study employed metaphor to communicate a remembered lived experience, which is in line with Teucher's (2003) perspective on the function of metaphors in cancer narratives. However, Teucher (2003) also stated that "in a crisis, metaphor functions primarily to stabilize ourselves in uncertainty and change and to distance us from fearful chaos" (p. 5). While the metaphors of suffering in tellings of illness organize present chaos, metaphors of suffering in tellings of family dysfunction facilitate the reconstruction of the past by organizing a collection of episodes and feelings. It is possible that the participants have, to some extent, absorbed these metaphors from circulating cultural discourses on suffering, whether illness or familial dysfunction. This should be explored in future research.

3. CHILDHOOD STATUSES AND ROLES: HOLDING AND RESISTING THE FAMILY

My mother loves me.
        I feel good.
I feel good because she loves me.

I am good because I feel good
I feel good because I am good
My mother loves me because I am good.

My mother does not love me.
        I feel bad.
I feel bad because she does not love me
        I am bad because I feel bad
I feel bad because I am bad
I am bad because she does not love me
She does not love me because I am bad.

(Laing, 1970, p. 9)

The psychoanalyst R.D. Laing composed a series of dialogues entitled *Knots* (1970), which dramatized typical familial patterns, or "knots, tangles, fankles, *impasses,* disjunctions, whirligiogs, binds" (p. v). Laing's (1970) poetic dialogues are concise, insightful reflections on generic patterns of relationships between family members, as well as first-person introspections on family dynamics that we may find recognizable. In this chapter, I present the 15 participants' perceptions of their particular roles within their childhood family environments (vividly described in Chapter 2) and the "knots" these patterns entailed for them. A child has numerous roles in their family covering many aspects of life, from their contribution to family activities to the support they receive or provide to others, such as parents, siblings, extended family, and friends. The goal of this chapter is not to address that diversity of roles, but to present the key role that participants used to represent their political function or posture with the family dynamics, a role symbolic of "who they were"—that is, their status—within the family unit, not just in their own mind but also in their interactions with other members. Similar to the preceding chapter, the descriptions in this chapter are dominated by figures of rhetoric, in the previous case by metaphor and in this case by synecdoche. This trope, synecdoche, is "a special case of metonymy...where the part stands for the whole" (Lakoff & Johnson, 1980, p. 36). Participants'

narratives employ synecdoche in the construction of their identity by allowing this specific role to stand for their childhood status overall. My interpretation is that each participant focused on that one role because, when asked to relate childhood maltreatment and reproductive decisions, that one role encapsulated their understanding (which they wished to impress upon the researcher) of neglect and abuse.

There were three such roles: carer, mediator, and resister. These three roles are grouped in this chapter into two emergent patterns of action that functioned either to hold the family together or push against the family: *Holding the Family Together,* or *Resisting the Family* (see Figure 2). While most participants fit one of the patterns exclusively, some participants identified with elements from each of these patterns. I present the shared features of the major categories of roles and then describe the variations on these features among participants. Drawing on social system and role theories, I use the term "status" to denote an identity of a (relative) position within a social system, and "role" to denote characteristic behaviours (functional and contextualized) associated with a particular status (Biddle, 1979; Parsons, 1951); thus a status subsumes more than one role. More specifically, this chapter addresses kinship positions (statuses), which Biddle (1979) classified as collective identities that are recognizable, have clear inclusion criteria, and constitute a social structure. In this chapter, I describe the participants' constructions of the most important roles (from their perspective) that they played while holding the status of a specific child in their nuclear family of origin. I wish to prime the reader with Biddle's (1979) observation that "sometimes the role the person is asked to perform is inconsistent with his or her needs or basic values" (p. 7); this statement rings true for most of the participants' narratives of their place in their family of origin. One challenge to my analysis is that I could not always determine from the transcripts if the roles participants were describing were performed in childhood, adolescence, young adulthood, or in the present. Nevertheless, I assert that the figure of the childhood role—reconstructed (in the present) by adult participants using exemplary anecdotes—was presented to the researcher as a symbol of the whole of their role as a child in their violent family of origin. The figure of this childhood role—an incomplete portrait—functions as a synecdoche in their narrative of childhood maltreatment, in which selected parts (memories and images) stand for the whole of the story of the experience. Presumably participants played multiple roles throughout childhood and adolescence; however, they described the most prominent and symbolic one (with regards to who they were and, in

some cases, still are) in their interviews with me. This role was in the foreground, holding extraordinary value among their many roles performed in their family when they were a child, since it defines them. This chapter explores the implications of this rhetorical figure, including the participants' understanding of their life in their family and of their identity within the family context. At the end of the chapter it will be noted that for half of the participants—in both holding and resisting roles—there were expressions of the feeling that there was a player missing from the status of parent and no performer of parenting roles.

3.1 Holding the Family Together

Most participants (nine) (all women) reported performing caring roles, as children and adolescents, which helped their dysfunctional families to function. Sometimes the function intended—(un)consciously—by the participants was to "fix" the family in some way (in Kylie and Rowan's words). Three caring roles were described: parenting siblings, parenting parents, and mediating in the family. Kylie's statement summarizes the total effect of the roles played by the caring daughter: "You're the only thing keeping this family together" (her reconstruction of her family's perspective on her, particularly her parents'). For their caring for the family, or smoothing the family, participants were sometimes positively regarded as "good"; however, the participants described an internal feeling of unworthiness as a result of not being cared for. Notably, five of the six women who lived in *Disaster* zones in childhood were carers or mediators (five of nine) as children in their families.

3.1.1 Parenting Siblings

Five participants reported caring for their siblings at some point in childhood. They were not parents, but parent-like. They described themselves using terms such as "parent" (Emily, Jane, Kylie), "mother/mom" (Emily, Kylie), "extra parent" (Jane), "nanny" (Andie), "caretaker" (Emily, Noelle), and "giver" (Noelle). None of the participants described their statuses in terms of joy, pride, or loving sacrifice. These statuses were described in language emphasizing the incongruity with their child status; that is, the system of statuses and roles was turned upside down and boundaries were transgressed. Jane described her feelings and experience related to taking care of others in her family as "unhappy", "angry", "tired", "frustrated", "stressful", "miserable", and "lonely". A sentiment of resentment was expressed in Jane's question: "why would you keep having more children if you couldn't take care of them?" Participants who reported parent-like behaviours towards their siblings did so because their parents—who were

82

expected to play these roles—did not. Some participants described their reason for parenting as by default or as though simply filling a void: Jane was "there to step in when no one else is there"; Emily "tried to step into the mother role"; Kylie simply "became their parent"; Andie just "kind of adopted that role" vacated by another sibling; and Emily "basically became the parent in my family". They took over out of necessity because, in Emily's words, "someone has to parent" and "somebody had to do that job." Kylie's sibling told her, "if it wasn't for you, I wouldn't be here, you raised us." Kylie stated that regarding a crisis situation with her sibling, her mother "just did not want to have a thing to do with it." Participants expressed a sense of obligation, abdicated by their parent(s); for example, Jane and another sibling "felt like we had to parent."

Parenting siblings entailed instrumental and higher order actions. Five women (Andie, Emily, Jane, Kylie, Noelle) performed instrumental tasks such as cooking, feeding, dishes, cleaning, dressing siblings, and getting siblings off to school. In addition to physical neglect, participants compensated for emotional neglect in the family, through higher order actions including disciplining siblings (Jane), listening to their troubles (Emily), teaching (Emily, Jane), and providing guidance (Andie). Participants described management actions, such as "trying to make sure that everything was together" (Noelle), being the one to "keep all the plates spinning" (Emily, in the present, in regards to her sibling), and handling a major crisis with a sibling (Kylie, in adolescence). Even in the present, Andie reported that her family role involved providing guidance to her siblings and her mother: "I guess they value my opinion and they know…I'm gonna tell it like it is and maybe criticize you and I'm sorry if it hurts, but I'm gonna speak the truth." Two participants described going above and beyond in parenting their siblings: Emily "tried to be like this perfect mom" and Kylie's sibling told her, "you're a better mother than our mom ever was." Emily's role performance was so successful she was mistaken by a stranger in public for the status of her sibling's mother.

Two participants addressed how these circumstances and expectations created a conflict between their own status (as the younger generation), their parent's status, and the respective roles of these two generations. Adults with children are expected to perform parenting roles usually associated with that position, demonstrating a level of maturity and responsibility. In the participants' families, where a child or adolescent was "like a parent"—to use Emily's phrase— there was some degree of (partial) role reversal and confusion. Andie, as an adolescent, "was far more adult than what she [her mother] is today…the way that I grew up threw me into

adulthood." The problem identified by Andie was not that she had to endorse parent-like roles; the problem was that they were literally roles of the parental status, rather than roles of the parent-like status. They were not a metaphorical parent—as in the case of an apprentice caregiver—but rather they were literally a parent. Emily retrospectively articulated her childhood/adolescent expectations for her mother and her judgement of her for not fulfilling the role associated with her status:

> I thought if I did all these extra chores that my mom would be ashamed and she would do them herself or she would spend more time with me but she just never did…and when my mom came home, I'd be like, "I took care of [sibling] after school, [sibling] had problems and I took care of it. Where you should have been, I was here doing your job".

In retrospect, participants reported doing the "job" of the parent. Emily had specific expectations her mother did not live up to:

> My sibling would have trouble in school and I would go, "Oh why don't you sit down and tell me about it?" And I would put on this apron and get my sibling some ice cream just like I'd see in these movies, like a real mom would do it.

In labelling their childhood and adolescent actions as parent-like, participants revealed their vision of how a "real", "adequate" and "good" mother or father and a mature adult behaves. What was at stake in the participants' narratives was not the performance of parent-like actions, but the imposition of a parental status.

3.1.2 <u>Parenting Parents</u>

Kylie's statement summarizes the caring and supporting behaviours of six participants towards their parents: "Needing to try and fix our parents, and parent our parents, instead of being children." Again, there was a mismatch between the status of the child and the parent in the family and the roles they performed. Not only were participants caregivers for their siblings, but, as Kylie put it, "without a doubt...to my parents too." What was at stake in the participants' descriptions was the confusion of statuses, which was not induced by the occurrence of the child providing support to their parents (which many children in our society do), but by the quality, intensity, and constraints of these actions, in the absence of such activities by the actual parent. This reversal compromised the boundaries between being a child and being an adult.

Participants also performed instrumental and higher order actions when parenting their parents. Some participants (1) reported playing basic care giving roles when their parent(s) could not or would not cope with the responsibility; for example, Rebecca**,** at "such a young age" made

sure her mother was fed. In addition, some participants (5) reported more sophisticated, higher-order roles such as: taking on some of the household management (Iris, Rebecca) in order to "make sure that things were done that had to be done" (Rebecca). (While household management has already been noted in the role of parenting siblings, Iris and Rebecca did not describe parenting siblings). Andie described how in the present, she provided guidance to her mother, but she did not specifically locate this in adolescence. Notably, this situation was not the expected and accepted caring for an elderly parent by an adult child, but rather a young adult caring for a middle-aged parent.

A particular higher-order role which bears mention involved participants providing emotional support for their parent(s). Noelle wished to "feel like she was my mom and she was taking care of me and she never did; it was just me always taking care of her" (she did not indicate her age). Jane reported that she was an "emotional support" for her father, which she considers inappropriate and related to her father's inability to confront the family situation. Rebecca still feels the need to "protect" her mother, trying not to "set her off." Stella's rhetorical question (regarding her mother) exemplifies the dilemma of children supporting their parents of necessity: "How do you ask someone for help and strength when they have none to spare? When they have none themselves?"

3.1.3 Mediating

Another mode of facilitating family functioning through caring by participants (six including two resistors) was mediating between family members—primarily parents and siblings—or interceding in some way to regulate the climate of the family. Participants described themselves as "peace-keepers" or "peace-makers" (DeeDee, Rowan, Stella, Rebecca), a state of "being in between, trying to calm the situation down" (DeeDee). These tropes are consistent with the metaphors of *Battlegrounds* and *Disaster* zones that described their childhood environments. Rowan gave a comprehensive description of this position of being in-between:

> I tried to protect my sibling from all of it. I tried to be the peace-keeper. I tried to keep all the plates fitting. The mediator. I always tried to fix the tension and the stress. So then it was never thinking about, how do I need to handle this, it was how do I have to fix all of this. What do I have to say, what do I have to do. What do I have to do for this to change. Grasping at straws. It never really worked, only messed me up more.

Even today, Stella stated, "I'm the listener. I'm supposed to be the strength and the support. But you don't want to have to be that for your parents."

Mediating actions included protecting, disappearing, or fixing. Two participants reported protecting siblings by deflecting attention from them (Emily), sometimes by arguing (Emily). Emily accounted for this dynamic by her perception that her sibling was more passive and weak than she was. DeeDee literally had to physically "step in" in parent-and-sibling conflict. Emily was unique in her description of filling-in for her mother (i.e., cooking) to prevent her father's anger. Four participants reported behavioural attempts at smoothing and preventing family combustion, such as trying to "disappear" (Morgan), "steer clear" and "stay out of the way" (Stella), "keep to myself" (DeeDee), and be "mindful of what I say" (Rebecca) so as not to inflame a temper or trigger punishment or mental health episodes. Two participants reported fixing family problems by trying to prevent or shrink the "tension" and "stress" (Rowan) and "conflict" (Rebecca). For example, Rebecca described her role, in the past and present, as "trying to make sure there's no conflict. That's with all my family. It's always been like that…Trying to make sure that…nobody's fighting with each other." Their actual strategies for doing so were not described. Uniquely, Iris described her child self as a "focal point" and the "glue" connecting various extended family members and her present self acting as a medium for communication between her mother and sibling, but this role as a child did not relate to the physical neglect by her father. In their interviews, participants introduced their status as mediators, and described some of the behaviours in that role. Future research could explore the details of mediating actions in their daily lives; for example, how often they were employed, whether or not they were effective, how these actions were received by each family member, what the impact of these personal sacrifices was on their well-being, and other aspects of meaning associated with these practices.

3.1.4 The Good Daughter Standing

The caring roles performed by these nine women as children to keep the family together and functional (to a degree), by compensating (to a degree) for violent commissions and omissions of care, garnered six of them the label of or praise for being a "good daughter" (Stella). This acknowledgement was sometimes reported by participants as an explicit or implicit recognition from family members (DeeDee, Kylie, Emily), or expressed as an internal motivation or label given by the participant (Stella, Iris). Good daughters were models, ambassadors, and leaders. For some participants—primarily mediators—explicit comparisons were made between their siblings and themselves, the "good child" (DeeDee), the "good kid"

86

(Stella), the "one who met all the expectations and did the things they were supposed to: got the good grades, listened to the parents" (Stella); whose parents asked their siblings, "why can't you be more like" them (DeeDee); and told them, "your [siblings] aren't as good as you" (Kylie). The good daughter might be the one who was more "fearful" and not the one to get in trouble (Stella), the one who "never had a rebellious stage" (Iris), never did the "typical teenage stuff" (Emily), and was sometimes compared to a sibling who was a "hell child", "never…good", "all-around bad" (Iris). Emily reported an expectation in her family that she was to make a positive display to her community:

> I was the one who was wanting to be the, like the saviour or be a success because I was very smart and very talented and all this outgoing stuff. So, "Emily is going to be the one who's going to be successful and make a good name for us, support us and realize the dreams that we couldn't realize"…and "Emily is going to be very smart, very successful, very well to do."

These good daughters modelled obedience and achievement. For two daughters who parented their siblings and parents, their good daughter standing related to their care giving, and more specifically their leadership role in the family. Kylie was told "you are perfect, we're so lucky to have you" and "you're the one that turned out the best and it's amazing you are who you are". Andie, who described herself as the "smarter one", the "white sheep" among a family of "black sheep" to whom she gives some guidance, reported that her grandparents had "respect" and pride for her, held her in "high standing", for making "good choices" and having a "head on my shoulders."

Three participants expressed a degree of resentment, in the present, for the "weight" and "pressure" (Kylie) of the good daughter standing—it was "pretty heavy" (Emily)—or the "fiction" (Iris) of a close relationship when presented as the "trophy child" (Iris) by her parent to family outsiders. Kylie reported a current desire to resist the persistent role and standing: "Sometimes I just want to rebel and be like, I'm not perfect." Positive reinforcement of these desired behaviours can be interpreted as a means of control of these daughters by the parents (or other guardians). This role may also have functioned to portray a positive image of the family— the façade or appearance of functioning, hiding/distracting from dysfunction—to the community, for the benefit of the offending parent(s) and the victimized child.

3.1.5 <u>Unvalued</u>

Among participants who cared for their families, eight described a feeling of being unvalued by family members—in four cases, this was despite (reports of) being heralded as the good daughter. It was not always clear whether they experienced this feeling as children or in the present when reflecting upon their role. Jane offered a clear summary of this feeling of being unappreciated, unworthy, and of low priority:

> Just like a general, I don't know, it's tough to, maybe just this, this general feeling of not feeling like that I was worth anything, like worth enough to be taken care of or worth enough, my worth was like in what I could do for my parents and not in me.

Some of the actions that led to participants' inferences included observations that parents had more time for other siblings (Jane), prioritized significant others and/or addictions over their children (Kylie, Noelle, Rebecca), were ashamed of the child (Emily), didn't recognize achievements and obedience (Emily), and left her alone (DeeDee). Participants used many terms to describe their childhood, adolescent, and young adult feelings of being unvalued: "unloved" (Noelle); "belittled" (Iris); "nobody cared" (DeeDee); "not worthy of love" (Noelle). These inferences that they drew based on actions or attitudes of their parents sometimes engendered current feelings of anger (Emily, Kylie) and "hurt, the idea that you came second" (Kylie), and wishing that there had been "someone that stood up for" them (Jane). Sometimes participants took on the responsibility and blame for their maltreatment, believing when they were told they "deserved it" (Rebecca), feeling like it was their own "fault" (DeeDee), that they were "guilty" (Iris) and "responsible" (Rowan).

Some participants "yearned" for love (Noelle), looked for "someone to love me" (DeeDee), and were "always searching for, usually older people to…fill that, I don't know, parenting role" (Rebecca). My interpretation is that perhaps these desires were a result of feeling unvalued. Emily described the long-term effect of feeling unvalued and unworthy:

> So to this day, I really feel, I second-guess people's, or I'm very surprised by people's admiration of me…I was just flabbergasted…It just baffles me the way that people actually do like me. I'd always think that they don't. I second-guess that they do because that's what I was told right, and that's what I was taught, that I had so many faults.

In Emily's case, she reported an internalization of the family's under-valuation. The degree of internalization and the time period (past childhood or present adulthood) were ambiguous in other cases.

88

<div align="center">**3.2 <u>Resisting the Family</u>**</div>

Six participants (four women, two men) performed childhood roles of resistance to the family inside the home and outside in the community. The dysfunction and effects of violence and neglect originating inside the home manifested—though were not always recognized—in interactions with teachers and peers.

3.2.1 <u>Resistance</u>

Strong language constructed the picture of the actively resistant child. Four of these six participants—the women—used various terms to label their resistant role: "rebel", "rebeller" or "rebellious" (Corey, Rowan, Pamela); "problem child" (Corey); "difficult child" (Morgan); "active" participant in conflict (Corey); "kid who pushed buttons" (Morgan); "bitch" and "hard" (Pamela); the "one who couldn't do anything right" (Corey). Other descriptors included: "strong" (Morgan); "vocal" (Corey); "determined" (Corey); "stubborn" (Morgan), "forged in the hell fires" (Morgan); "quick to get angry"/ "angry" (Corey, Pamela); "a fiery temper" (Morgan); "moody" (Pamela); "not afraid of being hurt" (Rowan); and "hated the world" (Pamela). Resistant behaviours included: skipping class (Corey); moving away from home (Corey, Pamela); not being "curbed" by punishment (Rowan); "acting out" (Pamela); and fighting with schoolmates, teachers, and parents (Pamela). Two participants contrasted themselves with a sibling, who was "passive" (Corey), "compliant and obedient" (Rowan). Only two participants articulated reasons for their resistance. Morgan took maltreatment as a "challenge" to "defend" and "prove" oneself by "excelling" and Rowan "had to rebel because [she] had to prove that not everything they did was right just because they were the boss." Of note, Rowan and Morgan reported some mediating actions. While they gave explanations for becoming a caregiver—the necessity born out of circumstances—most participants did not explicitly articulate an explanation for their resistance.

The two men described a variation of resistance to the family. Gavin's self-description was ambiguous (in content and in age):

> I don't want to say I'm the black sheep, because I'm not, but I am very different than...my sibling [who] is more loud and spontaneous...very much more family-oriented...I am a little more interested in going off on my own.

Gavin's position in the family was further delineated by his report of repeated comments from his parents of being inadequate. Notably, Gavin and Frasier did not report playing any care-

<div align="center">89</div>

giving roles in their childhood. Frasier was told that he was "an accident" and that he caused his mother "the most pain." Frasier had an inferior status in the hierarchy of his family. Dissimilar to the other participants who were resistors, Frasier was unique in his description of himself as "very tame as a kid", the "soft heart…reverted…introverted" one in the family, and not "the problem child." In the community, Frasier "never really fit in, anywhere, at school, around people" and "was always just a little different, a little off, something else", a "loner" and was bullied (which "shut me in…closed me off"). Frasier's family were isolated outsiders in their community, and he was an outsider in his family and amongst peers. This carried on in the present for Frasier: "every day is a constant struggle between not wanting to be lonely and wanting to be left alone". Frasier explained the development of his resistance:

> You're not getting attention at home. You're not getting attention at school. You got to do stuff to get attention. So it was always my mouth that got me into trouble...I got in trouble with the authority figures because I told them off to their face. And I channelled that into being a creative person.

Frasier reported that today, his social difficulties disappear when practicing his craft, and his current identity is focused on his goal to "create something beautiful" and be recognized for that. As we will see in the next section, from Frasier's perspective his family does not see his exceptionality.

3.2.2 Inadequate

Whereas the perception of being unvalued arose from a reported omission of positive regard, the perception of being inadequate was reported by five participants as acts of commission of negative regard. Participants described their parents' failure to express/display congratulations, respect, or recognition for what participants perceived as successes/accomplishments/achievements (Corey, Gavin). In fact, not only did parents not recognize these positives, they actively showed disapproval. For example, Gavin stated his parents would, in the past and present, "take shots at me for no reason" and "knock me down a peg". Corey felt "always put down for everything I did" and "nothing I did was ever right or ever good." Rowan also "could never do anything good enough. There was always some imperfection that didn't get taken care of." Morgan's experience was similar: "In my family the only way I got respected was if I hit perfection which was impossible to do." Gavin described the long-term effects if being considered inadequate:

I knew I was a fairly intelligent kid, but…I always felt like I had to prove myself. I still do to this day, that I'm not good enough at what I do…I never really felt like I was good enough at anything and that's good because it's given me a hunger to succeed.

The participants reported they were aware in childhood of the parents' perceptions that they were not good enough or inadequate. The degree to which the participants as adults and children adopted that same perception of themselves was ambiguous in the data. Frasier reported that in the present, in his position in the family, there exists an ongoing negative regard, particularly in the sibling-sibling relationship: "I don't think I'm ever going to get the respect that I deserve from those people."

3.3 <u>Deserted</u>

Seven participants who described caring or resisting in childhood reported a sense of or realization that they were not being parented by emotionally and physically absentee mothers and fathers. Rowan summarized the consequences of this desertion: "Growing up I felt completely unsupported.…as a child I really had to decide I'm taking care of myself here because my feelings don't matter and what I'm going through isn't important." Expressions of this experience ranged from the details of physical neglect (Rebecca, Iris), self-identification as "the afterthought to everybody" (Rebecca), and feelings of loneliness and emotional abandonment (DeeDee). Kylie, whose mother was frequently physically absent, described how it felt:

> Those feelings of, like, that's actually the worst feeling, is when you are so alone and you know you shouldn't be alone. That's just a sick, sick, feeling of you've got no one to count on right now.

DeeDee described a feeling of loneliness and abandonment in childhood and adolescence and reported that she spent much time with a pet, hidden away. Rebecca experienced a similar position. She described herself as "the afterthought to everybody" who had to take care of herself when she was physically abandoned, and when her mother was emotionally absent. Rebecca had to "learn really quickly to just shut it, shut everything off, and just act like everything was fine, and that [she] was fine". Pamela had to cope on her own with multiple tragedies in her childhood and abuse from her sibling, because of her mother's struggles:

> [Those struggles] took her away from being the responsible parent…She was emotionally absent and often physically absent.…We didn't have a mother. We didn't have her there supporting us, or mothering us, parenting us.…You know, kids shouldn't be the only responsible one in the room, but I was exposed to that. A lot of it.

91

Noelle explained her movement from a "dysfunctional" family of origin to a "dysfunctional" family of procreation by the fact that her mother was "never there for me and so I just really felt like I just needed somebody to support me....just not feeling like I had any support or any nurturing." She described an incident when she was "pretty young" where she was left alone for a long time in an unsafe situation: "stuff like that....it was just one thing after another. One thing after another. I can go on and on. There's not enough time for that. It's not going to change anything." Iris related the multiple strategies she had to employ to meet her physical needs, which were neglected by her father. These participants described that as children, they were missing or searching for or filling that role of a parent or support. Some participants did find sources of support outside the family to provide some parts of the parental figure and support, in the role of "benefactors," as was noted in the previous chapter. These stories conveyed a sense of loneliness and self-reliance, and a feeling of being orphaned by their parents while still living with their parents. They were deserted: the parenting roles in the family were empty of an adult.

3.4 Conclusion: The Cost of Childhood Status and Roles

In summary, a number of behaviours exhibited by participants as children, feedback from the family, and feelings were described by participants:

1. Several participants reported holding the family together by caring and mediating, parenting siblings and parents, and were consequently regarded as good daughters; however, they perceived an internal feeling of not being valued.
2. Several participants reported resistance to the family, and a perception that they were regarded as inadequate.
3. Desertion by absentee parents was experienced by both carers and resistors.

Whether participants worked to hold the family together or push away from the family, there was a cost to having these particular multiple statuses and playing roles of supporting their parents, siblings, and selves. Jane articulated this notion in her definition of the childhood maltreatment she experienced:

> I've decided emotional abuse is like, anything that like …the parent does intentionally or unintentionally that can take away from their development as a child and when they have the resources to develop otherwise [i.e., the family's financial circumstances do not require children to provide care].

In addition to altered development, some statuses (and respective roles)—which participants indicated were inappropriate from their perspective—were a burden:

> The stress that I went through of having, assuming the whole responsibility of the family structure on me. I was always that buffer (Kylie).

The participants challenged the statuses and roles imposed on them. In the literature, these phenomena have been labelled "parentification." Hooper, L'Abate, Sweeney, Gianesini, and Jankowski (2014) defined parentification as follows:

> A relational and interactive family systems process whereby adult members of the family abdicate their roles and responsibilities to a child or children in the family. As a result, children take on roles and responsibilities usually reserved for adults. This process typically requires a family structure that allows generational boundaries to be crossed and permits family members to join or exist in subsystems at different generational levels than those to which they belong (Kerig, 2005). In these families, children have a scope or degree of power that enables them to participate in subsystems to which they also should not belong. In addition, the boundaries between subsystems (e.g., parental, spousal, child, and sibling) where parentification occurs are reduced, blurred, or nonexistent. For instance, boundaries evidenced in these families are inconsistent with a well-functioning family system (p. 37-38).

Regarding the development of such a family process, scholars have asserted that parentified children may "sense the vulnerabilities of their parent and the needs in their family and try to act in response to these needs in an active way" (Van Parys, Bonnewyn, Hooghe, De Mol, & Rober, 2015, p. 523). Furthermore, Hooper (2007) claimed that "emotional parentification" (p. 218) results in unmet developmental needs of children who provide psychological support for their parents and siblings. Many of the participants in the current study appear to agree implicitly or explicitly with Hooper et al.'s (2014) assertions about family roles; that is, parental statuses and particular sets of associated behaviours (roles) should be ascribed to adults, traditional boundaries should not be crossed, and deviations from these norms are necessarily harmful and pathological. In the participants' cases, the parents did resign from their parenting roles; they were not apprenticing their children for future responsibilities. These discourses on normal, healthy, functional and acceptable statuses and roles for adults and children in the family are culturally specific. In the system of meaning for the participants (in dialogue with popular and scholarly notions of parentification), children are necessarily harmed when they perceive that typically adult statuses and roles are thrust upon them. From an outsider perspective, it seems possible to conceive of such family relationships, permeable boundaries, and multiplicity of

statuses and roles held by a child as unproblematic. This indicates a need for further exploration of participants' perceptions of any positive aspects or outcomes of the intergenerational positions that they reported as adverse, namely through the researcher being attuned to those issues and alternative interview tools that specifically delve into those possibilities. The data permit an interpretation that what was at stake for these participants in their resentment was the disappointment of their expectations of their parents and the absence of requisite support for them to fulfill the statuses and roles they were placed in. Some participants included these boundary violations as definitional to their childhood maltreatment categorization.

The childhood role patterns that emerged in the participants' narratives are not unlike Wegscheider-Cruse's (1989 as cited in Vernig, 2011) classification system of roles in families with parents with disordered alcohol use:

> Enabler, hero, lost child, mascot, and scapegoat. Each of the roles includes their own internal and interpersonal features, which are proposed to not only protect the individual within the family but also maintain the family structure and allow for the parent with the alcohol use disorder to continue their pattern of behaviour unabated and with minimal aversive consequences (Vernig, 2011, p. 536).

Although Vernig (2011) asserts that "the attempt to fit members of a family affected by alcohol dependence into narrowly defined roles based upon a few salient characteristics does not possess the clinical utility that some have claimed," the patterns identified in the current study help us to comprehend the participants' conceptions of what a parent should be and what childhood maltreatment is, and provide a context for reproductive decisions, worries about transmission of family violence, and the present dynamics in the participants' families that influence their experience of (non)parenthood and forgiveness.

The available data allowed for painting a simple portrait, while many of the details of daily life experience and their layers of meaning are needed to compose a painting in the tradition of realism, with greater resemblance—in highlights, lowlights, and varied palettes—to the experience of life. Future research should explore whether—when prompted by pointed questions—the caregivers and resistors perceived these behaviours to be protective devices. Such polyvalence, ambivalence and simultaneously contrasting values are imaginable (i.e., benefits in parallel with harms), even within the construction and phenomenology of these statuses and roles as childhood maltreatment. The life history yielded narrations by the participants who spoke of their siblings only in brief contrasts to themselves. Follow-up research should also expand on the

context of extraordinary statuses and roles represented in the descriptions in this chapter, including their siblings' statuses and roles (i.e., the sibling sub-system in the family and shared or disparate functions).

While there was an apparent link between participants' childhood environments (Chapter 2) for those who described *Disaster*-like environments and also reported caring roles (Chapter 3), for the researcher, clear patterns did not associate to reproductive decision-making paths (Chapter 4); however, when participants described their reproductive decision-making and choices (Chapter 4), most made many connections to their childhood adversity.

4. PATHS: REPRODUCTIVE DECISIONS AND EXPLANATIONS

> It's a complicated decision. There's so many things that come into play; not just your past, but also your present situation and what you see in the near future (Stella).

Stella's succinct statement captures the basic premise of this dissertation and answers the question "How do experiences of reproductive decision-making and childhood maltreatment relate?" In brief: it's complicated. In this chapter I describe several explanatory models offered by the participants regarding the complexities of their reproductive decision-making process. The focus of this chapter is both the process of the decision (the deliberation) and the result of the deliberation whether or not, when, and how to have children. The reproductive demographics of the sample—those who are parents, planning to be parents, undecided, or decided against parenthood—are discussed according to the participants' conceptions of the forces behind their choices. Two categories of explanation were each offered by the participants: internal agency and external forces. These explanations are on a continuum and they do not exclude the other but in each case one represents the most influential factor in a hierarchy of factors for that individual. Among those factors, childhood maltreatment plays a role in the process of deciding whether to start a family of procreation, but its form and degree of influence varied among the participants. By interrogating the factors and explanatory models offered by the participants we uncover what is at stake for them when it comes to procreation and family creation. I begin this chapter with the introduction of concepts that illuminate the explanatory frameworks that arise in the description. The chapter will describe the constellation of factors within and among the participants. In the conclusion, I will return to the orienting concepts to summarize what is learned about the stakes of reproductive decision-making in the context of childhood maltreatment.

In this chapter, I employ Shweder's (2003) conception of causal ontologies and causal analysis in folk psychology. Although Shweder (2003) applied the concepts of causal ontology and causal analysis to experiences of suffering, these concepts proved useful to my analysis of the explanatory models for participants' reproductive choices that emerged in the participants' narratives. Shweder (2003) defined causal ontology as "a person's or people's ideas about the orders of reality responsible for suffering" (p. 76). Shweder pointed out that finding someone or something responsible can help extract meaning from the experience of suffering. In the case of

adults who are in proximity to the process or moment of choosing to have children or not, they make sense of (or provide an explanation for) their choice, through retrospective narration, notably by identifying contributing factors and their relative importance. By doing so, they reveal their understanding of the logic of their choices. Shweder (2003) noted that in folk psychology, the concept of causation is a particular notion of influence(s):

> [It is] deeply shaped by human interests in assessing "normality," attributing responsibility or blame, and exercising control over future events. Thus, the numerous logically necessary conditions for the production of a given event do not all have equal status in the folk psychology of causation. Indeed, in folk psychology the elevation of a necessary condition to the status of an attributed cause is an act of selection and interpretation that can be understood only within the context of practices and institutions aimed at finding fault, righting wrongs, and gaining control over future events (p. 80).

I assert that while reproductive decision-making is not (necessarily) an experience of suffering, considering that the current study investigated the experience of it in the context of childhood maltreatment, and that in a pronatalist context certain choices and ways of being may be considered "abnormal," Shweder's (2003) notions of causation, folk theories, and human explanations of suffering can be appropriate and useful to transfer to the realm of reproductive choice. In this chapter and the next I describe the constellation of "numerous logically necessary conditions" (factors which become causes through attribution) identified by participants as influencing their reproductive choices. In addition to the continuum of external forces, internal forces, and a combination of these two (thus three categories) in the process of decision-making, this chapter is organized according to a continuum of categories of parental paths: mothers (meant to be; becoming a good mother; became a mother); to-be mothers; like-mothers; maybe mothers; probably not fathers; and never mothers. The explanatory models with regards to reproductive choices specific to each of these parental paths will be successively presented.

More precisely, the pattern of themes in this chapter describes an explanation of participants' action towards starting a family (and when and how they do or will define or realize that) in relationship to their sense of self and agency and the impact of other people and circumstances. In other words, their narratives implicitly and explicitly answered, "How do my reproductive decisions relate to who I am and where I find myself situated?" Shweder (2003) has written that the goals of causal analysis are "to set abnormal outcomes right by gaining control over abnormal conditions that are within the range of one's expertise and power, and to attribute responsibility and assign fault" (p. 82). This chapter will describe the degree to which and in

what ways participants perceive themselves to have power in their lives, particularly in relation to their reproductive decisions. The next chapter on transmission will further describe how participants perceive their ability to prevent or transmit the inheritance of inter-generational and intrapersonal dysfunction down family lines.

References to the self in the current chapter draw on Ricoeur's (1992) conception of the hermeneutics of the self, in particular his meditations on "narrative identity" and "personal identity" and the dialectics of "selfhood" and "sameness" in personal identity, namely how "in many narratives the self seeks its identity on the scale of an entire life; between the brief actions…and the connectedness of life…" (Ricoeur, 1992, p. 115). I view the participants' conceptions of the "self" as a perpetual attempt to construct a stable but ever-developing sense of "me" from and through an ongoing life story:

> The interconnection of events constituted by emplotment allows us to integrate with permanence in time what seems to be its contrary in the domain of sameness-identity, namely diversity, variability, discontinuity, and instability (Ricoeur, 1992, p. 140).

> As for the notion of the narrative unity of life, it must be seen as an unstable mixture of fabulation and actual experience. It is precisely because of the elusive character of real life that we need the help of fiction to organize life retrospectively, after the fact, prepared to take as provisional and open to revision any figure of emplotment borrowed from fiction or from history (Ricoeur, 1992, p. 162).

This chapter presents the participants' current (momentary) and semi-fictive construction of "who I am"—at one moment in time and in their life story—and "who I am as a reproductive adult" in particular, with childhood maltreatment behind them, and a future as a parent (or not) and adult child ahead. The sections of the chapter will follow the order presented in Figure 3.

Figure 3. Reproductive Decisions and Explanatory Models

	Reproductive Decision						
Forces	Meant to be a Mother	Becom-ing a Good Mother	Became a Mother	Mother-to-be	Like a Mother	Maybe Not a Mother; Probably Not a Father	Never a Mother
Internal	4.1 Andie Corey			4.4 Rowan Stella	4.5 Pamela		4.8 Iris DeeDee
Combination			4.3 Kylie			4.6 Jane Morgan	
External		4.2 Noelle Rebecca			4.5 Emily	4.7 Frasier Gavin	

Note. Each participant's *explanation* for their reproductive decision was characterized by one of the following: primarily *internal forces* (strong identity and a sense of agency); primarily *external forces* (weak identity and lack of agency); or a combination of *internal forces* and *external forces*.

4.1 <u>Meant to be a Mother</u>

Five participants were mothers, ranging from 26 to 35 years of age, with one to three children ages 2 to 14[20]. Two women, Andie and Corey, became mothers when they were in their early 20s, and were no longer in a relationship with their children's fathers. Andie and Corey described their parenthood trajectory as something they had just always known about themselves. Childhood maltreatment was not designated as a cause of the decision to become a parent; however, it influenced the meaning of following the path that respected what they felt as a core component of their self. They accounted for their parenthood as a simple fact of life: they had always desired to have children; it was their destiny. The depth of their certainty and the centrality of motherhood to their self were signalled by the sorrow and pain they felt about their current partnership situation—they are single parents—which makes future children difficult and unlikely, though not impossible. This state of being and family status is not as they had planned. Corey highlighted the difficulty she had to "accept" being on a "different trajectory": "I worked really hard…to make myself a new narrative in my head of who I was and what my future would be…That was extremely painful. That was very difficult to let go of."

These two mothers explained their decision to be a parent as caused by the internal forces of their nature. They also expressed a sense of internal agency when relating childhood maltreatment to the decision. Andie explained:

> To not let past scars hinder the chance to experience things in your future….A lot of people carry this baggage with them. Maybe have second thoughts about having kids for certain reasons…That they can't reach the potential of a good parent…To turn all these negative things that they have experienced and dampening their thoughts on having kids and turn it into…a what-not-to-do list. I have learned through some of my mom's fits of rage and everything….not to let past hurts stop you from having the best love of your life. You never experience anything like that until you have your own baby….It's a whole new love.

Andie's description harkens to a ritual of reparation. These mothers described themselves as active agents in control of the effects of childhood maltreatment in their adult lives. Corey espoused views similar to the ones expressed by Andie:

> It was a really easy decision. It was just something that I desperately wanted. I had always wanted. I wanted even more after I went through all those difficulties and

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[20] The gender of the participants' children has been de-identified ("they") and the number of children in each family de-identified. Participants' excerpts have been altered to "my child" to replace the names and numbers of their children.

experienced other people in my life who were very positive. Sort of almost parental role models. I wasn't concerned about how I would parent, because of my experiences. But I went into it being very determined to consciously parent in ways that were very different. So it didn't affect my decision in the sense of being like, I'm scared to parent because I'm worried that I'll be that. It was more like, no, this is something I really want, and I am committed to being a completely different parent.

When asked about the connection between becoming a parent and childhood maltreatment, Corey articulated the combination of an internal force—the force of her inner nature and desire—with a sense of agency to be a good mother:

I just really wanted to be in that parental role. It was so important to me. I think it was part of it, was that I just loved kids….I think part of it too was that I wanted to be able to be a positive parental figure….I just wanted to be one of those people that had helped me. So I think it was kind of connected.

[Later] I think it influenced my desire to be that person who was positive for a child and to nurture them. But at the same time I did always want kids….I was pretty clear on what kind of parent I wanted to be and I thought a lot about it and it was very much in opposition to a lot of the things that happened when I was little…I definitely think it is connected. But it wasn't the deciding factor. I think. I mean, I just always wanted kids. It was always something I wanted, even from when I was a kid. I think it strengthened my resolve to be a different kind of parent to someone. But I don't think it really made a difference in whether I chose it or not.

Corey did not attribute childhood maltreatment to the motivation or cause of her choice but saw it as highly influential on her approach to becoming a parent. It is important to note that the relationships of these two women with their children's fathers were external factors that had a (limiting) impact on their expression of their true selves as mothers; however, at the same time, Corey and Andie described active choices (though not their preferred life course) toward their current non-partnered relationship status, and were maintaining it to care for their children and provide a family life in an optimal way (from their perspectives) in the context of their life circumstances.

4.2 <u>Becoming a Good Mother</u>

Like Andie and Corey, Rebecca's and Noelle arrived at motherhood when they were in their early 20s. Noelle was no longer in a relationship with her children's father, while Rebecca was. Both reported a sense of inevitability that they would become mothers—a degree of internal force—but, in contrast with Andie and Corey, a greater sense of the influence of external forces—the lingering effects of childhood maltreatment and their partners' preferences—on the

timing and quality of their motherhood. Rebecca articulated the sense of obstructions on the path to motherhood and the desire to keep moving forward towards the mother she wants to be:

> I always had the image that I was going to be this perfect mom. That I was going to totally be different than what my mom was. I had a lot of struggles the first few years…But then as I got older, I became more of the mother that I wanted to be. Or I was able to at least try to be that mother. Even though I don't really meet that a lot of the time. But I do my best. I think I'm getting there, to the kind of mom that I want to be.

Rebecca had already become a mother; she was becoming a better mother. Noelle also declared the inevitability of her motherhood—"I always wanted to. I always felt like that was where I was going to go"—and the work of external forces—her need for a corrective to childhood experiences, and her partner's desire for children—that influenced the timing and quality of her motherhood: "First person that came along that loved me, I was like okay let's do it. Let's get into this relationship. Let's have babies and create something that I never had." Noelle explained that she wanted to create, nurture, love and at the same time feel supported, loved, secure, and taken care of. Similarly, Rebecca stated that when she decided to have a child it was because she wanted "someone to love" and "somebody to love me": "If I have a baby I'll have somebody permanently to be there for me, who I could love and who would love me forever." Rebecca wanted her own family to have the "life I never had" and Noelle wanted to "have the family environment that I didn't feel I had as a child growing up." Noelle's narrative also indicated that external forces were a necessary condition for the achievement of her internal desire to be a mother when she described the process of reproductive decision-making—namely the timing of the choice—and consequences of those choices. She expressed regret about the timing and circumstances of starting a family:

> I feel if I was to turn back time—I probably shouldn't say this—I wouldn't have had a child…I love my child. I'm happy that I have my child and I'm thankful. But number one I wasn't ready. I really needed to develop, take the time that I needed to do my healing, get my career on line, find a proper person to have my children with so that my child could have hopefully been in that environment.

Rebecca voiced a similar lament:

> I really, really wanted to be a really great mom…I didn't realize how hard that was going to be. When I watched TV or movies it seemed to be so easy. I thought that's what life is going to be like. But it didn't turn out that way.

She reported she felt "embarrassed" about intentionally having a child:

I was so young and just not in any situation to even have a child. I did it anyway because I thought it was a good idea. But it's definitely something now that I look back on it and I'm quite embarrassed by it.

In the same vein, Rebecca stated she had her baby "for all the wrong reasons." She noted any future expansion of her family would be preceded by careful consideration, and hoped that her own child would be careful and thoughtful about reproduction, unlike herself:

He was everything I thought that I wanted at the time. I thought, this is the right thing to do. This is the right time. I'm going to have my own baby. I'm going to have this great life and everything's going to be perfect. [Later] I always had the best intentions, but I never thought about how hard it was going to be, and what sacrifices were going to have to be made, and how things were going to change.

Rebecca identified this self-evaluation as a motivation for her participation in the research: "If there's an opportunity to have another young woman not have to make that kind of choice, I would like to help with that." Rebecca's comment summarizes the journey of these two mothers who were not yet the mothers they wanted to be, but continued to strive towards their conception of a good mother:

I feel I'm a parent in training. I've become a better parent…I was not prepared, at all, for what it takes to be a mom. I did the best I could but there was a lot of guilt with that. Like a lot of guilt…I'm still a parent in training. It's still a struggle. I'm still learning.

The relationship between these mothers' evaluation of their reproductive choice with their evaluation of their performance and experience of being a mother will be further clarified in the next chapter when their perception of the continuation and attenuation of dysfunction is described.

In sum, while Andie, Corey, Noelle and Rebecca all explained motherhood as inevitable and desired in their life course (either strongly and consciously or as a vague assumption), Andie and Corey expressed a clear agency in taking action to become mothers and use their childhood maltreatment experiences to motivate and propel them into the motherhood they considered "good." For Noelle and Rebecca, while reflecting in their interviews, childhood maltreatment was described as an external force that propelled them to want a child (before they were ready) to make up for the past and to fulfill needs not met in the past, and under pressure from a partner and a sense of social expectation. This sense of a lack of agency was articulated by Noelle when I asked her if having children was "a choice or a decision or a process":

It was more of me just not, what's the word? Like, submitting. I feel I really submitted to myself to feel like I was creating this environment, which I was never really creating it. It was just me becoming like a shell of myself and having all these other people around me making the decisions and feeling super vulnerable and feeling not in control, not feeling like I have a say in the way I was living my life.

Noelle's story of the beginning of her relationship with her partner and his family evoked a sense of being swept up in the momentum of social expectations of young marriage and young motherhood (she recalled her partner stating "I don't want to be an old dad; I want to have kids"). For Kylie, the path to motherhood was described as the desire to become a mother manifesting itself through a combination of inner potential (internal force) and external life circumstances (experiences working with children).

4.3 <u>Became a Mother</u>

Unlike the other four mothers, Kylie became a mother while she was in her late 20s. Kylie reported that she never "desired" to be a mother and "never pictured myself as a mom" as a young girl. As an adult she "all of a sudden" realized she was good at caring for children. She stated: "I just really started to feel like I needed to do this. I felt like my life was kind of meaningless without a child." After this new self-knowledge began emerging, Kylie had a child more quickly than she expected; however, she did not regret it: "I love giving my child that family. A peaceful family" (in contrast to her own). Kylie described having a child as revelatory of who she was. In retrospect Kylie stated: "Sometimes I think, where would I be if I didn't have a child?" Both gaining experience with children as an adult and having her own child developed a potential that was within her. Being a mother now is a meaningful part of her life, but it was not something she was set on or envisioned for herself. She reported that having a child "makes me a better person." Becoming a mother developed her inner self. Motherhood changed her:

I've learned to love more freely. I never used to. I told my partner when he first met me, I cannot love and I cannot cry….So when I became a parent and I experienced this beautiful unconditional love I really embraced it more.

She reported that family members were surprised that she became a mother. External factors appeared to serve as a catalyst for revealing herself both to others and herself.

4.4 <u>Mother-To-Be</u>

Two women, Stella (single) and Rowan (partnered), were both in their late 20s, without children. Like Corey and Andie, Rowan and Stella expressed a certainty about their future

parenthood and determination—or "resolve" (Rowan)—to become mothers. They both reported "always" wanting to have their own children, since childhood, and reported enjoyment of and competence in caring for and guiding children. Rowan's commitment to having children was evident in her choice of partner: "I needed to know that I could parent with him….So we had that conversation early on." Rowan was actively trying to start a family—"The sooner I have them the better. I'm so ready. I'm so ready to be a mom"—and Stella was thinking carefully about adoption if necessary (i.e., if she did not find a partner) (Rowan also considered fostering or adoption as an option). Stella asserted the fact that there are many children who are in need of parents and she has "got love to spare." Rowan described careful deliberation with her partner about their future parenting strategies and Stella expressed opinions on parenting. Rowan did admit to a period in earlier young adulthood of intending to not have children to avoid the necessity of telling her children about her past experiences, but she reported that these thoughts and feelings vanished when she met her partner. These women told a story of future motherhood as a given, relatively consistent across time, and had plans to make it happen if physical (Rowan) or social (Stella) circumstances posed challenges. Stella's vision and resolve was remarkable in the context of her commitment to her family—who she anticipated would not approve of adoption—and her appraisal of the practical and financial challenges of single parenthood. Both their plans to be mothers are captured in Stella's comment: "It's more the how and not so much the whether I will." Their sense of inner agency was strong. Their discourse around childhood maltreatment and becoming mothers is discussed in the transmission chapter (Chapter 5).

4.5 <u>Like a Mother</u>

Two women, Pamela (dating) and Emily (single), were both without children. Both Pamela and Emily stated they will not become mothers. Unlike Iris and DeeDee, who were voluntarily childless and reported having no affinity for caring for children, Emily and Pamela reported competence caring for children—they are mother-like; however, they will never be mothers with their own children. Their explanations for not becoming mothers were distinct.

Pamela stated that her decision not to have her own biological children was made during her adolescence, was in agreement with a long-term partner at that time, and she always took steps to prevent pregnancy. In adolescence, she had intended to adopt a child in the future, but the timing and life circumstances with her partner were never right. In addition, their state without children was acceptable to them: "We had kids in our lives. That just seemed to be

enough." Pamela's narrative was distinct from the narratives of other voluntarily childless participants because she reported a wealth of experience and high competence caring for children. Children had always been in her life—personally and professionally—and she had always been a caring figure in the lives of her family's and friends' children. Pamela considered herself a mother, or "other mom": "I'm not a biological parent. I'm an unofficial parent. I'll raise anybody's kids, just not mine." She was "in the parenting role" for other peoples' children, and stated: "I won't adopt, but I will have kids." Pamela shared her philosophy and advice on parenting during her interviews. She attributed her aptitude to her grandmother: "Kids loved her. She had a unique way with kids that I thankfully inherited."

Similar to Pamela, Emily reported numerous professional and personal experiences caring for children. Unlike Pamela, Emily always expected she would have a child, but it had not happened. On one hand, she reported that the timing had never been right as she pursued education and career goals: "I remember being very determined that school comes first and then all this other stuff. Then it's going to just fall into line, right?" On the other hand, she had been waiting for the right relationship with a partner and that had not developed. Emily related this to her childhood maltreatment experience in this way: to be a mother (single or with a partner) with a career and not having time for her children would resemble what she saw as her mother's parenting failure. She saw her career and good motherhood as incompatible. She had considered single-parenting through foster-motherhood or adoption in the past, but it was not acceptable to her, considering her life circumstances: "I was really concerned that I didn't want to go into this lightly. [Later] I thought, okay, I have to be really sure that I am stable and I can make a good home for this child." Emily had been waiting to become a mother but the timing had not been right. Emily described her career as a priority; in one sense, there was an internal push towards that, and it explained her past life choices. On the other hand, she identified significant external factors—i.e., the failure of a suitable partnership relationship and the fatigue of playing a parent-like role for her sibling. The situation resulting from of all of this was that she was at an age such that she thought it was unlikely that motherhood—biological, foster, adoptive, or single parenting of a child—would happen for her. Emily's narrative entailed an ambivalent sense of agency: she had a desire for a family of her own (internal), she was highly competent at caring for children (internal), she had a full-filling career (internal), she thought that following that priority of career was incompatible with children (external), and she had not discovered a partner

(external, since from her perspective it was out of her control). She did state she could envision starting a family of her own, but the likelihood was low. She concluded, "I just love kids. I really love kids so much. But I don't think I'll ever have any."

So while both Emily and Pamela were mother-like (in different capacities), and each had competently cared for many children, their explanations of their childlessness were distinct. Pamela expressed a sense of internal agency in choosing her other-motherhood while Emily expressed a sense of external factors playing the deciding role in her reproductive decisions (though these were mixed with internal factors, specifically her career, which took priority).

4.6 Maybe Not a Mother

Four participants were undecided whether they will have children or not, including both of the men in the study. Not only were they all uncertain or hesitating in their decision, but they had in common a will to not to become like their parents, or to not become a parent without thoughtfulness and deep reflection. This theme of wishing to avoid being a parent like their own parent was shared by most participants and will be explored in the next chapter regarding transmission; however, this theme was highly significant in these four participants' explanations for their hesitation to choose parenthood. Their concerns around uncanny resemblance to their parents and risk of transmission of dysfunction from their parents to them, and subsequently from themselves to their possible children, will be discussed in greater detail in the following chapter.

Two women, Jane (single) and Morgan (partnered), while several years apart in age (Jane was the younger of the two), shared a hesitation to become mothers that they related to their observations of their own mothers. The primary perpetrator of childhood maltreatment in Jane's childhood was her mother. Jane's observation that her "mom became progressively more miserable" was a dilemma for her in her hesitation about having children in the future: "Maybe that affected me in some way. Do I think if I have children it's going to make me miserable to live with…that having children makes you miserable?" Jane did not believe that her mother wanted to become a parent, and expressed judgement of her mother's decision to have another child: Why would she have another child if she "couldn't take care of them" and would "treat them like they're a burden"? Jane also judged other people's procreative motivations:

> I thought about my mom's decision to have kids too, and people's reasons for having children. They're not always the best reasons. I just want mine to be the right reasons. I don't want it to be because I need someone to love me or I need to feel fulfilled in some

way. I want to do that because I love the person I'm with and I want to do that with them. Not that I need someone to love me but I want to love something else or care for something else. Bring something else up.

[Later] When you have kids for the wrong reasons you're being selfish. To fulfill some need in yourself.

Jane had plenty of experience competently caring for children (as an older sibling and in professional capacities), though she was ambivalent about whether she enjoyed these interactions, and recalled moments when she felt her abilities were limited. She could imagine herself being a good parent, but she also imagined parenting failures, and she was familiar with the stress and work of caring for children. Jane contemplated the possibility of joy, love, and creating, as well as the challenges. Her hesitations were linked to her experiences as a sibling caregiver during her mother's illness and subsequent neglect:

In that time period I didn't want to have kids. Maybe because I saw it as being an unhappy experience. Or feeling like I did it already….It was so stressful to do that…I just don't want to do it.

[Later] I think all those things contributed to being undecided. Because maybe if those things didn't happen, maybe I wouldn't feel so negatively about having children.

In addition, Jane was uncertain that she was "ready" or willing to have children; having a committed partner interested in starting a family, completing her education, and feeling "settled" were her conditions. She did wonder whether, if she chose not to have children or ran out of time, she would be "missing out", "lonely" or if her life would be as "full."

Like Jane, Morgan was experienced and competent in caring for children (professionally). Morgan was unique in her very deliberate process of deciding, along with her partner. Morgan expressed resistance to the expectations of her mother (with particular emphasis), her father, and other family and friends, questioning the social norms, rules, and roles around gender and parenthood:

As soon as I got married actually, I got asked, was I going to stop school now that I got married, and have some kids. So there's a lot of pressure around, well, why do you need an education? So initially there was a little bit of rebellion in not having a child.

Throughout her narrative, Morgan reported feeling different and misunderstood. Morgan stated she did not want to be like others who live through their children. She did report that she had a

temper similar to her father's (which will be discussed in the next chapter), but she felt able to overcome this propensity:

> I'm not afraid to become my parents because I can look back and say I've never been my parents...Unlike my parents I admit that tempers are a problem...I realized I can create the scenarios for kids that are very different from what my parents created for me.

Jane's and Morgan's narratives expressed a sense of internal proficiency to care for children and a sense of agency to be the parent they envisioned; however, these internal forces were challenged by external circumstances, particularly the uncertain effects of childhood or determinism of genetic inheritance (Jane), and a rebellion against to the social and familial pressure to conform (Morgan).

4.6 <u>Probably Not a Father</u>

The two men who participated in this study (both single) told stories that had striking similarities despite the significant differences in their career fields and their ages (almost a decade, with Frasier being the younger of the two). Both linked their reproductive decision-making process to their childhood maltreatment. Gavin made a clear connection: "My family experience was 100% negative. That's why I've decided that I want no part of that. I never want to have kids. Because of all the disappointments it's brought me in my life." At the same time, Gavin was conflicted about those consequences: "I just don't want anything to do with it. But…why should my decisions about when to get married or have kids…be a negative reflection of what I've experienced?" Frasier made a similar link, but he also attributed his inner nature as influencing his decision:

> I've long said that I just do not want kids…Childhood experience—I have that as a contributing factor, for sure. But I just don't have that desire. I just don't think that I, at this point in my life, have that parental instinct. The desire to have children. The desire to look after them. I'm responsible for this thing for the rest of my life. I just don't see myself in that role.

Gavin's and Frasier's reproductive decision-making focused on the career choices of their fathers and mothers, and the financial circumstances of their childhood, which they linked to their current positions of personal disadvantage. Gavin and Frasier both expressed a sense of 1) consternation at their parents' choices to prioritize starting a family over following career paths, goals, and dreams, and of 2) resentment towards their parents for their inability to provide current financial support for Gavin and Frasier to more easily pursue their dreams and goals.

Each questioned their parents' lack of long-term planning in having children without the financial means to provide funds for higher education, and compared themselves to cousins who were better positioned. Each of these men was highly motivated to reach a long-held long-term career goal, which they stated takes priority over relationships and procreation. While they were both at times adamant in their interviews that they would never have a child, becoming a parent remained a possibility—Gavin's "trajectory" could "change" and Frasier imagined thinking back on his research interview with me while spending time with his children in the future—but not at the expense of their pursuit of their life projects and visions. Each perceived that his parents sacrificed their career dreams in order to start a family ("He had kids instead," said Frasier), that they failed to reach their potential, hone their talents, and that they became unhappy because of it. Gavin reported his parents were "miserable" because of their career statuses, financial and social standing, and marriage troubles. Frasier was adamant that he wanted to avoid the children who would be a "road-block" on his path to success, happiness, and a desirable lifestyle; those career and financial achievements would be his offspring. At the same time he could imagine a life with "kids on the side" if he had a partner, and he could picture regret at sacrificing a family for a career.

While these men—unlike Rowan and Morgan—declared a lack of desire, interest, readiness, aptitude, and instinct for caring for children (though at the same time Gavin stated he loved kids), their key consideration about their choices was to avoid becoming their fathers (on whom they placed more blame and responsibility as the provider and protector of the family). As women, Rowan and Morgan probably experienced more pressure than the men did to have children and find it fulfilling. Frasier repeated a judgement of his father in his narrative: "My dad had no desire, no drive or ambition to try and improve his life." Gavin and Frasier expressed a desire to provide any potential children of their own with the childhood they didn't have, and worried about their capacity to do so. Gavin would want to "do it properly": "Not like my parents did." Gavin's and Frasier's current identities as persons of their craft were confronted with potential future identities as parents. For them, the decision scale was dipping towards but had not yet settled on "No" in answer to the question of reproduction. They expressed little internal propensity for parenthood or agency to overcome the external forces of their present financial circumstances and the examples of their fathers. Their worries about inevitability of dysfunction across generations will be explored in the next chapter.

4.7 <u>Never a Mother</u>

DeeDee and Iris, both single and in their late 20s or early 30s, were never to become mothers. Neither had been involved with children as professionals. DeeDee and Iris had helping roles as volunteers or in their careers. Both DeeDee and Iris indicated that they cared for animals in an almost-maternal way. They indicated antipathy to interacting with children. Iris had decided against having children by the age of five. She stated about her parents: "They didn't ever contradict me when I was a child and said I wasn't going to have any….It's always been understood that I'm not going to have children." She asserted certainty about her inner self: "At the core...I never wanted kids. Not even one." She compared herself to her sibling who "always loved kids" and "decided very early on" they wanted children. In fact, she asserted that she would only agree to have a child in an absurd and highly unlikely scenario, such as "a fit of insanity." Iris was satisfied that her sibling would carry on her family line, thus freeing her from any sense of the necessity of procreating. Iris called herself a "helper" but without a "maternal instinct." According to Iris's narrative, her experiences of childhood maltreatment had little relevance since reproduction was never an option for her.

In relation to her own dislike for children, DeeDee expressed an awareness of the taboo nature of her comments. She also stated she felt "guilty" and the reason for it: "I'm able to [have a child] and I don't want to." Regardless, she stated that she won't have children and why: "I have no desire. None at all." DeeDee outlined inner qualities and preferences incompatible with becoming a mother (e.g., a highly sensitive personality). While certain of her choice, she did not come to it lightly; it came after "a lot of years struggling emotionally and internally with these decisions." But she was certain of her decisions: "I have intelligently made [the choice] on behalf of who I am, and who I know I am as a person, and with my likes and dislikes of children." DeeDee seemed to draw on collective discourses in this statement: "Maybe I'm a little selfish, that I want for me to be whole and I don't think that would happen with a child. I think I would live for it [the child] and not for me." DeeDee's conception of strong inner forces was clear: "This is what I am. I don't want children. That's not going to change." Unlike Iris, DeeDee referenced the connection between voluntary childlessness and childhood maltreatment in a similar way as Jane: DeeDee believed that her own mother did not want to or intend to have children and that her symptoms of mental illness—which were traumatic memories for DeeDee—were exacerbated by motherhood. DeeDee's reflections on her mother's childhood

maltreatment and experience of reproduction indicated that the meaning of childhood maltreatment and reproductive decision-making were connected in her explanatory model.

DeeDee and Iris explained their reproductive status as predetermined by their inner nature, and their choice to live in accordance with that nature. In DeeDee's case, she felt a social pressure to go against that nature and have children more acutely.

4.8 Conclusion

A history of childhood maltreatment had various meanings for these groupings of participants in regards to reproductive decision-making (see Figure 3 for a summary). All participants (with one exception) contrasted their own family of origin climates with their aspirations for their families of procreation. Andie, Corey, Kylie, Rowan and Stella declared that they have created or will create a childhood for their children in opposition to their own. Noelle and Rebecca believed they had recreated some dysfunction that bore resemblance to their own childhood, but it was greatly attenuated in comparison, and they demonstrated deep self-awareness and constantly strove to be good mothers to their children. Pamela and Emily were caring, competent mother figures in others' lives, not repeating familial patterns. DeeDee would not have children, unlike her mother who she believed did not want children but went against her inclinations. Iris provided a contrast as an exception, in that she explicitly articulated that she could not discern a connection between her reproductive decision-making and her childhood maltreatment. She did note that her sibling's motivation to be a good parent was to be a different parent than their father, to use him as a model of what not to do as a parent. It was important to Morgan that she not simply follow social conventions, like her own parents, and Jane, Gavin and Frasier were all preoccupied with the example of their parents' unhappiness as parents; they all wanted to avoid giving future children miserable parents. Upon reflection, all participants related their decision-making process to their sense of or knowledge of their self, developed through and embedded in a life narrative than began in a childhood saturated with adversity.

These outcomes sprung from the deliberations on how to explain their choices to themselves and to the researcher. I began this chapter with an interpretive question inspired by Shweder's (2003) concept of causation, to appreciate the overall pattern that could tie the thematic content of reproductive deliberations and choices: who or what do the participants identify as an influence on their reproductive decision-making? What is the relative ranking of those influences (i.e., the unequal status of necessary conditions)? How does childhood

112

maltreatment figure? In this chapter I have described the continuum of choices (the outcomes of the deliberations) and identified internal and external forces (or attributions) that are shared or dissimilar between participants in these categories. This description provides a framework for displaying the diversity of considerations for adults making reproductive choices after childhood adversity. For adults who have experienced childhood maltreatment in their family of origin, considerations on whether or not (and when and how) to start a procreative family of their own include reaching an understanding of their (non)procreative or (non)nurturing nature; sense of agency and ability (or lack thereof) to become their vision of a good parent; resemblance to their parents; pressure from pronatalist partners; the absence of a suitable partner; their affinity for being with children; the accumulation of life events resulting in current life circumstances (partnership, financial status, compatibility of career with family); their reaction to their parents' example and life trajectory; and a sense of readiness and desire for parenthood. Through these constellations of attributions, participants constructed a narrative—what Ricoeur (1992) called "mixture of fabulation and actual experience" (p. 162)—about their reproductive decision-making process and resultant choice (or indecision). Participants identified attributions of a continuous self (sameness) that is inclined to be a parent or disinclined to be a parent.

To fully address the questions raised in the literature review regarding reproductive decision-making and childhood maltreatment, the portraits arising from this chapter must be considered along with those that will arise in the remaining chapters. It is necessary to explore the participants' conceptions of transmission and forgiveness—the highest stakes for them—to fully appreciate the "act[s] of selection and interpretation" (Shweder, 2003, pg. 80) that brought meaning, responsibility, control, and self-understanding to their narratives, which are temporary life-stories.

5. GIFTS AND TRANSMISSIONS

> But to have children is also to give back what one has received from one's parents, and it is the most beautiful gift one can offer to them: to "make them" grandparents...To give to one's children and to one's ancestors by honouring their gift, to give downstream and upstream, in a way balances out, is symmetrical (Godbout, 1998, p. 47).

> There is definitely more circulating within a family, nuclear and extended, than feelings. The useful, the necessary, the spontaneous, the ritualized, mix joyously (or dramatically) in a web of inextricable ties that constitute a debt system we can neither get rid of, nor reduce to its utilitarian aspects (Godbout, 1998, p. 48).

Godbout's (1998) ideas on family relationships, connections and exchanges draw attention to the intergenerational context of an individual's reproductive decisions and the scope of childhood maltreatment, from beyond the nuclear family of origin to the extended family. This chapter focuses on the dilemma of inheritance or transmission of wounds, trauma, and dysfunction across generations and the solutions participants have implemented to prevent it. Childhood hurts—which they placed in the context of metaphors and metonymies characterizing their nuclear family environment (Chapter 2) and roles (Chapter 3)—were connected to their reproductive choices (Chapter 4). One salient connection was the concept of transmission. The participants pondered and worried about the legacy of violence and mental health disorders within their families, wondering if, how and when it would resurface in their careers as parents. In my analysis of these reports and concerns, a pattern arose that delineated four groups of participants on a continuum based on 1) their explanation of transmission (determined versus malleable), 2) their perception of the magnitude of risk of transmission and 3) their solution to the problem. Almost all of the participants located the origin of this inheritance at the same place: their grandparents' link on the chain of generations, with reference to their parents' experiences of childhood adversity. My interpretation of the participants' descriptions of transmission draws on Mauss's (1954/2011) theory of the gift and Godbout's (1998) extension of it to modern times. I have borrowed Godbout's (1998) terminology of "gifts of transmission that link generations" (p. 50). The participants' narratives of transfers across generations elaborated on what the participants said concerning the motivations for their reproductive choices (Chapter 4). Transmission was a particularly high-stakes consideration when contemplating their future

family path. This chapter will conclude with a discussion of the explanatory models of reproductive paths and family psychological heritage.

What does it mean when one person gives another person a gift? What does it mean for a person to reciprocate a gift? Scholars have explicated the seemingly simple concept of gifts and gift-giving phenomena. From Mauss's (1954/2011) study of human transactions in early, archaic and "primitive" societies, the author proposed a theory of gift-giving as a system of exchange. This system contrasted with the utilitarian, economic, market system of exchange. Mauss (1954/2011) identified the principles of giving gifts as moral obligations to give, to receive, to reciprocate, and to be generous. Godbout (1998) extended Mauss's (1954/2011) description of gift-giving to modern individuals. Godbout (1998) considered the family as the primary location of the gift-giving cycle within industrialized societies. In the logic of this exchange system, the value of a gift is determined by the relationships within the transactions rather than the monetary amounts (Godbout). Notably, Godbout (1998) asserted that gift-giving is experienced most deeply within the modern family, particularly through birth:

> The chain of gifts begins here for everyone, in a debt that can only be discharged by giving life in one's turn, establishing the fundamentally non-dyadic, asymmetrical character of the gift itself. Birth establishes the state of indebtedness as a defining feature of the human condition (p. 39-40).

In other words, from this perspective, when a mother has a daughter, she has given the gift of life to that daughter, and the only way for the daughter to reciprocate is to give life to another child through birth. The daughter could also reciprocate with the gift of care for the mother in her last years. Godbout (1998) emphasized that this binding, obligatory and indebted nature of the system of sharing in families can be experienced in positive terms:

> The pleasure we experience in 'making the chain' is emblematic of the entire gift system: to give, to receive, to reciprocate, in short to pass on, to be a conduit rather than a source (Darms and Laloup 1993). In taking a turn at giving, the child continues the chain (p. 40).

What is most relevant to the participants in my research is the scenario of when this multi-generational gift- giving turns pathological. While Godbout (1998) proposed to focus on the "normal" (49) function of the gift, the author did recognize the concept of the "perverse", "poisoned" or "deviant" gift (p. 49):

> With the family at the core of the gift, it is not surprising that it houses the most negative, perverse embodiments of the gift, that it is home to the poisoned gift. It is even possible

that most psychological problems are reflected in gift behaviour. Psychoanalysis has paid special attention to deviant gifts (p. 49).

Although Godbout (1998) in a brief acknowledgement of an unhealthy gift referred to "neurotic" (p. 49) relationships, this aberration of the gift draws attention to the problems of indebtedness, and the social and interpersonal forces and stakes that may weigh on adults from dysfunctional families when they consider the "downstream and upstream" (p. 49) giving involved in reproduction. It is important to note that gift-giving in families occurs not only across generations over time but also within a lifetime, through the circulation of resources, services, emotional support and rituals (Godbout, 1998). Participants in this research were concerned not only about creating life, thus adding a generation to the family line, but also about how they would negotiate the relationships that would be produced.

The notion of the gift, adapted from Godbout's (1998) theory, is conceptualized in this chapter, in relationship to reproduction and a history of childhood maltreatment, in the following way. The logic of the gift (the continual paying forward of life, familial links, and behaviours that sustain a good life) can be contrasted with another logic, of bad transmissions (of life, with behaviours permeated by dysfunction, across generations). Good gifts are separate from and contrasted with bad gifts; in fact, the bad gift is not a gift at all, but another transmission, since it does not bring about good life conditions among the givers and receivers, but rather frayed linkages and "gifts" that should not be transferred forward. These bad transmissions can accompany good gifts, can interrupt or block them, and can tarnish or corrupt them by association. The descriptions in this chapter demonstrate how some of the participants took these bad gifts (transmissions) and transformed them into good gifts, turning the logic of dysfunctional transmission into a true gift. However, others doubted their ability to do so.

These notions of intergenerational transmissions generate questions to consider in interpreting the data described in this chapter, as well as the next (Chapter 6). For example, from their perspective, have the participants been passed a blasted, damned gift from their parents and grandparents? If so, can these gifts be accompanied by good gifts? Furthermore, must the bad gifts compromise or tarnish the good gifts? Do these bad gifts constitute an interruption or impasse in the continuity of gift-giving and inheritance? Does redress of pathological transmission require change in both directions of lineage (i.e., between the offending parent and the adult child)? Can replacement of the compromised gift with a healthy transmission pattern

confirm the moral obligation of the recipient of the gift through re-establishing the virtues of transmission? Can the morality of the gift be reintroduced, thus replacing immoral practices (i.e., childhood maltreatment) and providing healing for both generations? Can this be accomplished when participants give the gift to their parents of "making them grandparents"? To what degree are the participants (from their perspective) obliged to give their children grandparents? While all participants were in agreement that the dysfunctional gifts received from their parents must not continue, this quandary was addressed through variant schemes with differing degrees of resolution.

Further insight into the participants' narratives of experiences can be gained by playing with the ideas in Freud's (1919/2003) comments on the aesthetic of the "uncanny," a frightening feeling or sense when something once hidden becomes visible or reappears and strikes one as familiar and recognizable. Many participants recognized their parents in some aspect of themselves, which engendered fear in the context of contemplating their own parenthood. For some this was considered a confirmation and manifestation that a bad gift had been transmitted to them. The conclusion of this chapter will consider how feelings of the uncanny resonated with the participants' diverse choices and strategies in regards to transmission. That is, how did the participants answer—explicitly and implicitly, directly and indirectly—this question: "What should I do when I have been given life, care and family ties by my parents, while at the same time pathology—which I recognize in them and in myself—has been transmitted?"

5.1 <u>No Transmission of Dysfunction to Children</u>

> I wasn't concerned about how I would parent because of my experiences. I went into it being very determined to consciously parent in ways that were very different. So it didn't affect my decision in the sense of being, like, I'm scared to parent because I'm worried that I'll be that. It was more like, no, this is something I really want, and I am committed to being a completely different parent than my mom was. That's something that I've kept through. I very, very consciously worked to create an atmosphere that's pretty much polar opposite of mine (Corey).

Corey's statement exemplified the reports of five women (three mothers, two women who planned to be mothers) who did not worry that they would transmit the dysfunction of their nuclear family and of previous generations, since they had been able—or predicted they would be able when they became mothers—to take bad gifts and transform them. From their perspective, transmission was not inevitable, the risk of transferring a bad gift to their children was low, and they were able to implement a solution; that is, their experience of abuse and

117

neglect was (or would be) transformed by them into a lesson on parenting. The participants (re)conceived of the deviant family gift as the good gift of an anti-example that they could avoid from the outset of their own parenting career. The gift would then be worthy of being passed on and received by the next generation. In addition, the generations could be linked and grandparents and grandchildren could know each other if they so desired[21]. Unlike the group of participants who would stop the transmission of the bad gift by not reproducing (see section 5.4), this group stopped (or will stop) transmission by transforming or refurbishing their inheritance. The ordinary logic of the good gift can resume. For this group, the violence and illness of their childhood family life was not conceived of as wholly determining their procreative family life in a negative way. They reported it was possible to change the momentum and skew of the family lineage of dysfunction. They reported their perceptions that their adverse experiences had a positive impact on their family life since they were able (or would be able) to turn them into motivation to be a good parent. They would now have a good gift to give. They perceived themselves (or planned) to be different parents than their own were. These participants reported that through self-awareness they could eliminate the risk to their children, by becoming very good parents. Precisely how that self-awareness was or would be accomplished was not delineated by the participants.

Participants across the four patterns (in this chapter) referred to adversity in their parents' childhoods, as did these five women. Corey likened her mother's way of parenting to her grandmother's way of parenting, which was "harsh" and "cold." Similarly, Stella suggested that her parents "tried their best" but "missed the boat." While considering how her parents were treated by her grandparents in childhood (e.g., corporal punishment), she concluded that they simply parented the way they were parented (according to cultural attitudes about adult obligations to raise children). Stella's comments suggested that by adhering to the parental norms of their time, her grandparents were abusive to her parents, and her parents were abusive to her. Andie had also come to understand that her mother had "a lot of issues that stem from that"—abuse in childhood and domestic violence as an adult—and how that influenced the parent-child experience between Andie and her mother. Abuse (not specified) was also "perpetuated" in

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[21] Chapter 6 will address the participants' reports of whether and to what degree their parents have altered their behaviorior towards the participants, linking transmission with forgiveness. Chapters, 4, 5, and 6 address highly inter-related material in the data.

Rowan's family from her grandparents' generation, and Kylie reported adversity in both her parents' childhoods. Each participant implied or explicated adversity or maltreatment across three generations with some level of causality and connection to the participants' maltreatment experiences in childhood.

This adversity was also described as an advantage in a specific way. Corey contrasted her mother's parenting to her own "very different discipline", her "warmth," and her intentional avoidance of putting pressure on her child to achieve. She stated that when she realized her mother's parenting was "informed" by her own childhood experience, she understood her more clearly. Like Corey, Andie was committed to being a better parent, in part by taking her parents' parenting and "turning it into...a what not to do list," learning from it, and not letting her "baggage" and "past scars hinder the chance to experience" parenthood, or convince her that she could not be a good parent:

> I've risen above a lot of stuff and I feel that I can do a better job—not that my mom, she tried…after everything I've gone through…I can tell my story and be the best mom ever (Andie).

Kylie also reported that how she was "raised" had "contributed" to her personality and reactions, and her watchfulness of it in regards to her parenting:

> I'm very conscious of that behaviour...It makes me really hypersensitive not to become like them or do the same towards my child. I see that connection there for sure, of how it trickles down onto—no matter how hard you try to deny that, those urges….I consider myself pretty insightful and part of moving forward is that you have to kind of rationalize why your parents did what they did.

This statement expressed a principle and prerequisite for healing and monitoring one's parenting practice. Uniquely, Kylie reported a lack of confidence in her parenting, and her worries and fears about the "trickling down" of family violence, that she would "wreck" her child. At the same time, she also listed evidence that she was a good parent (e.g., hers was a happy, healthy child) and affirmations from others that she was a good, "fantastic" mother. Kylie stated: "I really do think I'm a great parent." While she sometimes could see "traits coming out" of her and concluded she was "becoming" her mother or father, she knew she would not replicate their treatment on her child, and she reported going to therapy to "get strong and together." Kylie wondered if in her determination to parent differently from her parents (e.g., not engendering fear) she might be "overcompensating" by not enacting enough discipline. While Kylie reported

a lack of parenting-confidence (as a result of her childhood), overall she was aligned with Andie and Corey in her knowledge that she would not perpetuate the "unconscious pattern" of childhood maltreatment.

Similarly, Rowan (who was planning to become a mother) also asserted that if a person does not "choose to look at" or "deal with" their childhood maltreatment (and also mental health and substance use disorders), their "issues" will just get "worse and worse." In other words, she asserted that unexamined trauma continues to hurt a person. These views explained, for her, her father's trajectory:

> He really didn't stand a chance. He could have chosen to deal with some of it, but at that point he was so far gone he didn't feel like it would do any help so he was hopeless and gave up on himself just like everybody else gave up on him. He's a classic product of his environment. When you have parents who don't model what healthy living is like, it perpetuates a whole lot of dysfunction.

In addition, Rowan's explanatory model was that not only could the damage of childhood maltreatment be halted, but that when it is addressed one can come out "stronger on the other side" and find "peace." For instance, she observed that "getting better" at recognizing behaviours of her own that compared to her father's ("I see myself do that every once in a while") would help her prepare to be a good mother:

> ...all my ugly skeletons in the closet...I realized just because I had gone through something didn't mean that's what I what I was going to do to my kids…That was so freeing that it kind of made me readjust my priorities and be like, okay, I can do this. I'm not perfect, but nobody is, so it will be all right.

> [Later] I have to choose to be because I don't want to perpetuate that. I don't want that cycle in my life.

Stella, another to-be-mother, shared Rowan's view about the importance of facing and recognizing one's maltreatment as a child:

> You've got to be careful with that, because those are the patterns that I've learned in terms of interacting with people. I don't want to become that. So if I were to have children in the future, I've got to be very careful. Not to fixate on those things.

When asked, hypothetically, how she would feel about co-parenting with another adult survivor of childhood maltreatment, she reiterated that she would not worry, as long as her partner realized the influence of his parents; recognized the "weight" he was carrying around; was

willing to reflect on his past; and was thoughtful regarding how he would parent. Stella reported that she herself was deeply reflective:

> Because I've come to terms with a lot of those things in my life...I feel that by being able to name things and say things for what they are, just being able to put a name to them gives you a sense of power over the healing.

Kylie also shared with other participants (throughout the five categories in this chapter) a question about bad "genes" that determine mental health and substance use disorder and abandonment: "Why did my mom do that to us? Is it in her make-up, is it something that's just in her genetic makeup, and this could come down and I could feel those things?" Kylie elaborated on her theory of transmission and her related fears:

> All these kind of junky characteristics about ourselves. I worry and I don't want to pass them on anymore. But it is so ingrained...I talked about being a parent and looking back with this new understanding. It's kind of scary, because it also resurfaces emotions that I've never ever dealt with at the time.

In summary, these mothers and to-be-mothers acknowledged the potential risk for transmission of the maltreatment in their own childhood to their children's early life (through the mechanism of learned behaviour, the same as their grandparents perpetuated), but they believed that by being aware of that possibility, they would eliminate that risk. They did not deny the risk of inter-generational transmission of dysfunction, but they saw it as surmountable. In some cases they believed good had been transmitted in the form of a lesson on how not to parent. Significantly, Rowan, Stella, Andie and Corey reported that they had forgiven their parents (see Chapter 6), while Kylie had not yet completely forgiven her parents.

5.2 Attenuation of Transmissions of Dysfunction to Children

Two participants—Noelle and Rebecca—shared with the remaining cohorts (see 5.3 and 5.4) their emphasis on the high risk of transmission of childhood maltreatment, adversity, dysfunction, and violence, due to its determining influence. In the case of two mothers, Noelle and Rebecca, this bad gift had been slowed, attenuated, but from their perspective it had been handed forward to their children to a degree. They reported parenting behaviours in themselves that had affected their children, but to a much lesser degree than their own parents' behaviors had affected them. It is important to note that these two mothers had not abused or neglected their children or exposed them to family violence, but they reported they were not as "good"

121

mothers as they wanted to be—the resemblance to their parents was not as faint as they wanted it to be—and their domestic relationships bore some resemblance to their parents' ways of relating, as did some of their reproductive choices. They were working hard towards eliminating the bad gift from their parents and creating a new good gift for their children. Noelle and Rebecca's narratives exhibited a limited sense of control over intergenerational transmission and change. Noelle articulated this in sum in several statements in her interview:

> I try to look at the positive aspects of humans. That's part of us. But at the same time, if you have something deep, dark in the shadows, that's always going to be creeping up if you don't deal with it.

> If you always have these underlying fears based on circumstances and the factors that have happened in your other past life, then it's just going to be constantly recreated. And that's basically what happened with me. I just recreated that environment.

> I was basically doing exactly what my mom did to us...I had to have that breaking point. Now I'm going to start building myself.

> I feel like I have really overcome a lot considering. But there are still those underlying tones that you don't really see because you're not looking at yourself as in a mirror. You get those glimpses of it where you'll see that image of yourself and how it relates to the reasons behind your upbringing or certain things that you're taught.

Analogous to Freud's (1919/2003) feeling of the "uncanny," Noelle reported recognizing a similitude between her mother's parenting and her own conduct as a parent. Just as Noelle "recreated" family dysfunction, so did her parents:

> I think about the way my parents were raised and what they were given as children. They were just innocent beings, and they were going through these hardships, and then that transferred into their adult life. Then they brought us children into the world, and then it just keeps transferring…generational sins…the abandonment pain she has caused me, I feel like I'm causing that to my child…I worry that I'm going to fall back into the old way of dealing with things and when I get overwhelmed, start yelling and taking the stress and frustration out on them like my mom did to me.

> My grandparent is still in that same wheel…There's this darkness that won't go away…The dysfunction that's been carried on…I don't want to live that way. I think that's where people have to make that conscious decision to not be part of…linked to that. Or that's a part of who I'm am and what I've gone through, but that doesn't define me…As long as the person's giving it their all and constantly striving to be better, that's all you can do. That's all you can do. You just got to keep moving on…I've been able to really overcome.

The pattern of transmission of dysfunction from her grandparents' generation, to her parents', to her own, and to her child's—from great grandparent to great grandchild—was clear to Noelle. It was not a fear of the risk; it was an actuality (unlike the mothers in section 5.2). It was not something that might happen or would not happen; it was something that had happened—the transmission of qualities that are not optimal for child-rearing. This explanatory model was like the one held by the previous five women (section 5.2), who also referred to their own parents' experiences; however, they put the emphasis on their transcendence over their past and the turn that they had introduced in the chain of transmission (re-establishing the logic of the gift), while Noelle seemed to put a greater emphasis on the difficulty of accomplishing such a turn—she struggled to achieve it. The constraints experienced by Noelle's parents were mirrored by the constraints she herself struggled to bypass. Noelle had not given up the fight, but was trying to get up and stand up, falling often and standing back up as often. The first group of women (section 5.2) expressed a sense of success. Noelle expressed the courage to resist those constraints and move towards success. Noelle was clear in her statements that she had not precisely replicated the childhood maltreatment in her family, but she believed the environment she had created was an iteration of it.

Unlike Andie, Corey and Kylie (see 5.2), Noelle and Rebecca in their narratives displayed a belief in a degree of inevitability of transmission of bad gifts; however, all five of these women were in agreement that it could be reduced by self-development. Noelle had already made significant changes in her ways of parenting, had implemented self-care strategies, and was more like the kind of mother she wanted to be:

> I'm going to make sure that…all the things that they need psychologically in that way are going to be built. That's what I am going to look forward to. I'm going to try building instead of being stuck in that mindset of I'm not worthy. That was my old mindset. I'm not worthy of love. Just because my mom did this to me and I`m going to yell at my kids. I'm always going to try and be better.

Rebecca explained the notion of being in a place between who her parents were and who she wanted to be:

> I know those experiences have made me the person I am today…Sometimes, I see that as being a barrier to the kind of person that I wish I was, because I've had those experiences, so I feel a little bit more like I'm rough around the edges.
>
> [Later] My choices as a parent, or how I respond to my own child's behaviour, has come a lot from my own parents...Growing up, my parents were always doing the wrong

123

thing...Those experiences have given me that priority to do things with my child and be there with my child. I'm still a parent in training. It's still a struggle. I'm still learning…But I think overall, I'm not a bad mother at all. I know that. I feel like I'm a better parent than my parents were. That's something that I do intentionally, so I think I'm doing all right...I'm trying. I'm doing the best I can. There's a lot of that fear...I'm always worrying about…They always say, "yeah, I know you love me Mom", and "yeah, you spend enough time with me." So I'm always reassuring myself that I'm at least meeting some of those goals that I have as a mom. When I became a mom though, I always had the image that I was going to be this perfect mom. That I was going to totally be different than what my mom was.

Rebecca stated that she had protected her child from the dysfunction in her life earlier in her parenting career. She had grown as a mother:

I became more of the mother that I wanted to be, or I was able to at least try to be that mother. Even though I don't really meet that a lot of the time. But I do my best. I'm getting there, to the kind of mom that I want to be.

Rebecca "hoped" that the next generation, that she has mothered, will be "good" parents, that she will be a true, healed "survivor" who can say: "it stopped at me and won't get carried on." Both Noelle and Rebecca had sought help in the past from health professionals and other healers in the restorative process they described. These outside influences will be discussed in Chapter 7.

Like Kylie, Noelle also alluded to a possible physical inheritance of mental health and substance use disorder in her family, and worried about that for her children. Rebecca suggested a similar notion—of family members "coming by it [i.e., mental health and substance use disorder] honestly"—though she emphasized the childhood maltreatment environment.

Alongside the metaphors of darkness and mirrors, and a feeling of being rooted in poor soil, another metaphor emerged in these stories. The descriptions of Noelle, Rebecca, Andie, Corey, Kylie, Rowan and Stella were also marked by a metaphor of the turn. Within the lineage imagery, the turn re-established the logic of the gift (of health and life-giving relationships) instead of interruption of such exchanges and transmission of morbidity between members of different generations. The logic of the gift had gone awry sometime in the distant past and this breakdown was inscribed on the destructive relationships in the present. For these participants to succeed in turning that chain—which previous generations had failed to do—was a laudable achievement or goal, though participants spoke of this with modesty.

5.3 <u>Risk of Transmission of Dysfunction to Potential Children</u>

Five participants who were not yet parents reported a perception of risk of transmission if they become parents, because they recognized aspects of their own parents in themselves in the present. These uncanny (Freud, 1919/2003) recognitions were disturbing and frightening to them, to a greater degree than to the previous participants (see section 5.2). Four of them—Jane, Morgan, Frasier, and Gavin—hesitated to have children because of their fears of becoming like their mothers and fathers. While some participants alluded to a biological mechanism of transmission of dysfunction, Frasier was explicit on this topic:

> Knowing what genetics lie within me, and what could be lurking right in the shadows, when the personality and the mind begins to develop, and you start seeing the signs. Of course you don't want to admit that what you're seeing is what it could be. You get those flashbacks from your childhood because when you saw it, you knew it. I'm not a violent person, but I know what violence is.
>
> [Later] I don't want that key to turn in my head. I don't want that. I don't ever want to go down that road. Because it turns.

Frasier also used a turn metaphor, but unlike the previous participants (see section 5.2), he felt the turn would not restore the gift logic but rather activate the transmission of dysfunction. The inevitability of that transfer—which he feared and wanted to avoid—was grounded in his explanation of biologically based determinism. Frasier stated that he had received a bad gift (a mental health and substance use disorder), which originated in his grandfather, and which he perceived he would inexorably transmit:

> This is my genetic make-up. This is what I've got to play with…I would never ever want to even come close to putting that…genetic imprint out onto the world.
>
> [Later] I don't know if I can be any better than what I have received. I can only give back what I received myself, right? I can't rewrite history or change it. Tiny bits of your parents are going to come through to you, through you, whether you like it or not….I know that it could emerge in me at any time in my life…I've seen traces of it. I've seen flashes of it. I can't help being from my mother...Whether or not it will emerge and manifest, in whatever way that it works, later on down the road. I don't want anybody else to have to endure that.

Frasier's statements also revealed a sense of the unpredictability of that genetic transmission and he did not identify an antidote, other than to turn off the flow of genes by not reproducing. Gavin

was not as explicit or certain about the mechanism of transmission, but in statements throughout his interview he was similar to Frasier in his emphasis on risk and determinism:

> My parents made a lot of awful decisions, and if I'm like them, and I know in some ways I am.

> I just don't want anything to do with it. But...why should my decisions about when to get married or have kids or not just be a negative reflection of what I've experienced?

> That's why I don't want to be a parent. Because I know I'm like them underneath it all. Somewhere.

> I try and fight every day of my life not to be like my parents. But it's just going to get worse the older I get.

Gavin hesitated to have a child because of a similarity between his perception of himself—"who I am"—and his parents: "[I am] selfish like my dad and I'm bitter like my mother and volatile." Similar to other participants—Stella in particular—Gavin was clear in his assertion that there is a learned element of childhood maltreatment: "The last generation, everybody thought its okay to slap your kids and push them around." Childhood maltreatment in his family was a "generational" thing from his perspective. He described his father's childhood family life as "nasty," stating: "That's very likely what happened to my parents. That their parents beat them up a little…and I got the same treatment." Like other participants, Gavin's fears were confirmed by his perception of a likeness between himself and his parents: "I think I'd be a selfish parent because I see myself in my parents." Gavin had received a bad gift and was not optimistic that he could transform it or create a new good gift.

Jane also stated that her parents incurred maltreatment and adversity and the effects of mental health and substance use disorder by Jane's grandparents: "they didn't want to be that way" (it was not clear if Jane's parents stated this before having children, or if Jane was saying that of course no one would want to abuse their children). She was similarly concerned that she had been "shaped" (by what mechanism she was not exact) in childhood, and that she would not be a "good" parent if she had children:

> I think it shapes a huge part of who you are. I can see that in my own life...I can see the good things to how my parents shaped me…but I can see the bad things too, and how you can harm your child unintentionally. Because of your own issues that you haven't dealt with or resolved. Your own negative ways of dealing with people that you learn from your parents and that you pass on through generations.

126

Jane referred—here and throughout her interview—to the good gifts that she had received from her parents. At the same time, she had received transmissions that required alteration to prevent passing them to the next generation:

> In my [current] relationship…I've gone through a lot of issues and they'll probably mimic some things that I've gone through in my childhood, some feelings that I had.

Similar to the optimistic mothers and mothers to be (see 5.2), Jane referred to the need to "deal with" lingering effects of childhood maltreatment. At the same time, while contemplating whether or not to become a parent, she expressed ambivalence about her own agency:

> Wondering if I'd be good at it, being a mother…Maybe not feeling like I could control them or could control my emotions regarding when they don't behave. Feeling like it's a lot of work, and I know it is. Feeling like I can't handle that and the rest of my life…So I think when I started thinking about having kids, you reflect on some of those things or those feelings that come up when I think about it.

> Our generation needs to be aware of things we can pass on to our children and behaviours that we might act out towards them that are harmful and that hurt them.

She did not state explicitly why she doubted her ability to transcend this heritage, or whether being "aware" dictated procreation or abstaining from procreation. Jane herself was aware of the potential shaping

Morgan, like the others, spoke of the "inheritance" of a "fiery temper" and of the source of that bad—from her perspective--gift in previous generations: "I look at my parents and I can see their own parents reflected in them" (she was uncertain about a history of childhood maltreatment or mental health and substance use disorder). She noted an uncanny resemblance to her parents in herself; she also noted a similitude of her grandparents within her parents. Regarding the mechanism of transmission, she was explicit about social learning but she also alluded to biology. Like Jane, Morgan was ambivalent about her ability to alter the inheritance and her progress of recovery based on personal reflection:

> I noticed that my openness to the possibility of having kids seems…related to how comfortable I am that I have now walked away from what happened as a kid. So the days where it feels really close and it's really haunting and I can see it shaping things I didn't want it to shape—like where I would pick up something and would feel a little bit of anxiety and stress about it has nothing to do with actual activity but more of a learned response from my past.

> I'm not afraid to become my parents because I can look back and say I've never been my parents.

> Unlike my parents I admit that tempers are a problem.

> So after that experience I realized I can create the scenarios for kids that are very different from what my parents created for me.

> The anger that I carry with me from—it doesn't take much to tap back into being that really terrified child. I've gotten much better at it. I know how to ratchet myself down. I've had quite a bit of counselling…strategies…personal determination to work on it and I've gotten a lot better…but there are still moments where I still carry it with me, when I feel a lot of scars, I don't feel whole…I don't know if I'm strong enough to manage my temper…There's a part of me that is worried about repeating the past. There's a part of me that is worried that I don't know how to be the better parent.

This series of reflections by Morgan reveals a perception that she was like her parents mixed with declarations that she was unlike them.

Emily also expressed doubt in her ability to control the inner qualities that she was handed from her parents. While she stated that she was unlikely to have her own children, but rather become like a mother, her story about transmission was distinct from the stories of the other women who would certainly not have children (DeeDee, Iris, Pamela) since she was uncertain about her ability to stop a bad gift from her parents from being given to any children of her own. She employed the metaphor of an acting role one has been cast in:

> I don't trust myself. Would I get really super angry and would I say harsh manipulative things without thinking about it? You just have this script in your hand. How do you react to this situation.

> Maybe there's a part of me that says, "Emily, you're damaged," and there's a part of me that still says, "you don't deserve that."

Emily thought she would need "counselling" so she wouldn't "mess this up"—that is, if she had children. Like Morgan, she compared herself to both her parents:

> I was scared because I thought…the only example I had of parenting was what I consider to be abusive or neglectful. I thought, you just repeat those patterns…I have my dad's temper…I have often said maybe it's better off if I don't have kids. People never really get that because they think I'm really caring and sweet and I love their children.

For Emily, her care-giving competence with other people's children did not necessarily translate to caring for her own children. In addition, she expressed worries about combining parenthood with her career. Her sense of agency was similar to Jane's:

> I think that I would be—there's a part [of me] that says that kid would be so lucky because you would be so intentional of being their parent, and I still imagine that…I'm afraid that I can't be everything and that I'm going to do it all poorly or that I'll always think I'm doing it poorly.

The participants voiced worries about passing along to their children the dysfunction that was passed to them by their parents. They presented evidence that the "bad treatment" (Emily) they received originated with the participants' grandparents. They hesitated in part because they did not want to be like their mothers or fathers (see also Chapter 4). From Frasier to Gavin to Jane to Emily to Morgan, there is a continuum among these participants of the degree to which they perceived childhood maltreatment and adversity would determine their ability to be a parent, the mechanism of transmission (social learning, genes, unknown), their sense of self-agency and of ways to change the pattern through work on the self. The ambivalence in the explanatory model of change—between determinism and choice—in this group was summed up in Morgan's statement about her parents: "They're only being a product of what they have been raised to and they're only being a product of their own unwillingness to see reality."

5.4 No Transmission of Dysfunction Through Childlessness

At the extreme of the spectrum of understandings about transmission, among the final three participants, DeeDee was certain the damned transmission would continue if she did reproduce. Accordingly, she considered that the blocking of the bad transmission was tied to no reproduction. Pamela's narrative was similar; however, she did consider herself capable of being an other-mother, a role which did not entail the same possibility of transmission. By contrast, Iris was almost silent on this issue. In every case, biological parenthood was not an option for them, and the issue of the dammed gift was settled. Iris and DeeDee were voluntarily childless (with no affinity for children) and Pamela was a voluntarily childless other-mother (mother-like). Like other participants, DeeDee reported that her parents had difficult childhoods with her grandparents who practiced corporal punishment ("It was the times."). DeeDee reported a mental health and substance use disorder which was present in everyone in her nuclear family of origin. She alluded to but was not explicit about a genetic connection, expressing a lack of clarity about these connections:

I don't know if because I had these experiences as I did as a child, if that's why I've made the choice…The straight line, meaning this is what happened to you and this is a direct result of this, and that's why you're not going to do this? It's not a formula….life isn't that way…I'm sure that has affected my decision, but I'm not certain on how it is all intertwined.

She was clear however about the outcomes of procreation (when speaking hypothetically about if she might have had children at an earlier age) and was certain that there was a connection to her decision-making:

Would my children hate me? Would I have been a good parent? No. I'm certain that my experiences as a child have probably impacted my decision. I don't really know how that can be so very different for me. I don't know if I'll ever come to that conclusion. I guess people are just different people. People can be in the same families…and have very different experiences in the same family [i.e., a sibling who wanted children]…I definitely do believe it has affected my decision-making process.

For DeeDee, abstaining from motherhood was the solution to the problem of the bad gift.

Pamela had also chosen not to reproduce, in order to avoid passing on her partner's genes, which "pre-disposed" him to a mental health and substance use disorder. She stated: "He said, 'No, not taking that chance. It ends with me.' And it did." According to Pamela, mental health and substance use disorders were known to "run in" her family; indeed, she stated it had been transmitted to her, and to the family members who maltreated her. In addition, she had the "violent temper" of her parents. In an impersonal, theoretical way, Pamela discussed the cycle of abuse and re-traumatisation when the cycle was not broken. She did not speak explicitly, for example, about being an "unofficial parent" as the only way to gain access to motherhood without reproducing and transmitting; however, her data set is open to that interpretation, and this is a point for future exploration with women and men of similar statuses. Pamela's description of her personal identity and sense of social connection was dominated by her role as an "unofficial parent" supporting other families. At the same time, she related an aversion to full responsibility for children which she linked to her childhood maltreatment experiences:

I don't want to feel responsible for another's life. I have enough problems being responsible for my own. But my grandmother also knew where I was coming from. She knew what my childhood was like. She knew how much I struggled as a teenager…She knew what kind of bad attitude I had and she knew where it stemmed from and she knew what I went through. So she understood that being responsible for my own life was enough.

Pamela's perspective that full motherhood could lead to transmission of dysfunction, whereas supporting other parents and their children would not, is a fascinating explanation that should be explored in further depth.

Iris did not speak of transmission, perhaps because of how little she related childhood maltreatment to her voluntary childlessness—which was not a choice but a way of being for her—and perhaps because she can conjure so little imagery of herself and reproduction. Iris's only statements on the issue are mildly relevant:

> My short answer is: I have no idea. I'm pretty sure I made the initial decision not to have children before I was ever aware of any sort of conflict between my mother and father...I suppose it's possible that because I learned I couldn't trust my father, I internalized some sort of distrust of close relationships with other people, particularly men.

> I know I could do it, but I don't know if I would be able to sufficiently hide my distaste to not leave an echo of that on the kid…I don't know what kind of parent I would be…I don't think I make a good candidate if I require specific characteristics, and even then…there are so many things that I don't think I could deal with even if I wanted kids. I don't know if I would do it.

It seems that Iris did not believe she could give a truly good gift to a child, but she did not report a connection with a dysfunctional family life.

Both DeeDee and Pamela perceived that the transmission of mental health and substance use disorders to biological children was inevitable and would limit their ability to be good parents. This did not preclude gifts of family life and goodness outside of parenting. DeeDee and Iris could pass on the good gifts from their families (which accompanied the bad) to their siblings' children (through the minimal interactions they were capable of) and to the people they provided services to in their careers and community contributions. Pamela could do the same as an unofficial parent. The limited data available on this topic for these three childless adults (they did not elaborate on their beliefs) is a constraint on a full interpretation on the matter of transmission. All three reported that any transfers of dysfunction (genetic, familial, or attitudes towards children) were prevented by not taking on full parental statuses.

5.4 <u>Conclusion</u>

In summary, the participants all recognized the potential of transmitting a deviant gift from their parents to their children, and the imperative of not continuing that chain of deviant gift-giving and instead giving good gifts to their children. The vocabulary used by the

participants signalled the need to attend to this theme of transmission: *darkness, shadows, creeping, scars, baggage, skeletons in the closet, lurking in the shadows, signs, flashbacks, key turning, mirror, mimic, reflection, echo, script, underlying fears, underlying tones, traces, recreated, resurface, perpetuate, repeating, cycle, wheel, trickle down, urges, traits coming out, ingrained , patterns, inheritance, pass on, product of one's environment, transferred, generational sins, coming by it honestly, carried on, received, emerge, manifest, genetic makeup, genetic imprint, underneath it all, shaped, damaged, stuck, barrier, pre-disposition, run in the family.* This figurative language shone light on how the participants—who perceived a risk of bad transmission—were often concerned by an uncanny resemblance to their parents, whom they saw in themselves.

For all the participants, these issues around transmission were closely connected to reproductive decision-making experiences and processes, and as we will see in the next chapter, to contemplations and actions around forgiveness[22]. These concerns are also high stakes in gate-keeping decisions in the relationship between their children with their children's grandparents (on the participants' side of the family). The data presented in this chapter has partially addressed this question: "What should I do when I have been given life, care and family ties by my parents, while at the same time pathology—which I recognize in them and in myself—has been transmitted?" There were four different answers:

1. the bad transmission has stopped and been transformed into a good gift (Andie, Corey, Kylie, Rowan, Stella);
2. the bad transmission has been slowed and a good gift is in progress (Noelle, Rebecca);
3. there is a risk for bad transmission to continue (it is in transit) and it is not certain it can be stopped or transformed (Jane, Morgan, Frasier, Gavin, Emily); and
4. there is a risk which demands to not have children (DeeDee, Iris, Pamela).

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[22] Research had addressed the concept of genetic risk and transmission and reproductive decision-making in the context of experiences of adults or parents with genetic markers, diagnosis, or children affected with hereditary health conditions (for example, see Barlevy, Wasserman, Stolerman, Erskine & Dolan, 2012; Kelly, 2009; Raspberry & Skinner, 2011); a discussion of this literature is beyond the scope of this thesis.

These were different solutions for the restoration of the logic of the gift in the family—giving, receiving, and reciprocating the good things that sustain life. At stake was the need to avoid "turning on" transmission or to turn away from transmission of dysfunction, and to turn on the logic of the gift in the family. For a number of the participants, the key to turning in the right direction was to "deal with" their trauma. Participants' beliefs regarding the pre-requisites and mechanisms for such a self-healing practice—whether they had accomplished it, were in the process, or could not do it—were not elaborated upon. Jane, Rebecca, Kylie, Morgan, Stella, Emily, Gavin, Frasier, Rowan, Noelle all reported that they had taken part in some version of individual therapy with a professional recently, while Corey, Andie, and Pamela had participated in therapy only in the past, and DeeDee and Iris reported they had never experienced it.

Future research projects should delve further into the topic of therapy; for example, participant's perceptions of its usefulness, the reasons for its effectiveness or lack thereof, its contribution to reproductive choices and good parenting considering their life history, and its facilitation (or not) of forgiveness. In addition, further exploration is needed regarding the nature of good gifts when confronted with parallel poisoned gifts, and whether restoring the logic of the gift requires interaction with parents and grandparents who could not maintain its path. The questions and concerns of the obligation participants have to give the gift of grandchildren to their parents, of "making them grandparents," will be addressed in the next chapter. Kruger (2015) raised a question on the necessity of forgiveness and links between grandparents and grandchildren in the continuity of the gift in the family:

> A gift is only truly a gift within the context of gift exchange. This means that the next generation sees something of the previous generation enduring in the gift that is itself. Something of the giver always remains present in the gift. There is that continuity. Furthermore the receiving of the gift calls forth the reciprocation of the gift that keeps open the shared space of relationship...Here one may think of the joy and life-giving love that children give to their parents and grandparents...Because of the unidirectionality of time gift exchange is here kept alive when the succeeding generation in its turn gives itself as gift to the next generations, and gives that generation as a gift (p. 59).

From Kruger's perspective, the gifts of life, birth, family, and the good things that sustain life (support, care, love, belonging) inherently involve at least three generations. If we accept Kruger's premise, part of the process of "turning" patterns of dysfunction is accepting the fact of

a perpetual resemblance of one's parents and one's self that marks the gift of life and family to one's children. Thus, the work of turning is to remould the family seal that marks the gift.

The participants' partial answers to this quandary of reciprocation are presented in the next chapter. Forgiveness is another gift, another transaction, which may or may not be integral to the resolution of transmission. Flanigan's (1992) definition casts forgiveness as a gift necessary for a good life after childhood injuries: "Forgiving is also a gift given to the self. Once received, the gift of forgiveness releases an injured person from the burdens and shackles of hate. Forgiveness is the ultimate liberator" (p. 71). The next chapter is a description of the participants' concepts of forgiveness as a gift to themselves, to their parents, and to their children. Forgiveness in the context of childhood injuries and reproductive decisions is inextricable with transmission, since not only do the participants think they must forgive their parents—in whatever way they conceive of it in attitude and action—in the context of their adult child-parent-adult relationship, that forgiveness, if any, encompasses injuries that extend into the participant's future as a parent. The future has been contaminated and for some participants, forgiveness can cleanse. It is a gift to their future family.

6. FORGIVING AND NOT FORGIVING

> Forgiveness—if it has a sense, and if it exists—constitutes the horizon common to memory, history, and forgetting. Always in retreat, this horizon slips away from any grasp. It makes forgiving difficult: not easy but not impossible. It places a seal of incompleteness on the entire enterprise (Ricoeur, 2004, p. 457).

> The difficulty of forgiving thus acutely makes itself felt. If forgiveness can be seen as the horizon of memory, it does not mean that the scars are to be erased. The loss is thus real, and the work of mourning necessary (Fiasse, 2010, 89).

According to Ricoeur (2004) and Fiasse (2010), forgiveness is a thorny, tangled process. Acts of injury and acts of forgiveness may be ingrained in personal and intersubjective memory, lending to the complex, messy, shifting nature of forgiveness experiences. Fiasse's (2010) identification of an element of grief highlights the many facets of forgiveness. Indeed, Chapter 5 proposed that worries about intergenerational transmissions are a related, if not an essential part of forgiveness for adults who have experienced childhood maltreatment. It seems a reasonable assumption that individuals will negotiate the complicated challenge of forgiveness in a diversity of ways. In contrast, popular definitions of forgiveness may ignore the challenges of forgiving, leading to a simplistic, uniform, absolutist view of forgiving. Safer (1991) addressed these unhelpful notions, suggesting a conception of forgiveness more respectful of the troubles of forgiving:

> We need a more forgiving definition of forgiveness—one more attuned to human limitation, more flexible, and more compassionate. The work of resolving betrayal is difficult enough without the additional burden of believing, as so many people do, that you must extirpate all traces of anger, bitterness, or resentment to qualify as a genuinely forgiving person. Forgiveness is the rebirth of positive emotions, not the wholesale obliteration of negative ones. Ambivalence permeates our ongoing relationships with people we love; how can it be missing with people we forgive? (Safer, 1999, p. 203).

An example of an absolutist prescription of forgiveness is found in Flannigan's (1992) formulation of the forgiveness imperative:

> Forgiveness truly does belong to the injured and to no one else. No one can do it for anyone else, and no one should try to stop another from accomplishing it. The wounded should also understand, though, that their nonforgiveness has affected those who love them. It has contaminated their friendships and family relations (p. 254).

Flannigan's pro-forgiveness warning of the pollution of nonforgiveness reveals a bias toward the voice of the forgivers, despite the compassionate, helpful advice offered in her work, which

recognized individual diversity within a typical path. Unfortunately, countering absolutist views of forgiveness has lead to opposite yet equally absolutist views against forgiveness, such as Miller's (2005):

> The morality behind the Fourth Commandment, coupled with the expectations of the children we once were, creates a situation in which the large majority of therapists will offer patients precisely the same principles they were confronted with during their upbringing. Many of these therapists are still bound up with their own parents by countless threads. They call this inextricable entanglement "love," and offer this kind of love to others as a solution. They preach forgiveness as a path to recovery and appear not to know that this path is a trap by which they themselves are caught. Forgiveness has never had a healing effect (p. 24-25).

Taken together, Safer's (1991), Flanigan's (1992), and Miller's (2005) assertions about the function of forgiveness in the lives of adults who have been maltreated as children highlight the competing ideologies around this issue in therapeutic and popular discourse. In the Canadian context, an array of secular, religious, popular, clinical, and theoretical foundations promote the moral imperatives and clinical prescriptions of forgiveness as necessary for personal healing and as an obligation to family members. This chapter describes what Safer (1999) calls the "work" and "ambivalence" of forgiveness. The participants' stories in this chapter exemplify what Ricoeur calls the "difficult" but "not impossible" act of forgiveness. Forgiveness is the culmination of their narrative reflections on childhood family life, worries and feelings of confidence about the transfer of dysfunction. It is tied to their reproductive choices and negotiating of relationships with their parents and their children. The descriptions in this chapter, of risk and reconciliation, reveal that to "forgive" has a different meaning in the inner lives of the participants and in their outward actions.

In this chapter I describe two ideologies of forgiveness—*Unconditional* and *Conditional*—among the participants. Five participants had forgiven their parents unconditionally. Among the other ten participants who identified conditions to be met for them to forgive, five had forgiven their parents, two had not yet forgiven completely, and three had not forgiven their parents. The participants' philosophies and experiences of forgiveness revolved around the conditions required for forgiveness. The majority of participants stated that they have "forgiven" their parents, but they reported several varieties of forgiveness, namely how they forgave and in what circumstances. Much of the narration regarding forgiveness—whether

conditional or unconditional—was in the subjunctive; that is, the story was not settled, possibilities were open, there was more to come. For some participants, forgiveness was an act of mourning, as Fiasse (2010) noted. For some, the mourning was ongoing (those who have not forgiven, or not yet forgiven). For others, it is behind them. And for others, they never mourned.

The concept of the gift continued to inform the analysis of the data by considering forgiveness as a gift. From this perspective, the following questions arose: Who is forgiveness gifted to? The individual who has experienced childhood maltreatment? Their child? Their parent in the past? Their parent today? Their significant others? Is the allowance of a relationship between child and the grandparents a gift of forgiveness? Should one share the family secrets with one's child? Can forgiveness be a poisoned gift to the adult (who was abused) and to their child? Flanigan (1992) asserted that forgiveness of wrongdoings in intimate relationships is a gift to the self:

> The gift of forgiving, then, is the relaxation of vigilance. The new self becomes more relaxed, less defensive and brittle. Forgivers know they can be wounded and have learned to take the idea in as part of their working perceptions of reality. They have experienced the worst of pain. Everything ahead should be much easier (p. 168).

For the participants in this study, who have children or are contemplating becoming parents, vigilance takes on a new meaning. The concept of the transgenerational family line extends from transmission to forgiveness in this chapter.

The participants' dual life statuses—a child of their parents, a parent to their child—were sometimes at odds, with significant implications for forgiveness. In addition, there was competition for some participants in the process of forgiveness, between what Shweder (2003) identified as the ethics of Autonomy (harm, rights, justice), Community (duty, hierarchy, inter-dependency) and Divinity (sacred order, natural order, personal sanctity) (p. 98). The data addressing forgiveness was infused with ideas of obligation (to their child, their parent, and their selves), conditionality, continuity, discontinuity, and the need to re-establish wholeness. Participants' narratives entailed strategies of trying to free oneself from the past, move into the future, and navigate relationships; making meaning of that past by labelling it abuse, understanding where it came from and how it impacted them and their children; reconciling roles and value systems in protecting their child (family of procreation), protecting the self, loving their family of origin, and following their religious guides; actualizing "forgiveness"; and healing through forgiving or not forgiving. In light of their childhood maltreatment and violence,

137

the role they played in the family, their decision whether or not or when to have children, and the possibility of transmission, the participants reflected on the possibility or actuality of forgiving their parents; the links and consequences of forgiving for their relationship with their parents in the future; and the current or future relationships between their children and their parents (the grandparent-grandchild relationship).

This chapter presents extensive quotations from each participant for a number of reasons. Personal explanations of forgiveness are nuanced and so more expansive description is required to capture these subtleties and differentiate among the participants. In addition, the participants had much to say on this topic; some presented detailed and coherent philosophies of forgiveness. Finally, within the interpretation of this dissertation, forgiveness is the culmination of participants' reflections on their past childhood experiences and the reproductive choices they have made. Scholarly definitions of forgiveness from selected literature on the psychology of forgiveness will be presented at the end of the chapter, to give precedence to the participants' experience.

6.1 <u>Unconditional Forgiveness</u>

Five participants (Emily, Frasier, Iris, Rowan, and Stella) stated they had forgiven their parents despite a lack of significant change in their parents' behaviour and, in some cases, the absence of an apology and request for pardon from the participant for the childhood maltreatment they perpetrated. Among the participants in this category, none were mothers, two planned be mothers, one was undecided, and two had decided not to have children. Their pardon was granted based on these participants' belief systems (except for Frasier's, all were linked to religious guidance). For example, Stella (who had lived in a *Battleground*) (see Chapter 2) had parents who continued to relate to her as a subordinate child; the relationship was strained, dysfunctional, "unidirectional" (she was still the caring giver), involved game-playing, and was overall a "broken dynamic." She stated that in the future she would employ "caution" when allowing her potential children to spend time with her parents, worrying about the "impact" they could have (though her mother would provide "experienced" "support"). At the same time, she would demand respect of one's elders and not "tolerate" disrespect of her parents by her children (towards their grandparents) because: "they're the grandparents and we're family. At the end of the day, we're family." Stella's highest ethical principle was family, and her philosophy of forgiveness reflected this:

> Without them there's no me, and without my childhood, I wouldn't be who I am now. I'd be somebody different. So even though it wasn't great on a lot of fronts it's made me who I am. It's made me realize that if I were to have children, that I need to be careful, but I still love my parents.

Stella's statement demonstrates the complexity of childhood injuries, the need to prevent transmission of that dysfunction, the parallel good gifts she received in her family, and mixed feelings of hurt, love, and forgiveness. Regardless of the degree of change her parents had engaged in, Stella presented an ethic of obligation to forgive while at the same time establishing boundaries for future relationships, especially in regards to grandchildren. In fact, it was her parents who "instilled good morals" in her. This mixed view—that acknowledged injury, risk of transmission, forgiveness, and obligation to parents and children—was reflected in her report that a little time spent (with the grandparents) would not "ruin your kid because they have the stability at home." At the time of the interview, Stella had not confronted her father but had used the "A-word" (i.e., "abuse") with her mother. Also, she asserted that she would not tell her children "anything that could cause them to lose respect for my parents"; she would engage in "limited revealing" since "whether or not they've been the best parents doesn't matter. They're my parents and I need to respect them." Stella had engaged in personal reflection to work on her issues as an adult who experienced childhood maltreatment. She explained her reason for forgiving and its relationship to healing:

> I think you can't move on until you forgive, because then you're still clinging on. I think it's a continued mindset…It's just continually letting go. I don't think it means forgetting what has happened…You don't really forget, because then you could get stung again and again and again and again. In a family that is slightly different, but there are some ways to set boundaries in families…I realize I need to set boundaries in my family, but saying it like that does not fly. So how do you do that? It comes to having forgiven the person, accepting them for who they are, but knowing what's good for you. So I don't think forgiving and forgetting are the same thing. But forgiving is a realization of what has happened, and how it has affected you, and setting yourself free. Whether or not that person feels free themselves, it's their own thing…If you were talking about forgiveness, I don't hold it against them because I know that this is the best they could do with what they had. So, yes, I've come to terms with that. I've forgiven them. I don't even know if forgiveness is the right word because I don't think I ever really was angry with them. I was confused about why things were happening and why some of the things they were saying weren't what they were doing. That was confusing. But I wouldn't be who I am without them. I don't know if forgiveness in the traditional sense has been something I had to do, but it's maybe letting go more of the things that happened versus forgiving them because I love my parents. It doesn't always sound like it, but it's just because I know who they are and I know where we differ…I don't think it was required because I

don't think they wronged me. I think they just did what they could and this was just what they knew. So how can you fault someone for doing what they know? Have I had to forget the emotional pain? Yes, I guess in that sense…It's like putting a name to something and even that gave freedom. I don't really think there's anything to forgive.

Stella's case demonstrates all the elements of a personal philosophy of forgiveness by which we can make comparisons among the participants; she sets out guiding principles for forgiveness, including the purpose of forgiveness, the required conditions for forgiveness, and the implications for future relationships. She also passes judgement on her parents' abusive behaviour. From Stella's perspective, forgiveness is necessary for healing from childhood maltreatment and for personal freedom from emotional pain. It requires labelling her treatment and parents' behaviour as abusive. For her, forgiveness was facilitated by understanding the adverse circumstances her parents themselves encountered, yet it did not prohibit new boundaries and rules for current relationships with her parents who hurt her. Stella seemed to be guided by a principle of love and family loyalty (an implicit postulate that requires further elaboration for the researcher to fully comprehend).

Stella's coherent exposition also evokes an additional theoretical point for consideration in this chapter's description of the data: what is the nature of the childhood wounds and associated losses? Flanigan's (1992) model of forgiveness was built on a conception of unforgivable, intimate, moral wounds or injuries that initiate a loss as they "shatter a person's concept of morality" (p. 17) and "assault a person's most fundamental belief systems" (p. 17). In the case of harms and abuse perpetrated by parents, it is "beliefs in the process of being formulated and stabilized…ideas in the making and values that have not yet taken hold" (Flanigan, p. 41) that are attacked. The child has not yet fully internalized the "rules defining acceptable and unacceptable treatment among people who supposedly love each other" (Flanigan, p. 43), and this has a considerable detrimental effect on their adolescent and adult relationships. According to Flanigan (1992), adults may not realize that there is an unforgivable injury and an injurer to forgive until they "discover that it was their parents who breached moral obligations to them" (p. 46). Stella had labelled her childhood treatment as abuse, described in her data, while at the same time, she claimed that her parents had not "wronged her" or required forgiveness. She described her childhood experiences—specifically her parents' behaviour—as "confusing." This ambivalence in her narrative may be explained by a religious belief system that has remained intact, causing her to see the wound as only partially unforgivable.

140

Another way to understand Stella's report of forgiveness is to see it as a hybrid of unconditionality (that is, change within her parents is not required for forgiveness) and a sort of conditionality that is related to two factors within the childhood injurers: intentionality and foresight. In her evaluation of the wrongs, she considered their capacity to see the consequences of their actions. For the purposes of this chapter, "conditionality" and "unconditionality" refer to requiring and not requiring change in the wrong-doer. Data analysis, interpretation and presentation typically demands simplicity, in order to highlight the diversity of meanings associated to, in this case, forgiveness. It is essential to note the tension between ideologies, complexities, and intricacies of life and of particular lives, experiences and practices. Each participant presented a configuration of factors and considerations in their deliberations; in other words, no one condition, factor, principle or criteria is sufficient in itself to determine if forgiveness will be granted or not.

Frasier (who lived in a childhood of *Collisions*) reported a philosophy that was similar to Stella's, in his empathy for his parents—their human fallibility and their own experiences with childhood maltreatment and mental health and substance use disorders:

> The only person I have to live with is myself. If I can't bring myself to do something like that, because he's endured a lot, it's not just me. It's not just all about me…The stuff he endured…I don't think me holding more animosity against him than I already have would be beneficial or healthy to either of us. It's my emotions that I have to be in charge of. No one can do it for me. Is it important to me to be able to forgive my father? Like I said, the only person I have to live with is me…Yeah, I forgive my parents. Both of them. My mother did not ask for what she has…How long can I hold a grudge. I mean it's the people who brought me into this world.

Like Stella's, Frasier's position on forgiveness is not purely unconditional, but a combination of principles including the absence of intentionality in his parents and their inability to foresee the consequences of his parents' behaviours. Frasier presented a "forgiveness principle" (Flanigan, 1992, p. 165) or conclusion about harm in the world (and in this case, the responsibility of the offenders) and the foundations of new beliefs of individuals who have completed the forgiveness process. For Frasier, harm happened to him, harm happened to his parents, but only he can only control his hurt, and unforgiveness is not the answer. Stella's forgiveness principle is close to Frasier's. Like Stella's, Frasier's understanding of the generational origins of the abuse and his choice to forgive allowed for an ongoing relationship with his parents, though in a more limited way than in Stella's case. His empathy did not solve the relationship difficulties with his mother,

which he stated were exhausting: "Having a relationship with my parents is hard…You don't want to improve, I can't make you. I love you but for my own sanity and happiness I can't have you in my life." Frasier did state that if he has children, he will "introduce them to the old man. That would make his day." As for the family secrets, the treatment he received in childhood: "They wouldn't hear it from me." Frasier described the lack of success in confronting his parents:

> She's just dismissive of it. ..Somehow I'm still supposed to say I love you…It's childhood trauma. You don't get over it… I can't talk to my parents about this…This stuff is going to go with him to the grave and I'm going to have to carry it with me for the rest of my life…I can't do it because they probably don't want to talk about it anyway. It's just as painful for them as it is for me… My dad shuts in and shuts off…"Can you at least take blame for some of it? Could you at least say you're sorry for what you had to do?"…This is not one of those things you can just sit down with your parents and say: "My life is terrible and it's your fault."

Frasier had been trying to process his childhood for years and stated he expected to be doing so for years to come: "Part of me hasn't left there. It's always there in that dark place." His experience demonstrated how forgiveness is difficult, complicated, and ambivalent for adults who have lived through childhood maltreatment. Frasier had empathy and forgave without reservation, despite not feeling healed himself yet, but he could not relate to his mother—who had not changed, related to her mental health status—and only in a limited way with his father. For Frasier, change was not required for forgiveness, but it was for an ongoing relationship to be possible.

While Stella's guiding values for forgiveness were family and respect, and Frasier's were empathy and humanity, Emily (who grew up in a *Battleground*) spoke of love and grace:

> That's the thing. I do love her. That's the problem, right? It is because I actually do. Otherwise, if I didn't love her it would be, never mind this. If I can give myself some forgiveness and grace, I would do that for them too.

> I feel like I forgive my dad for the things he did because he's not doing them anymore. I think he's almost in some respect repented of that. He stopped doing it and what can I do? I can't change the things he did…We couldn't get along. We couldn't reconcile. She kind of said: "We haven't been good parents." I said: "We can reconcile but we have to start right now, let's start right now."…So, I feel like he's sorry and I can totally forgive him for some of that stuff that he did because I feel like, not that it didn't affect me, but I'm okay now, right? Hanging on to that anger at him is just, it just smashes me, really. My mom, she doesn't seem to think that she's wrong. I don't know why I'm so hard on her because, really, she will often say: "Oh, I know we weren't the best parents

and you're not like we are, and I don't know how you turned out like you did"…My parents often will be like, "I love you," and I hate saying that to them. I feel like I have to, right?...Even now when they try… when they say they're going to call me or come see me they don't do it.

This perspective sprang from religious spiritual guidance that Emily stated brought her "healing", "peace" and a "way of coping"; however, it did not ensure that "all [her] problems are solved." The changes in Emily's parents' behaviour fluctuated and were not always successful. She was ill at ease around them: "I think, well, they must love me but they just don't show it very well. They have a very hard time showing it." Like Stella, Emily had not confronted her father, and her confrontation with her mother—using the "A-word" (i.e., "abuse"), as Stella called it—had been met with partial acknowledgement, and some worsening in her treatment of Emily. Like Frasier and Stella, Emily understood her parents in the context of their own childhood maltreatment—in fact, her father likely "thought he was being way easy" on her in comparison. Emily stated she would be "uneasy", "hesitant" and "scared" to leave her child alone with her parents, but she would allow a limited relationship. All three—Stella, Frasier, and Emily—continued to have strained relationships with their parents and to limit their interactions. Their reports that they had forgiven their parents, without full acknowledgement by their parents that forgiveness was needed, implied that from their perspective, forgiveness was possible without healing themselves and without healing their relationships with their parents.

While it was implicit in the others' philosophies of forgiveness, Rowan's was explicit about forgiving when there has been no avowal of wrongdoing:

I've had to do a lot of soul searching and a lot of repenting of bitterness actually in order to move towards forgiving my dad without ever having a conversation with him. Because regardless of whether or not that conversation is possible, where he says sorry and I forgive him, I have to forgive him for me…. to remove that bitterness from your heart and replace it with forgiveness and peace…I saw that I was holding on to grudges. As if that made the situation better. Me, feeling justified being hurt and then holding on to the right to keep owning that hurt was what was causing me to be bitter. Forgiveness is releasing the right to feel hurt about something. It's taking the raw feeling and putting ointment on it and letting it become a scar. Yes, I went through some things…Yes, my dad did some horrible things, he said some horrible things, and they were wrong, but…I have to consciously choose to forgive because…if I don't forgive it will spill out and it will hurt someone else.

She also elaborated on how forgiveness functions to soothe the suffering of the one who gives forgiveness. Rowan (who grew up in a *Collisions* atmosphere) was guided by a religious spiritual

143

obligation to forgive. She had delved into childhood memories as an adult in counselling, which "laid the path out clearly so I could look at it, bring it out of the dark so I could deal with." Like the other participants, she has had to establish "emotional boundaries" with her parents—one had apologized and partly changed while the other had partly apologized and not changed). While she stated that she would allow her parents access to her children, she would supervise visits with the parent who had an active mental health and substance use disorder. Regarding her future children, Rowan stated: "I never wanted to have to explain to them...where I grew up, what kind of life I had." It was not clarified whether or not she would end up doing so, but it was a worry. She was optimistic that family healing would continue.

Iris (who grew up in a *Battleground*) echoed Rowan's beliefs about forgiveness, as a tenet of religious guidance:

> Forgiveness has a huge place in [my belief system]...I grew up with the concept that you are only hurting yourself when you hang on to the bitterness. Now, to some extent I disagree with that because I think if you forget how much it hurts or how much it did hurt then you run the risk of letting it happen all over again...I never articulated in any way "I forgive you dad" because I suppose I have never thought of it consciously in terms of something that he needs forgiveness for. Because it's just him. But if there was any anger that I was holding on to...it's gone now, so I would assume that I have forgiven him.

While religious beliefs had informed her approach, Iris was not dogmatic, without ambiguities; forgiveness was examined more in terms of personal feelings than a moral principle-based stance. She described her current state as one of "acceptance" of her childhood treatment (neglect by her father), of who her father was and is, and of their relationship, which was minimal and one-sided. She had accepted that her father was "not my dad" in any significant way. Her father had not changed or acknowledged his mistreatment of Iris. Part of Iris' acceptance was her categorization of her childhood maltreatment as not as severe as others' experiences:

> I don't feel particularly traumatized by it, although clearly there is quite a lot of emotional baggage peering around behind some of these memories. For me, a survivor is someone who has survived a lot more than I have...I do think that those experiences have shaped my identity at least to some extent...Those memories are still very painful and still very prominent for me.

As in the cases of Stella, Frasier, and Emily, complete healing from trauma for the offended and expression of contrition by the offender did not appear to be required in Iris's philosophy of forgiveness. Although she was a voluntarily childless woman, Iris could speak about her

144

sibling's allowance of a relationship with her father as a grandfather. She did not feel a sense of risk of harm to the child (for whom she was an aunt) on account of the minimal involvement and "effort" her father initiated in the life of his grandchild. She did suspect that her sibling might "feel like this is a chance for my father to prove himself or make amends." Iris acknowledged her ambivalence:

> I still feel a sense of obligation to him, although logically speaking I don't think that I should. But I can't seem to help it...But...I'm not prepared to do all that work to create a relationship that he's not interested in maintaining.

Iris seemed to be alluding to an obligation, as part of forgiveness, to continue a relationship with her father (it was not clear from what perspective or discourse that imperative sprung). At the same time, she seemed to feel free to make another choice.

These five participants reported a belief in an obligation to forgive—an obligation to the self for well-being, and an obligation to the offending parent(s) as an elder, a genitor, an ordinary fallible human, a spiritual being deserving grace, or an irresponsible agent. For all participants, that forgiveness was enacted through varying quantities and qualities of relationships. The degree of forgiveness, requirements for change, and progress in healing among the participants is a continuum. There is necessarily blurring at the edges of the cohorts I have distinguished, and at times some expressions of a participant suggest a partial fit in another group. Caution is required to resist the temptation of making an absolute classification. These participants referred to moral principles. At the same time, some consideration was given to the fact of their parents' own wounds and regrets, and to the fact that they did not act out of intentionality and could not foresee the outcomes of their behaviour. Notably, none of these participants had children.

6.2 <u>Conditional: Forgiven</u>

> It's like I was given four parents. The two at the beginning and then the two I have now (Kylie).

> For him [Derrida], forgiving after avowal would imply forgiving somebody different from the one who committed the original crime, since the person who repents, just through the act of repentance, is already a better person (Fiasse, 2010, p. 88).

For five participants [Andie (mother) (*Disasters*), Corey (mother) (*Battlegrounds*), Rebecca (mother) (*Disasters*), Jane (*Collisions*), and Pamela (*Disasters*)], significant change was exhibited by their parents and they reported having forgiven them. These participants' parents had offered acknowledgements, avowals, and reparations, unlike the previous participants'

145

parents (see 6.1), who made only partial admissions, or none, of maltreating their children. While some of the participants in this category agreed with Derrida's differentiation of the "parent who was" and the "parent who is" (as cited in Fiasse, 2010), not all of them did. Like the participants who espoused primarily unconditional forgiveness, these participants who had forgiven also pointed to the lack of intentionality and foresight by their parent—probably because their parents were not consciously aware of their own victimization or maltreatment. Andie, Corey, Rebecca, Jane and Pamela shared these conditions, but they added to it the necessity that the parents acknowledge the wrongs and express regret.

Corey articulated the conditionality of forgiveness in her philosophy, which characterized this group of participants:

> I think it's pretty important actually. I think that there are situations where it's not appropriate to forgive and I think there are situations where it is. I feel like my situation is. I have tried very hard to have elements of forgiveness in how I interact now. The reason why I think that my situation is, is because there was so much effort and good intention to change...If you were not even cognizant that you are a problem then why should the child forgive you for the damage that they've done? I think intention is important…I think for my situation I feel like it is important to forgive as much as I can. And just move from here. And try to keep in mind where she's coming from too.

From Corey's perspective, forgiveness had been possible because her parents had initiated change, and thus she was able to continue a relationship with them and grant them the gift of grandparenthood. Her father, she "forgave right away because his role was a lot smaller." Like others, Corey reported "sympathy" for her mother now looking back, understanding that her mother's parenting was "informed by her own experiences of being parented," which impacted her mother's marital relationship and "resentment" of being a caregiver. Corey supposed that her mother "thought she was doing good and what a parent was supposed to do. I don't think she knew any different." Similar to other participants, Corey considered "reflection" on her childhood maltreatment experiences and talking about them as facilitating "growth" as an adult and moving on from the damage and brokenness. In fact, she had experienced "healing" of what was "broken" and "damaged" in her, and saw only "traces" remaining of the impact and shaping force of childhood maltreatment in herself. Flanigan (1992) would identify this as the final phase of forgiveness, the "emergence of a new self" (p. 159) (see 6.5 for a discussion of Flanigan's model). On her mother's part, she had changed, "mellowed," and become more "tempered", was exhibiting signs of "trying really hard to change," and had "actively worked on" altering her

146

behaviour. She had apologized to Corey and expressed "genuine remorse." Corey reported that both parents had provided significant support through a very disruptive time in her adult life, and continued to do so (which she depended on). Even so, her long-standing "policy" remained to keep interaction between herself and her mother to a minimum, in order for those interactions to be positive and to avoid the "same pattern" of the childhood environment, which was now enacted by her mother "berating" Corey's parenting. As a mother now, she allowed a grandparent-grandchild relationship between her child and her parents, which was loving and close—"so much better with my child than she is with me." However, Corey was firm about her expectations for these interactions, "monitored" them, and was "quick to step in" whenever her mother "crossed a line." These protective maneuvers had been effective in stopping and preventing such behaviour. As well, Corey engaged in coaching her child to be self-protective. Corey stated that "familial connections" were important to her—particularly the grandparent-grandchild one—which she demonstrated by her commitment to the relationship between her child and her parents, despite the "vigilance" and enforcement of boundaries that were required. She had recruited her father, a "kind, good person" who was not the perpetrator of childhood maltreatment, to monitor her mother with her child, looking for any treatment resembling that in Corey's childhood (i.e., disrespect, criticism). Corey's approach to this relationship was consistent with her determination to become a mother, take a different path than her own mother, and have confidence in her ability to be a parent who would not transmit "damage."

Like a number of participants (e.g., Iris), Corey asserted: "other people had it far worse than I did." This doubt crossed all ideologies and degrees of forgiveness among the 15 participants. Jane also questioned her childhood maltreatment categorization: **"**I never thought about it as abuse. Even now I'm like: 'Is it really that bad?'" Jane also reported that "sometimes I feel like my experience just rests on the brink." Like Corey, in her current relationship with her parents, Jane had empathy for the adversity in her mother's childhood: "[I] accept them for who they are now and keeps them accountable for behaviours." She also reported needing to set boundaries with her parents to prevent perpetuating the same parent-child relationship pattern. The new parent-adult-child relationship was "good" and "close": "They're still in my life and parenting me and being there for me." In fact, she would like to offer to her potential future children the kind of support she receives from her mother, who "really steps up to the plate when you need her now." She would allow her parents to have a relationship with any children she

might have. As demonstrated in the following three separate statements, Jane reported that her parents "did not mean to be that way" and now "sympathized" with her, and therefore she could forgive them:

> My parents have apologized for things or recognized their behaviours were wrong, so I can forgive them. But I don't know what it would be like if they felt like that was okay.

> They're good people and they do recognize their mistakes. We've talked about it…and they tried to make reparation in different ways…It doesn't change the ways it influenced me. It's not like you can take it back.

> I think there's a point where you have to stop blaming other people, take your own responsibility for working on your own stuff, and not blame everything that's going wrong in your life now on that.

This sentiment resonates with Flanigan's (1992) warning that being stuck in a perpetual position of blaming is both comfortable (from the benefits of being a "sufferer") and dangerous. Jane reported she was "50% to 70% of the way" towards becoming "healthy and strong," which meant that her childhood trauma would not impact future relationships, whatever form her family of procreation would take. Similar to Corey, time and distance had improved Jane's relationship with her parents. They both expressed forgiveness for their parents—enacted in a relationship with them as parents or grandparents—and a conditionality for that (enacted) forgiveness that required their parents' acknowledgement and repentance.

On her own, Rebecca reported that she had confronted her parents with her experience of childhood maltreatment and they had some difficulty understanding her perspective and admitting to it, but she added that they were slowly changing. They still disappointed her but they were "trying to get better" and, like Corey, she allowed and appreciated their role as grandparents. Similar to Corey's and Jane's, Rebecca's philosophy was rooted in empathy and self-respect:

> I think forgiveness is really important, because at some point you have to let go of what happened. Because you're not there anymore…I believe forgiveness is probably the first step. If we keep holding on to that pain and that fear of what life was like when we were younger it keeps us trapped. So forgiveness is that good first step, I think, to making better choices for yourself and for your decisions to become a parent and how you parent…To forgive my parents and just to acknowledge that they were in a different place then. They were like wounded children themselves, and so they were trying to parent a child when they're still really children. They're still emotionally little kids too. They did the best that they could. I know that now. But I'm not that little kid anymore. I don't have to be trapped into that thinking anymore. That I can do something about it.

But it's hard. It's really, really, hard. That's where I'm at right now…It's important to forgive the people in our past or what's happened in our past…I think if we don't do that, we just keep carrying that on.

Rebecca forgave the wounded children that her parents were when they wounded her. She was in the process of healing her own wounds. Part of her healing was realizing that the adversity in her life had made her an empathic person, a "better person" for overcoming it. She still harboured anger, not at her parents, but at her higher power for being born into her family. Although she wished her life had been different, and she wished her parents as grandparents were different, they had supported her as a parent and were continuing to do so, and she "couldn't ask for anything else."

Pamela also expressed a philosophy of forgiveness that required acknowledgement and explanation on the part of the transgressor:

> I think forgiveness is one of the hardest things to do, and one of the hardest things not to do. I don't think you can ever heal and come to terms with abuse if you're not willing to forgive. Not forgiving somebody doesn't punish them, it punishes you, because you're the one who has to live with it. It's this hole inside you and it's constantly burning... There is this part of your soul that is so damaged and scarred. It wants to be healed but it can't, because as long as you refuse to forgive that person, they're pouring salt on the wound...To forgive someone doesn't mean you forget. I'm never going to forget, but I forgive. Absolutely. But I couldn't forgive them until, 1: they admitted it. They both liked to deny...and 2: I had to understand why. I had to know it wasn't about me...I cannot accept something I don't understand...I need to understand it and then I can let go...It comes in stages. You don't just say I forgive you and it's gone. No, forgiveness can take years...You have to want to forgive. The process of forgiving comes down to I don't want this to affect me anymore. I'm tired of hating this person...I don't like the way it makes me feel. So I'm going to forgive them. Then comes the process of the actual forgiveness...How do you forgive? How do you let it go? A lot of that comes with self-exploration. Why does this make me feel this way?...For me, everything was cloaked in anger.

Having forgiven, Pamela was now "past the mother-daughter thing" but rather "best friends" with her mother. Her mother no longer denied Pamela's report of violence, abuse and neglect, but she was "not really good about accepting responsibility for it." In Pamela's words, it was a "very touchy subject": "She does not like to admit that she was neglectful. She has admitted it and accepted it." Pamela reported she had moved past blaming her mother and had empathy for the struggles that her mother was experiencing.

Andie was a mixed, in-between case, since she had forgiven her mother, who had changed, but had not completely forgiven her father, who had not changed. This differentiation indicates that her forgiveness was conditional. Andie's mother had apologized and expressed remorse for her abandonment: "She feels so bad about everything. If she could change things she would." Andie stated that she felt no "resentment" towards her mother and had forgiven her. Her mother had changed:

> I've always been able to see her just as making her fair share of mistakes and always loving her and never holding it against her. I do have some abandonment issues...We're tight....I love my mom. She's pretty awesome...I just accept her for who she is and the mistakes that she's made have been forgiven...I never had a lot of hate in my heart or animosity. There have been times where I've been disappointed...she hit a slump and I didn't disrespect her for it, I just wished better for her and was disappointed. Ultimately I've always felt the same way about her for as long as I can remember.

Part of Andie's acceptance was based on empathy: "It was hard for her because look at how the men in her life treated her. I would struggle with that. I'd never be accusing about it, even with my dad." She did not report a religious guiding principle, but like other participants (see 6.1), she did report an obligation to the self to forgive her parents: "To be able to forgive, especially the people you still love, and you shouldn't hold onto…if you have hate for your mother or father for a long time it can make you sick." Andie's forgiveness did require some change which was demonstrated by the contrast of her mother with her father, a "mean-spirited", "angry", "manipulative" and "poisonous" person. Her interactions with him, and her granting of access to her child, fluctuated with his behaviour. She did not want her child to have a "close relationship" and "see who he really is" because he was "not a good influence." He had not changed; in fact, he had "progressively gotten worse." He had not taken "ownership" of his childhood maltreatment or current behaviour:

> He always makes me angry. But at the same time I can talk about it and laugh…That's how I feel about my dad. Same old, same old, surprise, surprise...I guess I accept him for the way he is too. I don't lose any sleep over it and that's the honest truth. I get angry when I think about it but I just don't even think about it because he hasn't been an ever-present part of my life, so it doesn't matter that much…I guess I haven't fully forgiven my dad, but I just don't even think about it. Try not to let it bother me.

Like Iris', Andie's acceptance was related to her perception of the degree of childhood maltreatment she experienced: "I know people have had it a lot worse than me. I don't pretend I was some battered kid because I always knew my parents loved me no matter how dysfunctional

150

or absent they were." Andie stated that she was happy that her mom had a relationship with her child, though she did not trust her to be responsible for her child. For Andie, while she stated she had experienced "healing," there remained "still healing to do...trying not to hold on to any hate...and coping." She could now look to her mother's example: *"just to not ever give up on myself in the process because I think that's what my mom did along the way…stick-to-it-iveness."* Throughout this chapter it is clear that many of the 15 participants knotted forgiveness, both absolute and conditional, and healing together.

6.3 Conditional: Not Yet Forgiven

A second cohort of participants' narratives revealed a philosophy of forgiveness that requires change from the offender. Two mothers—Kylie (*Disasters*) and Noelle (*Disasters*)—were in the process of forgiving, having experienced partial healing, and reporting partial change on the part of their parents. Kylie articulated this liminal position:

> I think it's instrumental. I don't know if I've fully forgiven them because I don't think I've fully accepted everything either. No. I know I've had quite a bit of therapy…I finally understand that it's important not to live in the past and to not hold grudges. Sometimes it's hard. I think if I didn't have any kind of forgiveness, to be honest, I think I'd always have my parents in my life even if I was angry at them because I feel lots of guilt and obligation. I've had to parent them a little bit and I feel sorry for them a lot. I feel bad for my dad and I feel bad for my mom. They've just really had bad luck...in their lives and I'm willing sometimes to take the brunt of it. It's [unfortunate] that they treated me poorly but they didn't mean to…I don't know if that's really forgiveness or I'm just more accepting maybe…My parents, a couple times throughout my life, they needed to explicitly ask me that question: "Do you forgive me?" and: "I'm sorry." Or: "if you need someone to blame you can blame me." Both of them have said things like that.

While Kylie's father had "come a long way," he still exhibited abusive behaviour (as did her mother), and while he "loves" her child, she worried that he would treat her child the way he had treated her:

> It has caused me so much anxiety and I don't want to pass it on...I don't want my parents to be overly influential on my child. They love my child and I have great relationships with my parents, but I sometimes find that uneasiness and I get really protective of my child. But it is a struggle then as a daughter. I don't feel like I'm justified to say this to my parents: "It makes me uncomfortable when you do this to my child or if you say this to my child."

Kylie wanted her child to have a "healthy" relationship with her parents, who did provide some support. On the other hand, Kylie's partner hesitated to allow their child to spend more than a

little time with his in-laws. This ambivalence and "lingering worries" permeated her forgiveness process:

> I work hard not to begrudge my parents. It can be exhausting…If you can work past it, it's amazing to share a life with some people around you that you love...I'm very confident now that my parents are not abusive or they're not going to maltreat my child. I find letting them into my child's life is sharing my child. My child is great and loves the grandparents….I get to redo times over…I can go to the park with my dad and he's not going to lose it like when we were younger…[We] get to do those things over with a second chance…memories, it's cool to replace them now.

Kylie stated that, "part of moving forward is you have to kind of rationalize why your parents did what they did." She articulated reasons for her parents' failed parenting—mental health and substance use disorders, their own childhood maltreatment—and while she stated she "will always excuse [her] parents' behaviour" and that she didn't "blame them too much," she also stated she didn't "justify some of the stuff that happened." Becoming a mother had helped her to understand her own mother:

> I understand that there are times that decisions are really hard and you don't have that manual. You're going on what you can provide. If you're struggling with your own inner demons you're probably not going [to make] always the best decisions.

Kylie's ambivalence and ambiguity in forgiveness was in parallel with that of her parents' avowals, as demonstrated in the following two separate statements:

> We get a lot of guilt on us…We get lots of letters from my mom: "Sorry I was a horrible parent, but it's nothing"." She'll say: "Just get over it. You guys are all adults now. I'm not going to say I'm sorry anymore. You need to deal with it." She shifts it on us: "It's not my fault you guys feel this way. You need to just accept it." She's very dismissive. She can be a lot in denial and she's very defensive.

> She would get into this weird philosophical defensive mode: "We can't live in the past." She said she's accepted responsibility. She's been forgiven so we have nothing left to discuss with her. That's the end of this. If we bring it up she gets that defensive: "That's your problem. You should go see a shrink because I don't know what else I can do." My dad probably would be open to that conversation but at this point in my life I don't feel like I need to have that conversation with them. When I was younger both my parents would ask us those questions. "Do you hate me? Are you mad at me? I'm sorry. Do you forgive me?"

Kylie had a relationship with both her parents that she valued, since at times they demonstrated that they had "evolved" and "rehabilitated" themselves, but they were not consistent: "Sometimes I see them do behaviour and I think: 'Are they ever going to change? This is

something that you've carried with you and you probably always will.'" Kylie's expressions of anger and frustration with her parents' refusal of full acknowledgement of their past actions and impact was accompanied by the statement that she admires them. Like other participants, Kylie classified her childhood maltreatment as less than others': "There's so much worse that could have happened to me."

Noelle was also ambivalent about defining her childhood experiences:

It wasn't that bad. I try to justify it. Even though most people probably didn't endure what I've been through. I always underplayed it as it wasn't as bad as what it was, but in all reality it was really bad.

Her childhood maltreatment was an injury that warranted forgiveness. She explained:

I think forgiveness is the answer because if you can't forgive somebody you're just going to constantly be holding on to that. I think about the way my parents were raised, what they were given as children. They were just innocent beings and they were going through these hardships and then that transferred into their adult life. Then they brought a child into the world and then it just keeps transferring. If you're unable to forgive you're going to keep bringing that energy in. It's going to be this something that's in your core, of anger and resentment towards your family…I was feeling so much anger and resentment towards my dad and I feel there's still some underlying issues.

For her, it seemed that an understanding of her parents as victims of adversity made forgiveness possible. She described forgiveness as a requirement for her to move on from suffering. Noelle did report that she had said to her father that she forgave him which was followed by "healing" in their relationship, an admission from her father, time spent together after a separation, an introduction to his grandchild, and the beginnings of mutual support. With her mother she had come "to the point of acceptance": "This is the way she is. She's not going to change." Noelle explained that the reason she could not completely "let go of all the issues" with her mom (as she had with her dad) was her ongoing worries that the pain her mother caused her was manifesting in her own mothering. While she was convinced her mother's dysfunctional behaviour toward her was not going to change, when it came to be a loving grandmother, "the other side of her isn't involved in that interaction." Noelle was comfortable with that relationship between her children and her mother, though she had to set limits on it. Noelle was "striving" to "thrive," to move past victimhood, "on that path of knowing or trying to seek answers." For example, she stated:

I'm not attracting the survivors. I'm thriving so now I'm attracting people who are thriving and people who are succeeding and other nurturing people and growing people and that's refreshing.

Noelle was transforming from the status of the victim or "survivor" of childhood maltreatment to the status of a "thriver"—a new self was emerging as her beliefs about the world were shifting. For several participants, the process of forgiving and healing was developing an understanding of their parents not only as injurers but also as injured. Noelle detailed her parents' own childhood circumstances and expressed empathy for them and understanding of the impact on their parenting, but she was aware that an ongoing relationship with her mother tended to sap her resources. Full redemption for her mother was not possible at the time. Noelle summarized her current philosophy in life: "I believe in love and that's what it ultimately comes down to, is just love. If you have pure love for your family and for yourself then that's the most important thing."

Kylie and Noelle were similar to the participants who had forgiven their parents based on requisite conditions (6.2). They were clearly on their way to full forgiveness. Both of these cohorts (6.2, 6.3) (seven participants in total) described forgiveness as necessary for healing from their childhood injuries. Some participants (Corey, Jane, Andie, Kylie, Noelle) expressed ambivalence about the degree of harm their parents inflicted (despite thick descriptions of difficult childhoods) and the quantity of forgiveness that was needed. Forgiveness required some redeeming actions by their parents, which may include one or all of the following: acknowledging they harmed the participants, asking for forgiveness, behaving towards the participant in an acceptable way, being good grandparents, providing support for the participants' parenting role. Finding a new perspective on their parents' histories supported their ability to forgive. At the time, they still found their parents' behaviours problematic and a barrier to finalizing their forgiveness. All of these participants had relationships with their parents and allowed them to spend time with their grandchildren (Pamela's relationship was exceptionally open). These participants did not cite religious or secular principles for forgiveness.

6.4 <u>Conditional: Not Forgiven</u>

I'm not forgiving because I think for me to forgive I would either have to feel like I've moved on, and I don't think I have really felt free yet. I feel like I'm almost all the way, but you can almost feel things gripping at your ankle, pulling you back down, that kind of

feeling. I don't feel free. I don't feel I'm missing the past because it's still there (Morgan).

Morgan's statement encapsulates the space inhabited by participants on the farthest end of the continuum, compared to the participants who had forgiven their parents without question. Three participants—DeeDee (voluntarily childless) (*Disasters*), Gavin (undecided) (*Battlegrounds*), and Morgan (undecided) (*Battlegrounds*)—were still hurting and their parents had not significantly changed their ways or acknowledged the childhood maltreatment. All three reported strained relationships with their parents. These participants did not cite religious or secular principles for forgiveness. Gavin articulated this uncomfortable dilemma:

> I'd love to be able to just forgive and forget but I get so angry. Because their follies, the errors they made in raising us kids will affect me for the rest of my life…I would feel better if I could just leave it behind. But then again, for all I know they wouldn't think they actually did something wrong. My mother would, yes. Maybe my dad would as well. Actually, my mother broke down and apologized to me once. Just randomly at dinner. She said: "I know you didn't have a happy childhood but you need to learn to make yourself happy."

Like some other participants, Gavin struggled with labelling his experience as childhood maltreatment. Notably, he found it difficult to reconcile the abusive behaviours with other happy memories. He described his treatment as an attenuated version—a "mild degree"—of what his parents experienced as children. He was sympathetic to their unhappiness and hurting: "I try…all the anger I have towards them, I try to be empathic to their broken dreams." Gavin had not confronted his father—they were not communicating—and his mother's response had not brought resolution: " 'That's in the past. Get over it.' Or she says she doesn't remember doing that." In this context, Gavin, was "stuck": "I have to always get over the things they said to me when I was young. I just want to forget about it, just not carry that around with me anymore." Gavin's narrative frequently addressed his anger, pain, and resentment. At the same time, he supposed that he would grant them grandparenthood if he were to have children: "[There are] a lot of parents that are [not good] to their kids and then they become lovely grandparents. That would be fine. A totally different relationship."

Similar to Gavin, Morgan felt trapped regarding forgiveness, expressing a wish that the childhood maltreatment had been definitively severe enough to clearly and absolutely not merit forgiveness. This was articulated in four separate statements:

They get to the point where you could possibly never forgive them again and somehow they just hover there. That's the hard part.

My family has never rejected me. They reject what I do and who I am...If my parents had rejected me this whole thing would have been a lot easier.

We've had had friends who've walked away from their family but usually it's when the family walks away from them first. My parents don't walk away. They just keep trying to remould us.

"Why don't you just walk away from your family?" If they did something really stupid, something really truly hurtful, I could walk away.

Morgan's confrontations of her parents with the childhood maltreatment history had been met with denial, a "revisionist history," and the assertion that she was the one with a misperception and who "needed to be fixed." She gave an example: "My dad's approach is to blankly deny it and my mom's approach is to basically revise it." She defined this as maltreatment in their contemporary relationship: "The constant denial of the abuse, in a way it's an ongoing abuse." She had not forgiven, but did not feel at ease with that position. She described the necessary circumstances to forgive:

If it was the case that… my mom honestly, consistently said: "We are sorry for what happened to you"...Whether it was dismissing the responsibility or not, but at least said: "Something bad happened to you, we acknowledge that," I could make my road to forgiveness. But to have what is still such a fundamentally shaping piece be continuously denied, it's hard to forgive somebody for that. To say you're not accepting any of this. I don't know if I can forgive them...I also don't think I get to the point of forgiveness now because their actions still continue to hurt us…I think it's the pervasive and the ongoing-ness that makes it difficult to forgive...He still does it. So can I forgive?...Every time I see him I have to forgive him something more.

From Morgan's perspective, the maltreatment continued into adulthood, so there was not a completed set of injuries to reflect on and reconcile. Morgan asserted that her parents would never change their positions. Her compassion made her uncomfortable about her unforgivenes:

When it comes to my parents there are some days I don't think I can forgive them...Then there's part of me that realizes that they've essentially lost the very thing that they were trying for, which was a family...So then I feel pity.

In the present, Morgan avoided talking to or spending time with her parents, who she reported treated her like the child she once was. She stated she did not identify as a "survivor": "I don't think, in some strange way I haven't left it yet." The prospect of having children and allowing

156

her parents to be grandparents brought predictions of her parents undermining and disrespecting of her as a parent: "There's still this…echoing, wake-me-up-in-the-middle-of-the-night fear about my parents' complete involvement in my life and any potential children's lives." Accordingly, Morgan reported strategies to cope with the anger and fear she still carried, noting improvement, but not complete healing: "I wrestle with how do I honour this being a part of my past but not have it an ever present part of my present?"

Similar to Morgan's description of being in a liminal place, DeeDee's inability to heal was key to her narrative of unforgiving. Like other participants, she did not consider her childhood maltreatment "severe" in comparison to others' experiences, but she was still hurting and blamed her parents and their "mistakes" for adolescent traumas:

> I think it's necessary for me…forgiveness…I'm starting to understand, forgiveness isn't for the person that they're giving it to. It's for themselves, and that helps them heal. It's so easy to say I forgive. But the truth is I don't know how to do that inside. To make it better so I can heal…No, I have not forgiven.

DeeDee's mother had not and—from DeeDee's prediction—would not ever "take ownership" of wrongdoing towards her: "that was a long time ago; let it go and move on." DeeDee reported that her father had apologized to her and that she had accepted the apology, but the forgiveness was not completed:

> I don't really truly believe I've forgiven him. I don't believe I've forgiven my mother either. I don't know how to. It's ridiculous because it's been so many years. But I don't forgive her…I want to because I love them all so very much. I love Dad and I love Mom. But I don't know how to let go of that [young] girl's hurt. And everything I went through because of it.

DeeDee's narrative indicated that a condition for true forgiveness would be that it led to a further state of healing. Her family—parents and siblings—remain "close" and for that she felt fortunate: "My family wasn't really a great family, but it was MY family." This feeling of love and loyalty may contribute to the pain of childhood trauma originating in the family.

All three of these participants who could not say they had forgiven their parents stated that the level of maltreatment they received (which they imagined was less than other victims) complicated their forgiveness process; they were cognitively uncertain that forgiveness was warranted or required, but their pain told otherwise. Gavin, Morgan and DeeDee all asserted that

157

forgiveness was necessary for healing from their childhood injuries. They did not feel recovered and so they could not say that they had forgiven, since they expected that if forgiveness had been accomplished, they should feel relieved. Any redeeming actions by their parents were insufficient.

6.5 <u>Conclusion</u>

> A person who succeeds in forgiving an unforgivable injury has gone through a conversion, or more accurately, conversions…[which] culminate in the forging of a new person who has a transformed outlook on his world. In a paradoxical way, unforgivable injuries present you with one of life's opportunities to change fundamentally (Flanigan, 1992, p. 160).

> She turns in circles since nothing has changed. The ideal would be, after this burn, this horror, when she has forgiven the perpetrator, that she could enter into a relation different from the traumatic one she went through. That would assume that she has experienced her own pain and entered the problematic of the perpetrator himself, of the perpetrator's traumatism, his violence. She no longer views it as a victim since she has been able to enter into the dynamic of the one whose victim she is (Kristeva in Kristeva & Rice, 2002, p. 285).

While many psychologists and philosophers have written about forgiveness (what it is and what behaviours and feelings are entailed), grappling with forgiveness in the context of childhood maltreatment while making reproductive decisions (starting a family, parenting children) may be more complex. Clearly, all the participants in this study wanted to be successful, transformed and able to take up opportunities after childhood harm by their parents. One barrier to these outcomes for many of them included the ongoing disrespect from their parents. Another complication may have been the way that starting of one's own family of procreation (or contemplating it) triggered the re-emergence of family trauma that they thought they had recovered from. For others who had forgiven, the enactment of an attitude of forgiveness did not preclude constant monitoring of threats to their own and their children's well-being in the presence of the participants' parents. This thematic chapter has described a spectrum of forgiveness experiences expressed by adults who have been through childhood maltreatment, including those who cannot forgive and two types of forgivers: conditional and unconditional. These observations bring a broad view of the topic, increasing our understanding of forgiving in a nuanced, complex and comprehensive way. Most participants expressed empathy toward their parents—once children in adverse family circumstances themselves— which contributed to their movement towards forgiveness. Of the 15 participants, 12 reported

they had forgiven their parents (to some degree) and three had not. While some of their language would suggest mystification by popular and therapeutic discourses on forgiveness, their nuanced descriptions of the process suggested otherwise[23]. Almost all participants had been to some form of therapy (psychologist, psychiatrist, counsellors) recently or in the past, which may explain their stories' resemblances to therapeutic discourses on forgiveness. This chapter described a tension between professions of forgiveness (and/or the necessity of forgiveness) by the participants and their practice of forgiveness. In summary:

1. Unconditional: These five participants reported a belief in an obligation to forgive—an obligation to the self for well-being, and an obligation to the offending parent(s) as an elder, a genitor, an ordinary fallible human, or a spiritual being deserving of grace. For all participants, that forgiveness was enacted through varying quantities and qualities of relationships. On second glance, the unconditionality subsumed two conditions of foresight and intentionality.

2. Conditional—Forgiven and Not Yet Forgiven: Change in their parents was a required condition for these participants for forgiveness to be permissible. Redeeming actions by their parents included one or all of the following: acknowledging they had harmed the participant, asking for forgiveness, behaving towards the participant in an acceptable way, being good grandparents, and providing support for the participants' parenting role. Significant change allowed some to forgive, and insufficient change was a barrier for others to fully forgive. Forgiveness was necessary for healing from their childhood injuries. Finding a new perspective on their parents' histories supported their ability to forgive. Some of the participants still found their parents' behaviours problematic and a barrier to finalizing their forgiveness, as was ambivalence about the nature and degree of their childhood maltreatment.

3. No Forgiveness: The level of maltreatment these participants experienced (which they imagined was less than other victims) complicated their forgiveness process in that while they were cognitively uncertain that forgiveness was required, their pain told otherwise. All asserted that forgiveness was necessary for healing from their childhood injuries. They did not feel recovered and so they could not say that they had forgiven, since they

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[23] See 1.5.7 for a definition and discussion of mystification, a concept associated with some critical traditions in anthropology.

expected that if forgiveness had been accomplished, they should feel relieved. Any redeeming actions by their parents were insufficient and relationships with their parents were strained.

The nuances and stakes of forgiveness for these fifteen participants are further clarified when put in dialogue with existing literature on forgiveness, beginning with the task of defining forgiveness.

What is forgiveness? One common-sense notion might identify it as a response by a victim of interpersonal violence that includes the perpetrator in some way and facilitates recovery by the victim. Flanigan (1992) was emphatic about the recovery aspect: "forgiveness is the accomplishment of mastery over a wound" (p. 71). Despite these simpler notions, other definitions of the concept of forgiveness in the research literature are diverse and problematic:

> One serious challenge facing forgiveness researchers is determining exactly what it means to forgive. It is unlikely that scholars will arrive at a consensual definition of forgiveness, due, at least in part, to the many issues involved in defining this construct, including whether it is interpersonal, intrapersonal, or both; whether it is situational, dispositional, motivational, or some combination of these; whether it is affective, cognitive, or behavioral, or involves all three; and whether it is a process or a discrete event or act (DeCourville, Belicki & Green, 2008, p. 2).

If scholarly conceptualizations of forgiveness are diverse or even contradictory, we should not be surprised that lay persons' understandings are also varied and variegated. For example, in DeCourville, Belicki and Green's (2008) study of laypersons' experiences of forgiveness, the researchers found that while the participants generally accepted a link between forgiveness and mental, physical, and relational health, and some described forgiveness as a choice and conversion of feelings from negative to positive, none of their definitions corresponded with scholarly definitions. Of note, like a number of the 15 participants in this study, some of the participants in DeCourville, Belicki and Green's (2008) study constructed forgiveness as obligatory or as conditional or contingent on the offender's repentance. Remarkably, some of their participants described forgiveness as impermanent, at times requiring "re-forgiving" (p. 16).

A brief inventory of forgiveness definitions and frameworks displays the diversity, complexity, and controversy within the field.[24] One concept analysis, by Recine, Werner and

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[24] Unfortunately, it is not within the scope of this chapter to delineate the details of these global models, which would clarify their meaning. For instance, observing that forgiveness has the

Recine (2007), defined forgiveness as "a moral process of relinquishing a negative response following a personal offence, and changing to a positive response towards the offender over time" (p. 314), which "moves towards an altruistic choice that is a gift to self, others, and perhaps God" (p. 314). In addition, cross-cultural understandings have emphasized avoidance of interpersonal and group discord and a religious or spiritual prescription of forgiveness (Recine, Werner & Recine, 2007). Unsurprisingly, Recine and colleagues (2007) noted that this scholarly definition may differ from the understanding of the general public. Flanigan (1992) delineated forgiveness further, claiming several necessary elements and inherent outcomes of the "accomplishment" and "mastery" that is forgiveness:

> It is the process through which an injured person first fights off, then embraces, then conquers a situation that has nearly destroyed him....Forgiveness is the ultimate liberator....forgiving is only for the brave...those people who are willing to confront their pain, accept themselves as permanently changed, and make difficult choices. Countless individuals are satisfied to go on resenting and hating people who wrong them. They stew in their own inner poisons and even contaminate those around them. Forgivers...reject the possibility that the rest of their lives will be determined by the unjust and injurious acts of another person....people who forgive take risks to reshape their lives into something freed from past pain (p. 71-72).

This definition privileges forgivers over nonforgivers, since it defines nonforgiveness as failure associated with a lack of wellbeing; forgivers are brave, free, risk-taking conquerors, while nonforgivers stew in their poisons and contaminate others. It also can be interpreted as privileging the offended over the offender, since an interpersonal interaction is not necessary (though welcome), an intrapersonal process can suffice, and any obligation for forgiveness is for the self by the offended. Within Flanigan's (1992) framework, the process or "journey" of

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consequence of freeing the offender carries a different meaning if it is viewed as the end of the forgiving process or if it is viewed as a collateral outcome of something done for the offended. Similarly, forgiveness as a gift to the offender conceived of as a prescription is distinct from forgiveness for the offender conceived of as an optional gift. Great detail would be required to clarify the stakes at play in each model. This chapter does not aim to provide a coherent, pointed critique of these approaches. Rather, this introduction to the forgiveness literature simply establishes the many postures towards forgiveness and highlights the many dimensions to be considered when delving into idiosyncratic experiences of forgiveness. Diverse ideologies of forgiveness are inevitable due to the intrinsic moral dimension of the concept of forgiveness. The diversity is also desirable, since it shakes the researchers' certainties about forgiveness, promoting openness to the possibilities in the data and analysis. It is necessary for interpretive researchers to be vigilant, rigorous and critical about biases and pre-conceptions.

forgiving injuries in intimate relationships, consists of understanding the nature of the harm ("naming"); taking personal control of one's healing ("claiming"); assigning moral responsibility to the perpetrator of the harm ("blaming"); regaining personal strength by punishing the perpetrator and collecting resources ("balancing the scales"); cutting ties to the wound and freeing the perpetrator from debt and responsibility ("choosing"); and converting one's understanding of the world ("emergence of a new self") (p. 71-72). Flanigan's (1992) framework defined forgiveness and was intended as a self-help guide for individuals who want to forgive.

Other predominant theoretical models of the forgiveness process to guide interventions include the general element of self-reflection by the victim, though not to the level of detail outlined by Flanigan (1992). For example, Wade, Hoyt, Kidwell, and Worthington's (2014) meta-analysis described the key elements common to two forgiveness frameworks: reflecting on the emotional pain linked to the offense, understanding and empathizing with the offender, and making a choice to forgive. The Worthington model also addressed maintenance of ongoing forgiveness (Wade et al., 2014). Recine (2015) noted "overcoming feelings of unforgiveness" (p. 161) as an additional element of effective forgiveness interventions (i.e., therapies to promote forgiveness), according to a review of five meta-analyses. Research evidence supports the conclusion that forgiveness interventions increase forgiveness and hope, and decrease depression and anxiety, compared to no intervention, and that treatments of greater duration are more effective (Recine, 2015; Wade, Hoyt, Kidwell, and Worthington, 2014). Treatments for forgiveness appear not only to result in forgiveness, but in improved mental health status. Notably, Wade and colleagues (2014) described the Worthington model as encouraging individuals to "explore the idea that forgiveness can be seen as an altruistic gift to the offender" (p. 155) and the Enright model as facilitating them in "considering giving a gift of forgiveness to the offender" (p. 155). In addition, the Worthington model teaches individuals that "forgiveness can be freely given or legitimately withheld" (Wade, Hoyt, Kidwell, and Worthington, p. 155). These models appear to conflate the outcomes of forgiveness with the concept of forgiveness, thus creating a catch-22 situation in which any suggestion that forgiveness does not necessarily result in healing or banishment of negative feelings can be cast as not "real" forgiveness. From this perspective, forgiveness is difficult to achieve, so it cannot be defined by an intention or a will but only through an action (which can be inner to the self) or an accomplishment. It is not the starting point but the conclusion of a process. We are also left to wonder, for example,

162

whether if in "legitimately withholding" forgiveness, an individual can experience the outcomes of forgiving, since they define forgiveness as an absence of bad feelings towards the offender and the presence of healing.

While I did not query participants about the therapy they had received (i.e., content, duration), most participants addressed these topics in their interviews. Most of them believed in a link between their mental health and achievement of forgiveness. Whether they had previously reflected on those elements on their own, in therapy, or prompted by my interview questions, is not possible to know from the data. The life-history and semi-structured interview guide simply asked if they had considered forgiving their maltreating parents, if this was important, and if there were consequences to forgiving or not. The results of the current study contribute to the literature the particular considerations on forgiveness by a sample of adults who were maltreated in childhood and are near (anticipating or looking back on) the process of reproductive decision-making, how these elements are connected, and how they are impacted by principles of conditionality in forgiveness and the prospects of multi-generational relationships.

The clinical models of the forgiveness process allow for forgiveness without interaction between the offended and the offender (though it is recommended). In contrast, philosophers have considered inseparable the request for forgiveness and the granting of forgiveness. Ricoeur (2004) referred to these as "avowal of fault", "promise" and "pardon" (p. 458-459). In Kristeva's (2002, interviewed by Rice) definition, the presence of both the one who forgives and the one who seeks and receives forgiveness are essential in the interaction that is forgiveness:

> …forgiveness is understood to be the suspension of judgment. It is the act by which one forbids judging and stops time, which proceeds toward vengeance, and allows the person who committed the reprehensible act to begin anew, to take up another life and another activity….forgiveness is a question of hearing the request of the subject who desires forgiveness and, once this request has been heard, of allowing renewal, rebirth (p. 281).

Kristeva (Kristeva & Rice, 2002) also asserted that contrition is necessary for forgiveness:

> And if there is no repentance? If there is no remorse? Then there is no forgiveness to offer….Those who call on an absolute forgiveness without repentance are in an *oblativité*, a generosity that is fascinating and very charitable, but they fail to take into account the bond. Once there is a bond, there is a need to safeguard a certain number of prohibitions and limits, which the act of judgment must reinforce (p. 283).

The divergence between clinicians and philosophers is likely the result of the pragmatic situations that clinicians deal with, rather than a difference in basic principles. For instance, if the

163

offender is dead or unable to engage in any relationship which does not dehumanize others, the offended must find a way to move in life without engaging in reconciliation with the other (a forgiveness-without-reconciliation approach being then necessary). Philosophers are free to approach the issue from a more abstract level, whereas clinicians find themselves in concrete situations. While the participants may have referred to abstract and universal ethical and moral principles, their tales illustrate how individuals must negotiate these ideals, pragmatically, in the face of unique circumstances and relationships.

The narratives of the participants in this study challenge some of the notions in these models of forgiveness. The 15 participants mostly agreed with healing as a desired outcome and a signal that forgiveness had taken place; however, some participants reported that although they had forgiven their parents, they continued to feel lingering suffering related of their childhood trauma. Not all participants required change in their parent (the offender) or personal healing (of the offended). While some of the participants in this study espoused forgiveness as a moral action, most also (or exclusively) emphasized their own psychological well-being. Forgiveness was complicated in the context of childhood maltreatment experiences and concern for the next generation. Forgiveness was a gift to oneself, and the contextually appropriate enactment of forgiveness was an (obligatory) gift to the real or imagined child. Applying Shweder's (2003) ethics of autonomy, community, and divinity, these considerations were blended within and among participants' narratives.

Of note, the participants' discourses did not address whether forgiveness would be more or less obligatory, more or less difficult with or without a child (a grandchild). They also did not discuss whether freedom was experienced by the offender when forgiveness was granted. This description of forgiveness among 15 adults has opened a number of questions for future exploration, including: Can an individual forgive without contrition, apology, and promise on the part of the offender? Is it not brave to withhold forgiveness from an offender who continues to harm? Is it not brave to protect oneself and one's children from harm? Must one continue to interact with an offender after having forgiven? To whom is one obligated to forgive—self, offender, the family? Is forgiveness a shift only within the one who forgives? Does forgiveness aim to cease hating the abuser or to remove the abuser from the center of the consciousness of the abused? Do variations with regards to the obligations of forgiveness result from different conceptions of what the word forgiveness means?

Founded on the results presented in this chapter, in the context of the entire thesis, I align myself (at least temporarily) with those scholars who have argued for the suspension of restrictive definitions of "real" forgiveness, taking into account the array of lived experiences of forgiveness. This position was articulated by Belicki, Rourke and McCarthy (2008), with particular emphasis on the potential "dangers" of certain forms of forgiveness:

> [Forgiveness is] complicated, difficult, and potentially risky. Others have attempted to reduce the potential liabilities of forgiveness, such as the possibility of undermining justice or increasing the risk of re-victimization, by carefully defining forgiveness in such a way as to surgically excise those meanings that increase the likelihood of a negative outcome….we have shown that empathy, which many view as desirable (and, for some, because it facilitates forgiveness), increases the likelihood that people will excuse and reconcile as part of the process of forgiving. Second, even if…we are able to separate empathy and forgiveness from excusing and reconciling, most of humanity will blunder through ….Third, we have seen that there may be value to excusing that has not been fully appreciated. In addition, reconciliation in appropriate contexts has merit in its own right. It is tales of heroic reconciliation as a result of forgiveness that catch our attention…not accounts of someone coming to peace through a personal, inner experience of forgiveness that includes never seeing or speaking to the offender again. The latter may well be adaptive, admirable, and even inspirational, particularly when the offense is grievous. (p. 180-181).

A number of the participants struggled—in their minds and in their practice—with these elements of forgiveness identified by Belicki, Rourke and McCarthy (2008). Future research should study more exclusively the process of forgiveness after adversity among adults now in their childbearing years. The experiences of partners, siblings, and offending parents should also be investigated to more fully understand the forgiving process and its outcomes for individuals, dyads, and families.

7. CONCLUSION: RISK AND RECONCILIATION

Stories animate human life; that is their work. Stories work with people, for people, and always stories work *on* people, affecting what people are able to see as real, as possible, and as worth doing or best avoided….human life depends on the stories we tell: the sense of self that those stories impart, the relationships constructed around shared stories, and the sense of purpose that stories both propose and foreclose….a good life requires living well with stories. When life goes badly, a story is often behind that too (Frank, 2010, p. 3).

In a functional sense, storytelling prepares people for encountering difficult situations, but often the story itself *is* the difficult situation (Frank, 2010, p. 86).

reconcile /ˈrekənˌsail/

transitive verb

1. make friendly again after an estrangement.
2. [usu. in *reflexive* or *passive*; foll. by *to*] make acquiescent or contentedly submissive to (something disagreeable or unwelcome): *was reconciled to failure*.
3. settle (a quarrel etc.).
4. harmonize; make compatible.
   ■ show the compatibility of by argument or in practice

(Canadian Oxford Dictionary, 2005)

7.1 <u>Global Synthesis</u>

The purpose of this research project was to generate a new understanding of the experiences of reproductive decision-making among adults after childhood adversity. This pursuit of knowledge was guided by a critical interpretivist approach to the data analysis and interpretation. Based on the assumption that narratives (shaped by culture) provide access to representations of experience and meaning, I attended to shared themes among the 15 participants' life stories, noting what was at stake in pondering, choosing, and negotiating reproductive choices and relationships in the context of childhood trauma. This chapter presents three major contributions from this empirical research project which add to the state of knowledge on this human experience and have implications for mental health and other support services. First, a spectre of danger and perception of risk pervaded the participants' stories; these were reconciled in three ways. Second, thematic analysis identified five salient aspects of

experience for the fifteen participants. Figure 4 provides a narrative summary of the variations on these themes. Figure 5 displays these thematic variations for each participant separated into three streams of reconciliation, exhibiting the complexity of each story and the similarities and differences between participants; it also provides transparency on the inevitable reduction of complex individual stories into imperfect categories. Third, I propose that the process of reproductive decision-making for adults who have experienced childhood maltreatment can be described as the enactment of an ethics of care as these individuals reconcile their identities as adult children and as parents (or good abstainers of parenthood). The participants' reproductive decisions were inextricably linked to a belief in the ability to be a good parent in spite of past maltreatment, and were deeply connected to their ongoing relationships with their parents; the process of forgiveness was contiguous to the process of reproductive decision-making. The participants' stories of reproductive decisions and childhood maltreatment emphasized childhood environments, childhood roles, transmission of gifts, and forgiveness. To the participants, these areas of concern—presented in my five descriptive chapters, based on examination of every piece of data collected—are connected and necessary to understand their experiences.

7.1.1 The Spectre of Danger

In participants' reports of reproductive decision-making, the spectre of danger of intergenerational transmission of dysfunction was treated in different ways:

1. Seven women who described themselves as meant to be mothers would not transmit dysfunction but would pass on the good gifts of family life to their children.
2. Four women who described themselves as not meant to be mothers (voluntarily childless or parent allies) eliminated any risk of transmission of dysfunction.
3. Two men and two women who were uncertain of starting families with children and described themselves as uncertain of their ability to eliminate risk and pass on good gifts.

It was hoped that convenience sampling would elicit representation from these three groups (parents, voluntarily childless, and the uncertain). The distinction between these three different groups according to perception of risk and strategies for resolution or reconciliation are the key findings of this research project. Figure 4 presents a summary of the findings of the five thematic chapters of the thesis and Figure 5 presents the thematic variations associated to each participant. The thematic analysis of the data collected allows for an initial interpretation of these

three tendencies when speaking of trauma and adult choices, based on five variables or dimensions. The portrait of patterns organized and presented in this thesis is an attempt at simplicity in representation of complex lived experience. Men and women told me about reconciling their childhood experiences (the environments and the roles they were given), which created a risk of transmitting dysfunction to their children. Reproductive decisions were represented as a response to settle that danger. In light of those experiences, they described their attitudes toward this risk and acts of forgiveness, which were responses to the parents who wronged them. Participants, at the time of the research interviews, were at different stages and degrees of reconciliation; they told me of strained or harmonious relationships with their parents and distinct strategies of coming to acceptance or resolve regarding their circumstances. Sometimes participants' stories reconciled their life history for themselves—in an attempt to make compatible their remembered past with their current choices and predictions for the future—even when they were not friendly with their parents.

Figure 4. Narrative Summary of Thematic Analysis

Metaphors of Childhood Environments

- ❖ *Battleground*s were contexts of primarily emotional abuse (with physical abuse and neglect) and a violence of constant control and anticipation of unpredictable outbursts, with a failure by the other parent to provide protection.
- ❖ *Collisions* were contexts of neglect, emotional and physical abuse, and family violence, dominated by the constant chaos of family violence between parents and the inability to parent related to mental health and substance use disorders
- ❖ *Disasters* were contexts of emotional abuse, physical violence, and neglect dominated by the episodic character of mental health and substance abuse disorders of the parent, with a failure by the other parent to provide protection.
- ❖ Grandmothers and benefactors from outside the family supported the resilience of participants.

Childhood Statuses and Roles

- ❖ Several participants reported holding the family together by caring and mediating, parenting siblings and parents, and were consequently regarded as good daughters; however, they felt they were not valued.
- ❖ Several participants reported resistance to the family, and a perception that they were regarded as inadequate.
- ❖ Desertion by absentee parents was experienced by both carers and resistors.

Reproductive decisions and explanations

- ❖ Meant to be a mother and Mother-to-be and Became a Mother: identity and agency.
- ❖ Becoming a good mother: identity with lack of agency.
- ❖ Like a mother: identity; lack of or strong agency.
- ❖ Maybe not a mother, probably not a father: lack of agency and identity.
- ❖ Never a mother: agency and identity.

Gifts and Transmissions

- ❖ For mothers of children and mothers-to-be, the bad transmission has stopped and been transformed into a good gift.
- ❖ For mothers of children, the bad transmission has been slowed and a good gift is in progress.
- ❖ For men and women who are undecided about becoming parents, there is a risk of bad transmission continuing (it is in transit) and it is not certain it can be stopped or transformed
- ❖ For voluntarily childless women, there is a risk which demands they not have children.

Forgiving and Not Forgiving

- ❖ Unconditional: For these five participants, they reported a belief in an obligation to forgive—an obligation to the self for well-being, and an obligation to the offending parent(s) as an elder, a genitor, an ordinary fallible human, or a spiritual being deserving of grace. For all participants, that forgiveness was enacted through varying quantities and qualities of relationships. Conditions of intentionality and foresight revealed a hybrid model (conditional and unconditional).
- ❖ Conditional: Forgiven and Not Yet Forgiven: Change in their parents was a required condition for these participants for forgiveness to be permissible. Redeeming actions by their parents included one or all of the following: acknowledging they harmed the participants, asking for forgiveness, behaving towards the participant in an acceptable way, being good grandparents, providing support for the participants' parenting role. Significant change allowed some to forgive, and insufficient change was a barrier for others to forgive. Forgiveness was necessary for healing from their childhood injuries. Finding a new perspective on their parents' histories supported their ability to forgive. At the time, they still found their parents' behaviours problematic and a barrier to finalizing their forgiveness, as was ambivalence about the nature and degree of their childhood maltreatment.
- ❖ No Forgiveness: The level of maltreatment these participants experienced (which they imagined was less than that of other victims) complicated their forgiveness process in that while they were cognitively uncertain that forgiveness was required, their pain told otherwise. All asserted that forgiveness was necessary for healing from their childhood injuries. They did not feel recovered and so they could not say that they had forgiven, since they expected that if forgiveness had been accomplished, they should feel relieved. Any redeeming actions by their parents were insufficient and relationships with their parents were strained.

Figure 5. Thematic Variations of Each of 15 Participants Within 3 Streams

	Childhood Environment	Childhood Role	Reproductive Choice	Transmission	Forgiveness
Corey	Battlegrounds	Resisting	Mother	No Transmission	Conditional
Andie	Disasters	Caring	Mother	No Transmission	Conditional
Kylie	Disasters	Caring	Mother	No Transmission	Not yet - Conditional
Noelle	Disasters	Caring	Mother	Attenuated	Not yet - Conditional
Rebecca	Disasters	Caring	Mother	Attenuated	Unconditional
Rowan	Collisions	Resisting/Mediating	To Be a Mother	No Transmission	Unconditional
Stella	Battlegrounds	Mediating	To Be a Mother	No Transmission	Unconditional

Emily	Battlegrounds	Caring/Mediating	Like a Mother	Risk	Unconditional
Pamela	Disasters	Resisting	Like a Mother	Risk Eliminated	Conditional
Iris	Battlegrounds	Mediating/Caring	Voluntarily Childless	No Risk	Unconditional
DeeDee	Disasters	Mediating	Voluntarily Childless	Risk Eliminated	Not Forgiven

Morgan	Battlegrounds	Resisting	Uncertain	Risk	Not Forgiven
Gavin	Battlegrounds	Resisting	Uncertain	Risk	Not Forgiven
Frasier	Collisions	Resisting	Uncertain	Risk	Unconditional
Jane	Collisions	Caring	Uncertain	Risk	Conditional

7.1.2 <u>Salient Aspects of Experience</u>

The aim of this research project was to address a gap in the literature on reproductive decision-making and transitions among adults who have experienced childhood maltreatment. Participants expressed their definitions of childhood maltreatment and evaluations of their experiences through vignettes infused with metaphor and metonymy (Chapter 2) and descriptions of the characters from those childhood scenes (Chapter 3). Thematic analyses elucidated differential and shared patterns of meanings, which were often on a continuum (Chapters 4, 5, 6). This research revealed distinct meanings, worlds, and life trajectories of childhood maltreatment and reproductive decision-making between participants who 1) planned to have or already had children, 2) hesitated to have children, or 3) would not have children. In each of five chapters, three to five categories emerged. As hypothesized, the personal and interpersonal struggles, negotiations and contemplations, and feelings of agency (or the absence of these) did indeed shape participants' sense of self and family; experience as a parent; feelings of satisfaction (or lack thereof) with the decisions they have made; and engagement with subsequent life projects. A key finding was the absence of a linear path of experience or links across the themes (childhood environment, childhood role, reproductive choice, transmission, forgiveness); that is, many combinations of cohorts were possible for a participant. One exception was that of the connection between worries about transmission and reproductive choice, which were inextricably linked (and in fact it was difficult to separate the thematic content between those two chapters). Placement of a participant in any category in the environments, roles, or forgiveness themes was not linked in all cases to a particular category in any of the five themes. The links between choice and transmission related to explanatory models. The combination of five themes within a participant's story allowed for an initial understanding of the experience of the reproductive decision-making process. Without understanding the childhood experience (atmosphere and characters) we cannot understand the perception of risk or the judgement and need for forgiveness and healing. Without understanding of perception of risk for transmission, we cannot understand the context of their reproductive decisions. Without understanding forgiveness, the story is incomplete. The final theme of forgiveness described the participants' ways of reconciling their childhood adversity and adult procreative choices and deciding whether or not to continue some kind of relationship with their own parents. For some participants, their present state of reconciliation was liminal.

One contribution this thesis has offered to the research literature is a collection of stories of reproductive choice and childhood maltreatment. The theoretical framework of this research project promised—in addition to a description of stories through thematic analysis—a critical interpretation of the data. Frank (2010) observed that a "good interpretation is a response that seems to fit the story, complementing it" (p. 87). The next section of the conclusion aims to provide a good interpretation, while agreeing with Frank (2010) that,

> no single interpretative response is ever quite adequate; interpretation is always a work in progress….The need for interpretation implies something concealed or left unsaid in the story, that interpretation must clarify or fill in….Interpretations generally seek to express some truth that the story says or at least points toward (p. 87).

Reduction by interpretation is inevitable, but Frank (2010) offered an "antidote to that suspicion" (p. 88): "The objective of hermeneutic interpretation is not to display mastery over the story, but rather to expand the listener's openness to how much the story is saying" (p. 88). In the next section I will propose that in the context of a history of childhood maltreatment, adult reproductive decision-making and negotiations of forgiveness were tied to the participants' construction of their identity, as represented in their narratives, and reflected relational ethical choices.

7.1.3   The Good Parent: An Ethics of Care

The major interpretive contribution of this thesis is its description of a process of identity construction. In their stories, the figure of the participants changed from children in an environment controlled by their parents, to adults confronting their changed parents, and subsequently the moral quandary of forgiveness. The participants were faced with choices—to reproduce, to be a caregiver, to foster an extended family, to forgive—to which they responded from both rational and relational perspectives. From the analysis of the components of reproductive paths and transmission (described in Chapter 4 and Chapter 5), a third component appears simultaneously: identity as a parent. The resultant triad configuration opens up multiple avenues for interpretation (see Figure 6). A figure of parenthood, which participants associated with the self, spoke to each of the three categories of identities—mothers, childless, uncertain—related to the three kinds of choices the participants had adopted at the time of the interviews (a number of participants may have been in transition, in particularly those participants who were

uncertain about parenthood). These three figures of the self-as-parent related similarly and differently to other variables. One's identity as parent—conceived of as an intrinsic characteristic of the self—informed the relationship of that person with what has been transmitted to them by their parents, notably with regards to what they will pass on from their parents to their own children. The relationship between these three poles (choice, transmission, identity) revealed the participants' perceptions of the stakes and forces associated to their choices.

The participants' reconstructions of the self and of the figure of the good parent provide a moral explanation that reflects an ethics of care. Theorists have proposed two moral realms that that relate to "human concerns" (Gilligan, 2011a, p. 23). These two realms inform individuals' understandings of and decisions about the good life. Shweder (2003) identified these as the ethics of autonomy (concerned with harm, rights and justice) and community (concerned with duty, hierarchy and interdependence) (p. 98). [Shweder's third concept of the ethics of divinity— concerned with the sacred order, natural order, sanctity and tradition—will not be discussed here]. Similarly, Giligan (2011a) contrasted the ethic of justice (concerned with reason, mind, self, rationality, fairness, rights, rules, principles, logic and deduction) (p. 22-23) with the ethic of care (concerned with emotion, body, relationships, helping, induction and interdependence) (p. 22-23). The ethic of care is characterized by a "logic [that] is contextual, psychological" (Gilligan, 2011a, p. 23). Notably, Gilligan (2011a) proposed that these two "human ethic[s]" (p. 22) which "draw on different aspects of ourselves" (p. 23) should be joined, rather than be exclusively aligned with masculinity and femininity. When queried in an interview to define ethics of care, Gilligan (2011b) replied with the following:

> As an ethic grounded in voice and relationships, in the importance of everyone having a voice, being listened to carefully (in their own right and on their own terms) and heard with respect. An ethics of care directs our attention to the need for responsiveness in relationships (paying attention, listening, responding) and to the costs of losing connection with oneself or with others. Its logic is inductive, contextual, psychological, rather than deductive or mathematical....That morality is grounded in a psychological logic, reflecting the ways in which we experience ourselves in relation to others and that the origins of morality lie in human relationships as they give rise to concerns about injustice and carelessness. Studying development, I realized that concerns about oppression and concerns about abandonment are built into the human life cycle, given the differential power between children and adults and the fact that care is essential for human survival. An ethics of care speaks to these concerns (para. 4).

We may view the participants' multi-layered evaluations of their life choices (for example, of the risks and benefits of becoming a parent and of connecting their children with grandparents) as grounded in their understanding of relatedness in their own contexts of the relative virtue of reconciliation—for themselves, for their children, and for their parents. These contemplations were set within a history of injustice, carelessness, oppression and abandonment, perpetrated by their parents and by society. Most participants recognized also that their own parents had similar childhood histories. In the context of a family sphere, reconstructed by participants as pervaded by unforgivable moral injuries (even when good life conditions were simultaneously present), individuals developed a sense of what a good caregiver should be. They reported having experienced control of their life through the actions (controlling or out-of-control) of their parent (injuries of commission) and abandonment of their needs by their parents (injuries of omission). They shared their felt fear, loneliness, and disappointment. They depicted how their parents failed to protect them—in some cases, one parent failed to protect the participant from the other parent who was abusive. These experiences, from their perspective, shaped their moral character, and notably their shared espousal of a universal moral commitment to be a good parent; however, they varied in their belief in their ability to be a good parent.

For each of the seven women who described themselves as meant to be mothers, her identity as parent indicated that as a mother she would operate as a filter (to different degrees of success) of her parents imprint on her and as a protector of her child. She herself would also be protected from, and cured from, her wounds inherited from her parents. The figure of the good parent that each developed related to the way her wounds had evolved or the way that she had emancipated herself from her parents' past wrongs. Among these seven women, five were already mothers and two expected to become mothers. Notably, all seven had forgiven or were close to forgiving their parents. Four of them had grown up in families of disaster and chaos, and were caregivers as children.

Among the four women who described themselves as not meant to be mothers, two reported an identity as voluntarily childless (with no affinity for children), one as an other-mother (meant to be in that role), and one as following a career (meant for the career more than motherhood). Three of them questioned their capacity to filter transmission. Of those, while two said that they intentionally blocked transmission, the other one associated this outcome to having chosen another path. Their narratives implicitly indicated that they did not believe they would

174

transmit any dysfunction to other children in their life in different capacities (e.g., nieces, nephews, and friends). These four women said that they knew what a good parent looked like, that they were not meant to be such a parent—three by inner nature and the other because of a stronger draw to a career—but that they were good adults in respecting those identities.

Two men and two women, who were uncertain of starting families with children, described themselves as uncertain of their ability to eliminate risk and pass on good gifts. They identified as good individuals who were thoughtful prior to embarking on the path to good parenthood. Their present identity, specifically as procreative persons, was marked by a degree of liminality. They were uncertain of their own nature as recipients of dysfunction, though certain of their identities as individuals pursuing careers.

The participants' reconciliation—whether complete or developing—of personal identity, reproductive decisions, transmission, the figure of the good parent, forgiveness and change in their own parents' behaviours, was constructed in primarily relational, caring moral grounds (see Figure 6).

Figure 6. Ethics of Care
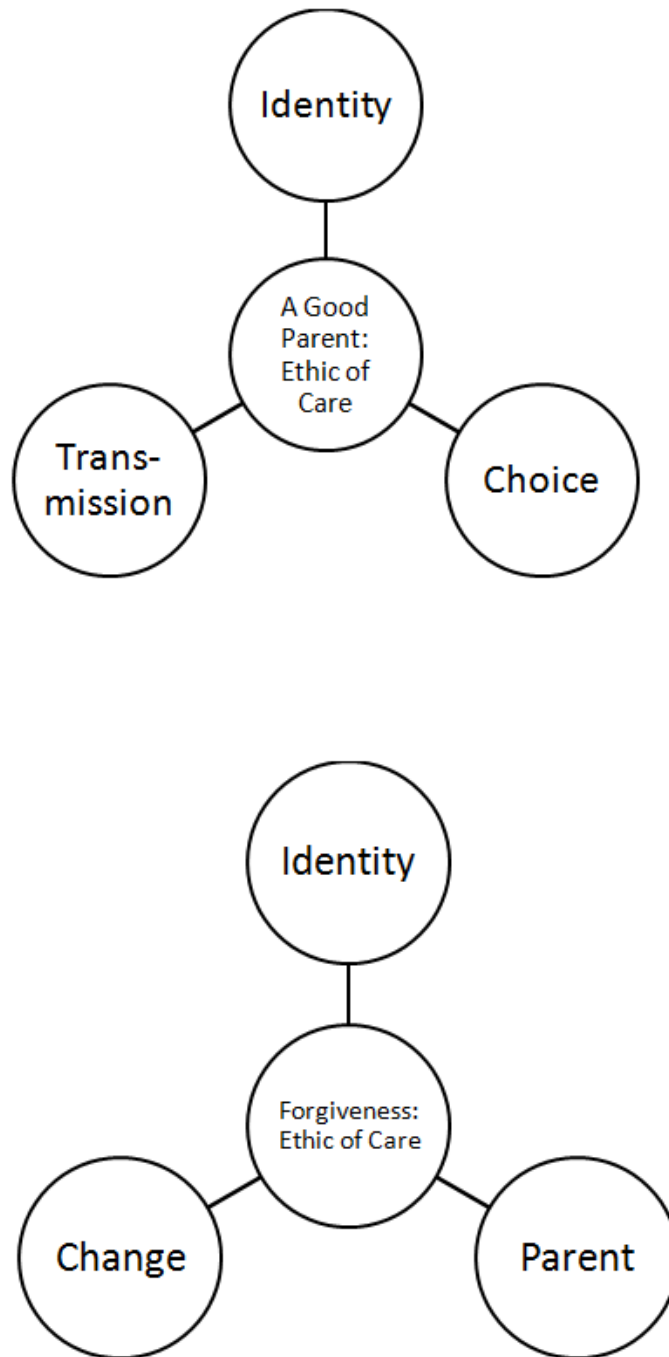
Note. When making a choice about reproduction, each participant wanted to identify as a good parent (or abstainer of biological parenthood) who would guard his or her child from transmission of dysfunction. Participants regarded forgiveness of their parents as a virtue (for themselves, their children, their parents); however, it required change by their parent or a change in the participant's view of the parent's actions.

176

Between the components of reproductive decisions and contemplations of the risk of transmission appeared another component: identity. The participants implicitly reconstructed a figure of themselves as a good parent or as a good abstainer from parenthood. This process of deciding whether to reproduce or not was based on primarily relational (over rational) considerations. Participants' considerations were infused with concepts of human and familial connectedness to their true selves, their children, and to their parents (grandparents of their children). Their choices—to become a parent or not—were related to their sense of risk of transmitting dysfunction or the benefit of transmitting a good family life—and their sense of who they are—certainly or uncertainly a parent or not a parent—and all of these were linked to an understanding of what a good parent is, which entails a responsibility to themselves and to their (potential) children. Their ethical deliberations and life choices were based, not on general principles, but on negotiations of relationships; in an inductive fashion, they listened to what they understood as their true selves and attended to their own experiences. They did not rely on an objective imperative to procreate or not based on a history of abuse. In some ways, there was a weighing of considerations (e.g., honouring the self, protecting children from suboptimal parenting, honouring parents).

In their attitudes towards forgiveness, the participants struggled with the fact of suboptimal childhood care (recounted in tales of the mood of childhood home life and the relational positions they found themselves in) paired with parents who were themselves hurt and did not intend or foresee harm to the participants. These parents had changed a little, a lot, or were incapable of change. In their ethical deliberations and choices around forgiving, the participants universally believed in the benefits of achieving forgiveness and each wanted to be a person who forgives. They also promoted the value of intergenerational family relationships. Forgiveness was negotiated in response to the voices of their selves, their children and their parents, and enacted according to the context of their particular situation.

This thesis has captured the moral experience of reproductive decision-making after childhood maltreatment, in which adults are preoccupied by risk, forgiveness and relationships between themselves, their parents, and their children (see Figure 7).

Figure 7. Moral Experiences of Reproductive Decision-making After Childhood Maltreatment
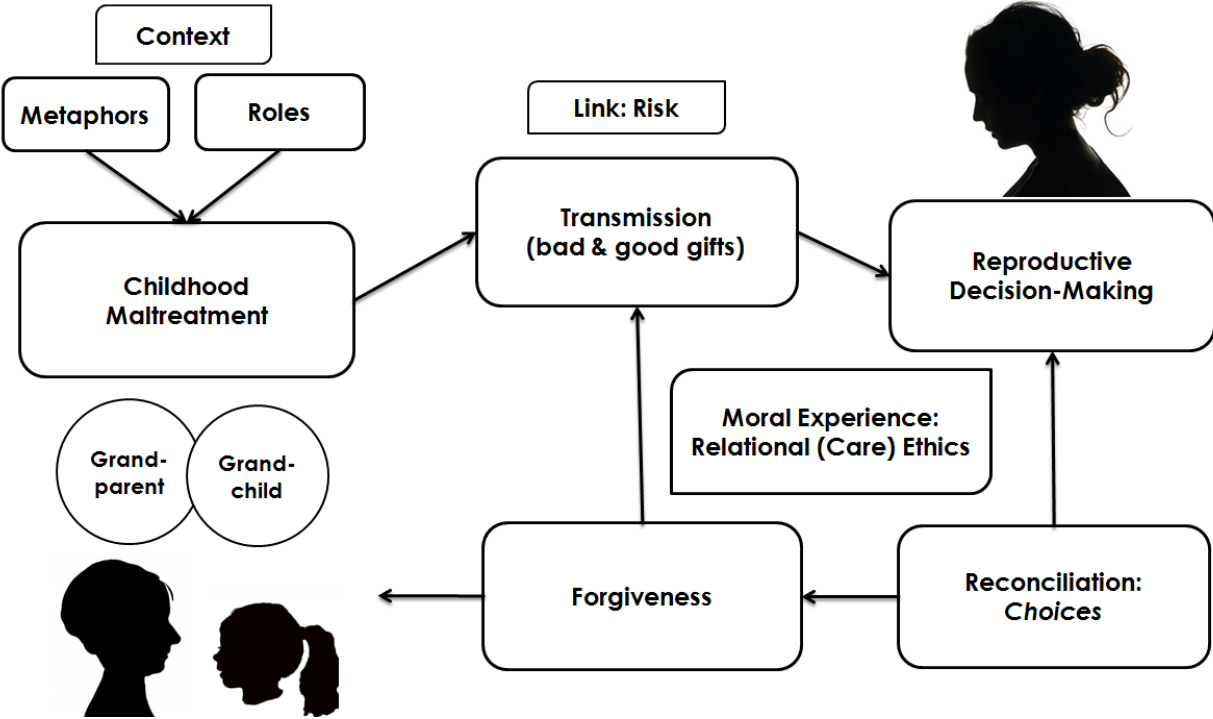
7.2 Return to the Literature

In the conclusion of each of the five descriptive chapters, a dialogue with relevant literature was presented to inform the analysis and interpretation of that specific aspect of experience in the narratives. The extensive background literature review in the first chapter of the thesis pointed to a few key areas: transmission and transformation of dysfunctional parenting; discourses of redemption; development of resilience; family legacy; and, rational choices.

The participants expressed their intuitions about the potential to transmit harmful parenting from one generation to the next, as well as to transcend such negative heritage. These suspicions resonate with empirical findings that both harsh and kind parenting practices display intergenerational correlations (for example see Chen & Kaplan, 2001; Simons, Whitbeck, Conger, & Chyi-In, 1991). Other researchers have documented the ability for some adults and parents to generate positive meaning and attribution (e.g., personal strength, spiritual growth, protection of their children, effective parenting) from their traumatic childhood experiences (specifically childhood sexual abuse), and this ability has been associated with higher adjustment in adult life (McMillen, Zuravin, and Rideout, 1995; O'Dougherty, Crawford, and Sebastian; 2007). Adults who have experienced all forms of childhood maltreatment have described themselves as successful and "thriving" (Roman, Hall, & Bolton, 2008, p. 187; Thomas & Hall, 2008, p. 150). Adults from diverse adverse childhood circumstances have reported finding optimistic significance in those experiences, including redemption, renewal, deliverance, opportunity, progress, personal growth and generativity, and commitment to being a good parent (Esperat & Esparza, 1997; Reeves, 2006; Roman, Hall & Bolton, 2008; Thomas & Hall, 2008; Wiliams & Vines, 1999). This study of 15 participants adds to the diversity of strategies of self- and life construction and adaptation, particularly among a slightly older sample. "Meaning reconstruction" (Chan, Chan & Ng, 2006, p. 10) and "making meaning of adversity" (Walsh, 2003, p. 6) are signature components of resilience in individuals and in families. The participants' narratives are demonstrations of the attempt to make meaning, in diverse ways, of persistent or lingering artifacts of trauma while they move through reproductive decisions. It is difficult to arrive at a judgement of whether the participants were "resilient"; certainly, each participant had the capacity to revisit, contemplate, articulate, and share at length about their traumatic experiences and ongoing relationship challenges, and a number of them were satisfied with the decisions they had arrived at and their ability to provide a good life for their children.

179

Standardized psychological assessment, longitudinal data, and pointed, semi-structured interview questions could clarify the level of life "success" and "resilience" of the participants.

These results are similar to Martsolf and Draucker's (2008) theory of "Living the Family Legacy (p. 335) of childhood sexual abuse and family adversity. [25] Of particular relevance to the current project is their finding that whether they were "stuck in", "plagued by", or "rejecting" or "creating" anew the family legacy, after "inheriting the legacy," some participants described either "passing on the family legacy", "taking a stab at passing on a new legacy," or "passing on a new legacy" (p. 336). Martsolf and Draucker described participants who had passed on to their own children—to some degree—the same dysfunctional parenting behaviours and environments they themselves had experienced as children. In the current research, no participants described this life pattern, which may point to a limitation in sampling. The current research did encounter and describe in depth categories of participants who would not or might not have children. Martsolf and Draucker described these common trajectories while acknowledging multiple possibilities, and many participants described "complex, cyclic, regressive, and iterative" (p. 338) pathways; for example, "some might attempt a new legacy for one child, and leave a new legacy for another" (p. 338). This comment emphasizes the need for longitudinal research on reproductive and parenting experiences among diverse individuals after multiple types of childhood maltreatment.

This study described reproductive decision-making in a childhood maltreatment context as a relational *process.* This process was "rational" in some senses; for example, considering the risk of transmission of dysfunction is reasonable. However, the results demonstrate that there is not one but many ways to approach this question and the answer. There was rarely a rational, economical, or straightforward deliberation, but a complex web of considerations at cognitive, emotional, and social levels. It was not a weighing or a rationalization; rather, the same considerations or factors were interpreted, selected, and attributed differently. Unlike rational choice or systems theory interpretation, the factor of affinity towards children is not an objective weight on a scale, but takes on a meaning of "this is who I am." The key argument of this thesis is that reproductive decisions of adults who have experienced childhood maltreatment cannot be

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[25] In Chapter 5 I have included an expanded discussion of the concept of inter-generational legacy, which arose in the data, in dialogue with the theory of the gift (Mauss, 1954/2011), which resonates with Martsolf and Draucker's (2008) grounded theory.

represented or understood as a moment in time or in isolation from a nuanced description of the constellation of meanings involved in the decision-making process, and of the decision as a result of a system of meaning. Many layers of meaning—reaching into many aspects of their lives/elements of the lifeworlds and constructions—are involved.

7.3 Implications and Applications

Kearney (2001) described four ways that qualitative research findings can be applied in health care practice, in order of increasing intervention and requirements for increasing level of complexity of the findings: 1) understanding a health experience, 2) identifying the client's point on a health trajectory, 3) giving "anticipatory guidance" regarding expected challenges and needed resources, and 4) coaching. In the process of such applications, the transferability of the situated research findings to the clients' particular situation should be determined through collaboration between the practitioner and the client (Kearney, 2001). Sound clinical judgement and familiarity with the literature is necessary since "there will be no odds ratios or relative risks to offer a client in support of the recommendations—only the power of a diligent systematic study of human experience in a particular context" (p. 152). In light of these potential practice implications, researchers have a responsibility to discover findings that "portray a worldview with great vividness and explain how different contexts affect a health experience [in order that] their relevance and fit with a given situation are better able to be judged than if given only a list of quotes or concepts without contextual settings or insightful interpretation" (p. 150). Kearney (2001) gave the following advice for anticipatory guidance in particular, which involves a health care professional sharing qualitative research results with individuals experiencing a health challenge or transition:

> ...using qualitative findings to consider a range of possible responses or points on a trajectory for an individual patient also is worthy of consideration...one can use clinical cues and skilled questions to determine the fit of a category to a particular client or family, with its probably orientation and associated responses. In this way a clinician gains a set of possibilities for clinical exploration, problems to watch out for, and emotions and behaviors to understand. Likewise, if it is believed there is a clinical fit of a client's situation with study findings that include a trajectory...it is possible to mentally locate one's patient on that progression...These observations...have the potential to speed the recognition of exemplary recovery or the knowledge of when a client is "stuck" (Kearney, 2001, p. 151).

I sought to dig deep into the complexity of the findings of this research project by engaging in reasonable immersion in the field (i.e., multiple, lengthy interviews with participants, in their

home setting when possible). The analysis and interpretation of the data have provided insight for professionals and researchers into the experiences of reproductive decision-making after childhood maltreatment and adversity, which can be translated into "anticipatory guidance." For example, therapists could be aware of potential ruminations by their clients about transmission of dysfunction and negotiating of intergenerational relationships during reproductive life transitions, and normalize these worries as well as anticipate needed resources for these processes. Future research findings can be enriched by longitudinal study with participants throughout their reproductive decision-making process, a larger sample for greater confirmation of distinct streams of experience, and syntactic analysis of the shared and distinct plot lines, notably with regards to the future. Follow-up research should attend to the participants' interpretation of the present with the future as a key horizon. The participants' constructions of the future, particularly their life plans, would provide additional illumination of their choices. Such additional complexity of qualitative research findings could meet Kearney's criteria for "trajectory" identification and "coaching" by psychiatrists, psychologists, counsellors, nurses, and other personnel who encounter child-bearing age adults with a history of familial trauma.

Kearney (2001) asserted the utility of qualitative research, coupled with good clinical expertise and collaborative care, in guiding people through common human life experiences and health challenges. This transferability is made possible by thick description of the experiences of participants in similar circumstances. This study of 13 women and 2 men has begun the work of identifying potential variables and processes. Several priority bundles of meaning surrounding reproduction and childhood trauma experiences and connections have been identified. More complete personal stories are required and ethnographic work incorporating family members, therapists, and longitudinal study is necessary.

Health professionals and therapists are undoubtedly aware of the enduring effect of childhood and familial trauma on adult development. Most participants in this study, when asked to recount their childhood adversity and reproductive decisions, reflected on their experience of growing up with a parent or parents living with mental health and substance use disorders. Clinical implications emphasized by this research include:

1.   Increased attention to the care needs of children who are currently living with parents who have mental health and substance use disorders that impede their functioning as a parent.

2.	Increased attention to the unique shifts in identity that are initiated by the transition to parenthood for adults who experienced childhood maltreatment.

7.4 <u>Limitations and Recommendations</u>

The thematic analysis of data and interpretation on the topic explored the reproductive decision-making process among the heretofore ignored population: adults of child-bearing age (25 and 35 years) who were emotionally and physically abused or neglected or exposed to violence (with no childhood sexual abuse). This exploratory research has opened many questions that can be delved into now that the salient categories of experience have been identified. In each chapter I have noted numerous unanswered questions that emerged along with the picture of themes in the participants' stories about salient experiences. These questions offer rich opportunity to enhance future research instruments, such as new topics or topics to be explored in further depth. Notably, in some cases, participants returned, regardless of prompts, to topics they had already spoken about at length, in order to explore them in depth or at further length. While this is a signal to the research of the participants' priorities in communicating to me what was as stake for them, it is a point of learning for the researcher to gently encourage participants to expand the boundaries of their narratives in the interviews. For example, the researcher is left with questions about the participants' past and present relationships with their siblings—such as the childhood sibling community or adult siblings' reactions to the participants' positions on forgiveness—which the participants elaborated on less than other relationships. The researcher also continues to wonder about the role of the participants' partners in the process of reproductive decision-making; however, the lack of elaboration on this relationship may be due to the fact that only 4 of 15 participants were married, while 3 were separated (and not dating), and 8 were single or dating. Participants' reasons for having children (or not) were based on significant aspects of their selves that would not likely be changed by a partner's influence (e.g., destined to be a parent or voluntarily childless, or at great risk of transmitting dysfunction), and they may have chosen partners in sync with their reproductive preferences. It is possible that some of these questions could be partially addressed by a re-analysis of the data attending to these specific questions. The current findings offer a broad overview of the data.

It should be noted that the transferability—the researchers did not aim for generalizability—of the results is limited by the self-reported categorization of childhood maltreatment, as well as for mental health and substance use disorder diagnoses for participants

and their parents. Young adults who volunteer to participate in this study may be those who are successfully functioning on personal and interpersonal levels and are able to engage in reflection and make meaning of their experiences. At the same time, researchers and health care professionals should take note that the findings were generated with adults who self-reported experiencing an approximately higher lifetime rate of mental health and substance use disorders among themselves (73%) and their parents (67%) than the general population (33%) (Pearson, Janz, & Ali, 2013). Future research projects may include detailed measures of mental health and degrees of childhood trauma. Broader sampling (i.e., demographic, gender, ethnicity, and socio-economic diversity), and larger, purposive sampling (i.e., greater number of participants in categories) could enhance future projects on this topic; for example, fewer participants—especially men—might find having children to be a central part of their identity.

Future studies should consider the reproductive decision-making experiences of the partners of adults with a history of childhood maltreatment, providing a proximal but outsider perspective on the phenomenon and a view of how childhood maltreatment resonates in the shared processes of the family of procreation. Some couples or partnerships will be comprised of two individuals who have experienced maltreatment. Future research designs could include life narrations from such individuals or in dyads. This research focused on the perspective, concerns, and well-being of an individual family member, and implications for additional empathy and support. However, many participants themselves noted that those who wounded them—their parents—were also wounded themselves. While the adults in this study demonstrated resilience—perhaps related to greater recognition of mental health diagnoses and treatment and sensitivity to what behaviours constitute parental harm—their parents were not able to avoid the transferring of dysfunctional parenting. The process of forgiveness should be investigated with all family members involved. Future research should explore whether—when prompted by pointed questions—the caregivers and resistors perceived their childhood experiences and behaviours served as protective devices and life skills opportunities. Such polyvalence, ambivalence and simultaneously contrasting values are imaginable (i.e., benefits in parallel with harms), even within the construction and phenomenology of these statuses and roles in the context of childhood maltreatment. Additional exploration is needed regarding the nature of good gifts when confronted with parallel poisoned gifts, and whether restoring the logic of the good gift requires interaction with parents and grandparents who could not maintain its path. In

addition, the participants' experiences of therapy require elaboration, in particular the processes of seeking or avoiding services; the reasons for therapy's effectiveness or lack thereof; the relative contribution of therapy to transitioning through reproductive choices and good parenting considering their life history; and the facilitation (or not) forgiveness.

The areas for future investigation signal the researcher to take a critical look at the lack of support that was provided to the participants' parents during the participants' childhoods. This critique is aimed at the level of social barriers (which become obstacles to forgiveness) and point to another location of responsibility for the harm to the participants. The participants also evoked political, economic and institutional forces and inequality as factors in their childhood circumstances and contributors to the dysfunction when these factors were involved in inadequate treatment of mental health and substance use disorders and poverty. Notably, the ongoing ideology of the nuclear family places great stress on families.

It is commonly understood in the field of qualitative research approaches that 1) the researcher is an instrument, a variable, and an integral part of the research process[26], 2) research participants' experiences of their lifeworlds are inevitably changed by their interactions with the researcher, and 3) the researcher is an interpreter of the data with a distinctive lens which—although it is connected to the participants' expressions and (in the case of this research project) a shared cultural meaning system—inevitably shapes the unique results and conclusions. The constructionist (differentiated from constructivist) approach[27] to the data was enacted by lengthy immersion and re-immersion in the data; moving back and forth between the parts and the whole of the data; involvement of two researchers in the analysis and interpretation of the data. I engaged in a process of reflexivity by repeatedly interrogating, with my supervisor, how my personal developmental trajectory, demographic characteristics, and family status influenced my analysis and interpretation. We attempted to ensure that my closeness to topic as a new parent

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[26] The interviewer is a variable since reconstructions told by the participants were "'recipient designed'…tailored to fit the expected response of the listener(s), including the listener's apparent needs and purposes, sense of humor, likes and dislikes, and readiness to approve or disdain" (Frank, 2010, p. 90).
[27] Crotty (1998) recommended that we "reseve the term *constructivism* for epistemological considerations focusing exclusively on 'the meaning-making activity of the individual mind' and to use *constructionism* where the focus includes 'the collective generation [and transmission] of meaning'" (p. 58) (emphasis and parentheses in original). Crotty posited that "constructivism tends to resist the critical spirit, while constructionism tends to foster it" (p. 58).

was put in service of the research rather than being a detriment. For example, one advantage of this situation is that I may have been sensitive to many possibilities of struggles and opportunities; my supervisor helped me to avoid a limited lens with his distance from the developmental stage. We both read widely on the topic and explored alternative interpretations. I, the doctoral student, met regularly with my supervisor to report on my impressions of the data and emerging patterns I had identified. I presented visual schematics of the data set, potential connections, and exemplary transcript excerpts. Together we played with ideas—i.e., participants' expressions in dialogue with salient theories—to clarify potential meanings and interpretations. Throughout the process, previous analyses and interpretations were refined in dialectic with additional data analysis and a more complete picture of the stakes for individual participants and cohorts.

The purpose of this research was to explore reproductive decision-making after childhood adversity. This initial project has highlighted salient aspects of these experiences and opened new questions for future analysis (returning to the data) and future studies (new data collection). The scope of this research project, the doctoral program of study and this written thesis report have allowed for a limited but rich beginning to a future program of research that can delve into the complexities of identity, forgiveness and an ethics of care in a world where, sadly, child maltreatment is all too common.

<div style="text-align: center;">**REFERENCES**</div>

Afifi, T. O., Boman, J., Fleisher, W., & Sareen, J. (2009). The relationship between child abuse, parental divorce, and lifetime mental disorders and suicidality in a nationally representative adult sample. *Child Abuse & Neglect, 33*, 139-147. doi:10.1016/j.chiabu.2008.12.009

Afifi, T. O., MacMillan, H. L., Boyle, M., Taillieu, T., Cheung, K., & Sareen, J. (2014). Child abuse and mental disorders in Canada. *Canadian Medical Association Journal, 186*(9), E324-E332. doi: 10.1503/cmaj.131792

Agrillo, C., & Nelini, C. (2008). Childfree by choice: A review. *Journal of Cultural Geography, 25*(3), 347-363. doi: 10.1080/08873630802476292

(APA) American Psychiatric Association. (2000). 309.81 Posttraumatic Stress Disorder. *Diagnostic and statistical manual of mental disorders: DSM IV- TR.* Washington, DC: Author. Electronic reproduction. Jackson, WY: Teton Data Systems. (2011). Retrieved from http://online.statref.com

Anderson, K. M., & Hiersteiner, C. (2008). Recovering from childhood sexual abuse: Is a "storybook ending" possible? *The American Journal of Family Therapy,* 36, 413-424. doi: 10.1080/01926180701804592

Archard, D. (2004). *Children: Rights and childhood* (2nd ed.). New York: Routledge.

Arendt, H. (1978). *The life of the mind: One/Thinking.* New York: Harcourt Brace Jovanovich.

Badinter, E. (1981). *Mother love: Myth and reality. Motherhood in modern history.* New York: MacMillan.

Badinter, E. (2011). *The conflict: How modern motherhood undermines the status of women* (A. Hunter, Trans.). Toronto: HarperCollins. (Original work in French published as *Le conflit* by Flammarion in 2010).

Bagot, R., Parent, C., Bredy, T. W., Zhang, T., Gratton, A., & Meaney, M. (2007). Developmental origins of neurobiological vulnerability for PTSD. In L. J. Kirmayer, R. Lemelson & M. Barad (Eds.), *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 98-117). Cambridge University Press.

Barber, J. S. (2001). Ideational influences on the transition to parenthood: Attitudes toward childbearing and competing alternatives. *Social Psychology Quarterly, 64*(2), 101-127.

Barlevy, D., Wasserman, D., Stolerman, M., Erskine, K. E., & Dolan, S. M. (2012). Reproductive decision making and genetic predisposition to sudden cardiac death. *American Journal of Bioethics Primary Research, 3*(3), 30-39. doi: 10.1080/21507716.2012.662573

Barlow, C. A., & Cairns, K. V. (1997). Mothering as a psychological experience: A grounded theory exploration. *Canadian Journal of Counselling, 31*(3), 232-247.

Barnett, L. (2008, June 20). The "spanking" law: Section 43 of the *Criminal Code.* Library of Parliament. Ottawa: Parliamentary Information and Research Service.

Baumeister, R. F., & Leary, M. R. (1995). The need to belong: Desire for interpersonal attachments as a fundamental human motivation. *Psychological Bulletin, 117*(3), 497-529.

Beaupre, P., Dryburgh, H., & Wendt, M. (2010, June 8). Making fathers "count." *Canadian Social Trends,* 25-33. Statistics Canada Catalogue no. 11-008.

Becker, G. (1997). *Disrupted lives: How people create meaning in a chaotic world.* Berkeley: University of California Press.

Belicki, K., Rourke, J., & McCarthy, M. (2008). Potential dangers of empathy and related conundrums. In W. Malcolm, N. DeCourville & K. Belicki, (Eds.), *Women's reflections on the complexities of forgiveness* (pp. 165-186). New York: Taylor and Francis.

Bert, S. C., Gunner, B. M., & Lanzi, R. G. (2009). The influence of maternal history of abuse on parenting knowledge and behavior. *Family Relations, 58,* 176-187.

Biddle, B. J. (1979). *Role theory: Expectations, identities, and behaviors.* New York: Free Press.

Bonanno, G. A. (2004). Loss, trauma, and human resilience. Have we underestimated the human capacity to thrive after extremely adverse events? *American Psychologist, 59* (1), 1-28. doi:10.1037/0003-066X.59.1.20

Bos, H. M. W., van Balen, F., & van den Boom, D. C. (2003). Planned lesbian families: their desire and motivation to have children. *Human Reproduction, 18*(10), 2216-2224. doi: 10.1093/humrep/deg427

Boucai, L., & Karniol, R. (2008). Suppressing and priming the motivation for motherhood. *Sex Roles, 59*(11-12), 851-870. doi: 10.1007/s11199-008-9489-0

Bouchard, G. (1994). Family reproduction in new rural areas: Outline of a North American model. *Canadian Historical Review, 74*, 475-510.

Bracken, P. J. (2001). Post-modernity and post-traumatic stress disorder. *Social Science & Medicine, 53*(6), 733–743.

Brahler, E., Stobler-Richter, Y., & Schumacher, J. (2001). The pros and cons of starting a family: The Leipzing Questionnaire on Motives for Wanting Children. *Diagnostica, 47*(2), 96-106.

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3,* 77-101. doi: 10.1191/1478088706qp063oa

Briere, J., & Scott, C. (2006). *Principles of trauma therapy: A guide to symptoms, evaluation, and treatment*. Thousand Oaks, CA: Sage.

Burstow, B. (2003). Toward a radical understanding of trauma and trauma work. *Violence Against Women, 9*(11), 1293-1317. doi: 10.1177/1077801203255555

Brown, L. (1995). Not outside the range: One feminist perspective on psychic trauma. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 100-112). Baltimore: John Hopkins University Press.

Browner, C. H., & Sargent, C. F. (1996). Anthropology and studies of human reproduction. In C. F. Sargent, & T. M. Johnson (Eds.), *Handbook of medical anthropology: Contemporary theory and method* (pp. 215-229). Westport, CT: Greenwood Press.

Bruner, E. M. (1986). Experience and its expressions. In V. W. Turner & E. M. Bruner (Eds.), *The anthropology of experience* (p. 3-30). Urbana: University of Chicago Press.

Burke, N. J., Galen, J., Pasick, R. J., & Barker, J. C. (2009). Theorizing social context: Rethinking behavioral theory. *Health Education & Behavior, 36*, 55S-70S. doi: 10.1177/1090198109335338

Burr, V. (2003). *Social constructionism* (2nd ed.). London: Routledge.

Canadian Oxford Dictionary (2005). *Canadian Oxford Dictionary* (2nd ed.) (K. Barber, Ed.) *Canadian Oxford Dictionary (2nd ed.).* Oxford University Press. eISBN:9780191735219. Retrieved from http://www.oxfordreference.com

Carmichael, G. A., & Whittaker, A. (2007). Choice and circumstance: Qualitative insights into contemporary childlessness in Australia. *European Journal of Population, 23*(2), 111-143. doi: 10.1007/s10680-006-9112-4

Caruth, C. (1995). Trauma and experience. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 3-12). Baltimore: John Hopkins University Press.

Cassidy, T., & Sintrovani, P. (2008). Motives for parenthood, psychosocial factors, and health in women undergoing IVF. *Journal of Reproductive and Infant Psychology, 26*(1), 4-17. doi: 10.1080/02646830701691392

Chabot, J. M., & Ames, B. D. (2004). "It wasn't 'let's get pregnant and go do it':" Decision making in lesbian couples planning motherhood via donor insemination. *Family Relations, 53,* 348-356.

Chan, C. L. W., Chan, T. H. Y., & Ng, S. M. (2006). The strength-focused and meaning-oriented approach to resilience and transformation (SMART): A body-mind-spirit approach to trauma management. *International Social Health Care Policy, Programs, and Studies, 43*(2/3), 9-36. doi: 10.1300/J010v43n02_03

Charteris-Black, J. (2012). Shattering the bell jar: Metaphor, gender, and depression. *Metaphor and Symbol, 27*, 199-216. doi: 10.1080/10926488.2012.665796

Chen, Z., & Kaplan, H. B. (2001). Intergenerational transmission of constructive parenting. *Journal of Marriage and Family, 63,* 17-31.

Chirichella-Besemer, D., & Motta, R. W. (2010). Psychological maltreatment and its relationship with negative affect in men and women. *Journal of Emotional Abuse, 8*(4), 423-445. doi: 10.1080/10926790802480380

Clark, W. (2007). Delayed transitions of young adults. *Canadian Social Trends,* 84, 13-20. Statistics Canada catalogue no. 11-008.

Collishaw, S. Pickles, A., Messer, J., Rutter, M., Shearer, C., & Maughan (2007). Resilience to adult psychopathology following childhood maltreatment: Evidence from a community sample. *Child Abuse & Neglect, 31,* 211-229. doi: 10.1016/j.chiabu.2007.02.004

Colman, R. A., & Widom, C. S. (2004). Childhood abuse and neglect and adult intimate relationships: A prospective study. *Child Abuse and Neglect, 28*(11), 1133-1151. doi: 10.1016/j.chiabu.2004.02.005

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process.* Sage: London.

Crossley, M. L. (2000). Narrative psychology, trauma, and the study of self/identity. *Theory and Psychology, 10*(4)*,* 527-546. doi: 10.1177/0959354300104005

Cunningham, H. (2005). *Children and childhood in Western society since 1500* (2nd ed.). Harlow, UK: Pearson.

D'Andrade, R. G. (1984). Cultural meaning systems. In R. A. Shweder, & R. A. LeVine (Eds.), *Culture theory: Essays on mind, self and emotion* (pp. 87-119). New York: Cambridge University Press.

Das, V. (2000). The act of witnessing: Violence, poisonous knowledge, and subjectivity. In V. Das (Ed.), *Violence and subjectivity* (pp. 205-225). Berkeley: University of California Press.

Davis, J. L., & Petretic-Jackson, P. A. (2000). The impact of child sexual abuse on adult interpersonal functioning: A review of synthesis of the empirical literature. *Aggression and Violent Behavior, 5*(3), 291-328.

DeCourville, N., Belicki, K., & Green, M. M. (2008). Subjective experiences of forgiveness in a community sample: Implications for understanding forgiveness and its consequences. In W. Malcolm, N. DeCourville & K. Belicki, (Eds.), *Women's reflections on the complexities of forgiveness* (pp. 1-20). New York: Taylor and Francis.

Desjardins, M. (2010). Les enjeux de la reproduction. L'expérience morale des parents à l'égard de la reproduction de leur enfant présentant une déficience intellectuelle. In M. C. Haelewyck & H. Gascon (Eds.), *Adolescence et Retard Mental* (pp. 233-246). Bruxelles: Éditions de Boeck.

DiLillo, D., & Long, P. J. (1999). Perceptions of couple functioning among female survivors of child sexual abuse. *Journal of Child Sexual Abuse, 7*(4), 59-76.

Dornstauder, F., & Macknak, D. (2009). *100 years of child welfare services in Saskatchewan: A survey.* Regina: Saskatchewan Association of Social Workers. Retrieved November 19, 2012 from www.sasw.ca/CW/100-ChildWelfarePaper.pdf

Douglas, K. (2010). *Contesting childhood: Autobiography, trauma, and memory.* New Brunswick, NJ: Rutgers University Press.

Doyle, J., Pooley, J. A., & Breen, L. (2012). A phenomenological exploration of the childfree choice in a sample of Australian women. *Journal of Health Psychology, 18*(3), 397-407. doi: 10.1177/1359105312444647

Durham, W. T. (2008). The rules-based process of revealing/concealing the family planning decisions of voluntarily child-free couples: A communication privacy management perspective. *Communication Studies, 59*, 132-147. doi: 10.1080/10510970802062451

Durham, W., & Braithwaite, D. O. (2009). Communication privacy management within the family planning trajectories of voluntarily child-free couples. *Journal of Family Communication, 9,* 43-65. doi:10.1080/15267430802561600

Easton, J. A., Confer, J. C., Goetz, C. D., & Buss, D. M. (2010). Reproduction expediting: Sexual motivations, fantasies, and the ticking biological clock. *Personality and Individual Differences, 49,* 516-520. doi: 10.1016/j.paid.2010.05.018

Edgerton, R. B. (1967). *The cloak of competence.* Berkeley: University of California Press.

Edmonston, B., Lee, S. M., & Wu, A. (2010). Fertility intentions in Canada: Change or no change? *Canadian Studies in Population, 37*(3-4), 297-337.

Erikson, E. H. (1980/1959). Growth and crises of the healthy personality. In E. H. Erikson, *Identity and the life cycle* (pp. 51-107). New York: W. W. Norton & Company.

Esperat, M. C. R., & Esparza, D. V. (1997). Minority adolescent mothers who reported childhood sexual abuse and those who did not: Perceptions of themselves and their relationships. *Issues in Mental Health Nursing, 18*(3), 229-246.

Fallon, B., Trocme, N., Fluke, J., MacLaurin, B., Tonmyr, L., & Yaun, Y. (2010). Methodological challenges in measuring child maltreatment. *Child Abuse & Neglect, 34,* 70-79. doi:10.1016/j.chiabu.2009.08.008

Fawcett, J. T. (1988). The value of children and the transition to parenthood. In R. Palkovitz and M. B. Sussman (Eds.), *Transitions to parenthood* (pp. 11-34). New York: Routledge.

Fernandez, J. (1974). The mission of metaphor in expressive culture. *Current Anthropology, 15*(2), 119-145.

Ferguson, D. M., Boden, J. M., & Horwood, L. J. (2008). Exposure to childhood sexual and physical abuse and adjustment in early adulthood. *Child Abuse & Neglect, 32,* 607-619. doi: 10.1016/j.chiabu.2006.12.018

Fiasse, G. (2010). The golden rule and forgiveness. In B. Treanor & H. I. Venema (Eds.), *A passion for the possible: Thinking with Paul Ricoeur* (pp. 77-89). New York: Fordham University Press.

Fisher, H. E., Aron, A., Mashek, D., Haifang, L., & Brown, L. L. (2002). Defining the brain systems of lust, romantic attraction, and attachment. *Archives of Sexual Behavior, 31*(5), 413-419.

Flandrin, J. L. (1981). *Le sexe et l'occident: Évolution des attitudes et des comportements*. Paris: Editions du Seuil.

Flanigan, B. (1992). *Forgiving the unforgivable.* New York: Macmillan.

Foucault, M. (1978). *The history of sexuality. Volume 1: An Introduction* (R. Hurley, Trans.). New York, NY: Vintage Books.

Foyster, E., & Marten, J. (2010). Introduction. In E. Foyster & J. Marten (Eds.), *A cultural history of childhood and family, volume 4: In the age of Enlightenment.* Oxford: Berg.

Frank, A. W. (2013). *The wounded storyteller: Body, illness, and ethics* (2nd ed). Chicago: University of Chicago Press. (Original work published 1995).

Frank, A. W. (2010). *Letting stories breathe.* Chicago: University of Chicago Press.

French, B. N., Kurczynski, T. W., Weaver, M. T., & Pituch, M. J. (1992). Evaluation of the health belief model and decision making regarding amniocentesis in women of advanced maternal age. *Health Education and Behavior, 19,* 177-186. doi: 10.1177/109019819201900203

Freud, S. (1965). *Three essays on the theory of sexuality* (J. Strachey Ed., Trans.). New York: Basic Books. (Original work published 1905).

Freud, S. (2003). *The uncanny* (D. McLintock, Trans.) (pp. 123-162). London: Penguin. (Original work published 1919).

Gadamer, H. G. (1988). On the circle of understanding. In J. M. Connolly & T. Keutner (Eds.), *Hermeneutics versus science? Three German views* (pp. 68-78). Notre Dame, Indiana: University of Notre Dame Press.

Garland, C. (2002). Introduction: Why psychoanalysis? (pp. 3-8) and Thinking about trauma (pp. 9-31). In C. Garland (Ed.), *Understanding trauma: A psychoanalytical approach* (2nd ed.). London: Karnac.

Gee, E. M. (1982). Marriage in nineteenth-century Canada. *Canadian Review of Sociology and Anthropology, 19*, 311-325.

Geertz, C. (1973). *The interpretation of cultures.* New York: Basic Books.

Gillespie, R. (2000). When no means no: Disbelief, disregard and deviance as discourses of voluntary childlessness. *Women's Studies International Forum, 23*, 223-234.

Gillespie, R. (2003). Childfree and feminine: Understanding the gender identity of voluntarily childless women. *Gender and Society, 17*(1), 122-136. doi: 10.1177/0891243202238982

Gilligan, C. (2011a). *Joining the resistance.* Cambridge, UK: Polity Press.

Gilligan, C. (2011b, June 21). Interview by editorial staff of, Ethics of care: Sharing views on good care. Retrieved from http://ethicsofcare.org/carol-gilligan/

Ginsburg, F. D., & Rapp, R. (1995). Introduction: Conceiving the new world order. In F. D. Ginsburg, & R. Rapp (Eds.), *Conceiving the new world order: The global politics of reproduction* (pp. 1-17). Berkeley: University of California Press.

Glass, J. (2006). Working toward aesthetic distance: Drama therapy for adult victims of trauma. In L. Carey (Ed.), *Expressive and creative arts methods for trauma survivors* (pp. 57-72). London: Jessica Kingsley Publishers.

Godbout, J. (1998). *The world of the gift.* Montreal: McGill-Queen's University Press.

Good, B. J. (1994). *Medicine, rationality, and experience: An anthropological perspective.* Cambridge, UK: Cambridge University Press.

Gormly, A. V., Gormly, J. B., & Weiss, H. (1987). Motivations for parenthood among young adult college students. *Sex Roles, 16*(1-2), 31-39.

Government of Canada (2006). National Clearinghouse on Family Violence. *Child maltreatment in Canada: Overview paper.* Prepared by S. Jack, C. Munn, C. Cheng, & H. MacMillan for the National Clearinghouse on Family Violence. Ottawa: Public Health Agency of Canada.

Government of Saskatchewan (2011). *Provincial child abuse protocol 2006 (Updated: January 2011).* Author.

Grewel, R. P., & Urschel, J. D. (1994). Why women want children: A study during phases of parenthood. *The Journal of Social Psychology, 134*(4), 453-455.

Guss, D. M. (1989). *To weave and sing: Art, symbol, and narrative in the South American rain forest.* Berkeley: University of California Press.

Hall, J. M. (2003). Positive self-transitions in women child abuse survivors. *Issues in Mental Health Nursing, 24,* 647-666. doi: 10.1080/01612840390219167

Hattery, A. (2008). Intensive motherhood ideology: Shaping the ways we balance and weave work and family into the 21st century and beyond. In J. Nathanson & L. C. Tuley (Eds.), *Mother knows best: Talking back to the "experts"* (pp. 192-202). Toronto: Demeter Press.

Heckerling, P. S., Verp, M. S., & Hadro, T. A. (1994). Preferences of pregnant women for amniocentesis or chorionic villus sampling for prenatal testing: Comparison of patients' choices and those of a decision-analytic model. *Journal of Clinical Epidemiology, 47*(11), 1215-1228.

Heywood, C. (2001). *A history of childhood: Children and childhood in the West from Medieval to Modern times.* Cambridge: Polity Press.

Hollway, W. (2009). Applying the "experience-near" principle to research: Psychoanalytically informed methods. *Journal of Social Work Practice, 23*(4), 461-474. doi: 10.1080/02650530903375025

Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomena of parentification. *The Family Journal: Counseling and Therapy for Couples and Families, 15*(3), 217-223. doi: 10.1177/1066480707301290

Hooper, L. M., L'Abate, L., Sweeney, L. G., Gianesini, G., & Jankowski, P. J. (2014). *Models of psychopathology: Generational processes and relational roles.* New York: Springer.

Hunt-Amos, S., Bischoff, R. J., & Pretorius, R. (2004). The husband's experience of his wife's childhood sexual abuse: An exploratory study of implications for couple therapy. *Journal of Couple and Relationship Therapy, 3*(4), 1-21. doi: 10.1300/J398v03n04_01

Hurley, K. E. (2014). To fight, or not to fight: A cancer psychotherapist with cancer confronts the battle metaphor. *Women & Therapy, 37,* 311-318. doi: 10.1080/02703149.2014.897556

Huston, N. (2008). *The tale-tellers: A short study of humankind.* Toronto, ON: McArthur & Company.

Jumper, S. A. (1995). A meta-analysis of the relationship of child sexual abuse to adult psychological adjustment. *Child Abuse and Neglect, 19*(6), 715-728.

Kearney, M. H. (2001). Levels and applications of qualitative research evidence. *Research in Nursing and Health, 24,* 145-153.

Kirmayer, L. J., Kienzler, H., Afana, A. H., Pedersen, D. (2010). Trauma and disasters in social and cultural context. In C. Morgan & D. Bhugra (Eds.), *Principles of social psychiatry* (2nd ed.) (pp. 155-180).

Keller, H. (2000). Human parent-child relationships from an evolutionary perspective. *American Behavioral Scientist, 43*(6), 957-969. doi: 10.1177/00027640021955694

Kelly, S. E. (2009). Choosing not to choose: Reproductive responses of parents of children with genetic conditions or impairments. *Sociology of Health and Illness, 31*(1), 81-97. doi: 10.1111/j.1467-9566.2008.011110.x

Kleinman, A. (1999). Experience and its moral modes: Culture, human conditions, and disorder. In *The Tanner lectures on human values* (pp. 357-420). Stanford, CA: Stanford University.

Kleinman, A., Das, V., & Lock, M. (1997). Introduction. In A. Kleinman, V. Das & M. Lock (Eds.), *Social suffering* (pp. xi-xxvii). Berkeley: University of California Press.

Konner, M. (2008). Trauma, adaptation, and resilience: A cross-cultural and evolutionary perspective. In L. J. Kirmayer, R. Lemelson, & M. Barad, *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 300-338). Cambridge University Press.

Koropeckyji-Cox, T., Romano, V., & Moras, A. (2007). Through the lenses of gender, race, and class: Students' perceptions of childless/childfree individuals and couples. *Sex Roles, 561,* 415-428. doi: 10.1007/s11199-006-9172-2

Kristeva, J. (2001). *Hannah Arendt: Life is narrative* (F. Collins, Trans.). University of Toronto Press.

Kristeva, J., & Rice, A. (2002). Forgiveness: An interview. *PMLA Modern Language Association, 117*(2), 278-295. Retrieved from http://www.jstor.org/stable/823274

Kruger, J. (2015). Childhood as continuity and newness: Generational succession understood according to the logic of the gift. *International Journal of Children's Spirituality, 20*(1), 50-60. doi: 10.1080/1364436X.2014.999231

Laing, R. D. (1970). *Knots.* New York: Pantheon.

Lakoff, G., & Johnson, M. (1980). *Metaphors we live by.* Chicago: University of Chicago Press.

Lang, A. J., Stein, M. B., Kennedy, C. M., & Foy, D. W. (2004). Adult psychopathology and intimate partner violence among survivors of childhood maltreatment. *Journal of Interpersonal Violence, 19*(10)*,* 1102-1118. doi: 10.1177/0886260504269090

Lang, A. J., Gartstein, M. A., Rodgers, C. S., & Lebeck, M. M. (2010). The impact of maternal childhood abuse on parenting and infant temperament. *Journal of Child and Adolescent Psychiatric Nursing, 23*(2), 100-110. doi: 10.1111/j.1744-6171.2010.00229.x

Langdridge, D., Sheeran, P., & Connolly, K. (2005). Understanding reasons for parenthood. *Journal of Reproductive and Infant Psychology, 23*(2), 121-133. doi: 10.1080/02646830500129438

Lawson, K. L. (2004). Development and psychometric properties of the Perceptions of Parenting Inventory. *The Journal of Psychology, 138*(5), 433-455.

Lawson, K. L., & Pierson, R. (2007). Maternal decisions regarding prenatal diagnosis: Rational choices or sensible decisions? *Journal of Obstetrics & Gynaecology Canada, 29*(3), 240-246.

LeCompte, M. D., & Schensul, J. J. (2010). Data analysis: How ethnographers make sense of their data. In M. D. LeCompte & J. J. Schensul, *Designing and conducting ethnographic research: An introduction* (2nd ed.) (pp. 195-225). The Ethnographer's Toolkit Book 1. Langham, MD: AltaMira Press.

Lee, K., & Zvonkovic, A. M. (2014). Journeys to remain childless: A grounded theory examination of decision-making processes among voluntarily childless couples. *Journal of Social and Personal Relationships, 31*(4), 535-553. doi: 10.1177/0265407514522891

Levine, P. (1997). *Waking the tiger: Healing trauma.* Berkeley, CA: North Atlantic Books.

Levy, R. I., & Hollan, D. W. (2000). Person-centered interviewing and observation. In H. Bernard (Ed.), *Handbook of methods in cultural anthropology* (pp. 333-364). Lanham, MD: Altamira Press.

Leys, R. (2000). Introduction. *Trauma: A genealogy* (pp. 1-17). Chicago: University of Chicago Press.

Liamputtong, P. (2007). Situating reproduction, procreation and motherhood within a cross-cultural context: An introduction. In P. Liamputtong (Ed.), *Reproduction, childbearing and motherhood: A cross-cultural perspective* (pp. 3-34). New York: Nova Science.

Liefbroer, A. C. (2005). The impact of perceived costs and rewards of childbearing on entry into parenthood: Evidence from a panel study. *European Journal of Population, 21,* 367-391.doi: 10.1007/s10680-005-2610-y

Lindenmeyer, K., & Graham, J. (2010). The state. In J. M. Hawes & N. R. Hiner (Eds.), *A cultural history of childhood and family in the modern age* (pp.135-160). Oxford: Berg.

Lunneborg, P. W. (1991). *The chosen lives of childfree men.* Westport, CT: Bergin & Garvey.

Madden. R. (2010). *Being ethnographic: A guide to the theory and practice of ethnography.* London: SAGE.

MacMillan, H. L., Fleming, J. E., Trocme, N., Boyle, M. H., Wong, M., Racine, Y. A, Beardslee, W. R., Offord, D. R. (1997). Prevalence of child physical and sexual abuse in the community: Results from the Ontario health supplement. *Journal of the American Medical Association, 278*(2), 131-135.

MacMillan, H. L., Fleming, J. E., Streiner, D. L., Lin, E., Boyle, M. H., Jamieson, E...,Beardslee, W. R. (2001). Childhood abuse and lifetime psychopathology in a community sample. *American Journal of Psychiatry, 158,* 1878-1883.

MacMillan, H. L., Jamieson, E., Walsh, C. A. (2003). Reported contact with child protection services among those reporting child physical and sexual abuse: Results from a community survey. *Child Abuse & Neglect, 27,* (1397-1408). doi:10.1016/j.chiabu.2003.06.003

Mangold, S. V. (2009). Abuse and neglect. In R. A. Shweder, R. R. Bidell, A. C. Dailey, S. D. Dixon, P. J. Miller, & J. Modell (Eds.), *The child: An encyclopedic companion* (pp. 8-10). University of Chicago Press.

Marsella, A. J. (2010). Ethnocultural aspects of PTSD: An overview of concepts, issues, and treatments. *Traumatology, 16*(4), 17-26. doi: 10.1177/1534765610388062

Marsiglio, W., Hutchinson, S., & Cohan, M. (2000). Envisioning fatherhood: A social psychological perspective on young men without kids. *Family Relations, 49,* 133-142.

Martsolf, D. S., & Draucker, C. B. (2008). The legacy of childhood sexual abuse and family adversity. *Journal of Nursing Scholarship, 40*(4), 333-340.

Matthews, E. (2009). *The poetics and politics of voluntary childlessness: Experiences and narrative expressions.* Unpublished Honours thesis, Department of Psychology, University of Saskatchewan.

Matthews, E. (2011). *Trauma, time, and social drama.* Unpublished comprehensive exam, Department of Psychology, University of Saskatchewan.

Mattingly, C. (1998). *Healing dramas and clinical plots: The narrative structure of experience.* New York, NY: Cambridge University Press.

Mauss, M. (2011). *The gift: Forms and functions of exchange in archaic societies.* Mansfield Centre, CT: Martino Publishing. (Original work published 1954).

McMillen, C., Zuravin, S., & Rideout, G. (1995). Perceived benefit from child sexual abuse. *Journal of Consulting and Clinical Psychology, 63*(6), 1037-1043,

McLaren, A. (1984). *Reproductive rituals: The perception of fertility in England from the sixteenth century to the nineteenth century*. London: Methuen.

McLaren, A. (2007). *Impotence: A cultural history*. Chicago: University of Chicago Press.

McLaren, A., & McLaren, A. T. (1997). *The bedroom and the state: The changing practices and politics of contraception and abortion in Canada, 1880 – 1997* (2nd ed.). Toronto: Oxford University Press.

Milan, A. (2000). One hundred years of families. *Canadian Social Trends,* 56, 2-12.

Miller, A. (2005). *The body never lies: The lingering effects of cruel parenting* (A. Jenkins, Trans)*.* New York: W.W. Norton.

Miller, W. B. (1992). Personality traits and developmental experiences as antecedents of childbearing motivation. *Demography, 29*(2), 265-285.

Miller, W. B. (1994). Childbearing motivations, desires, and intentions: A theoretical framework. *Social Biology, 120*(2), 223-258.

Miller, W. B. (1995). Childbearing motivation and its measurement. *Journal of Biosocial Science, 27*(4), 473-87.

Mollen, D. (2006). Voluntarily childfree women: Experiences and counselling considerations. *Journal of Mental Health Counseling, 28*, 269-282.

Morell, C. M. (1994). *Unwomanly conduct: The challenges of intentional childlessness*. New York: Routledge.

Morgan, S. P., & King, R. B. (2001). Why have children in the 21st Century? Biological predisposition, social coercion, rational choice. *European Journal of Population, 17,* 3-20.

Nader, K. (2006). Childhood trauma: The deeper wound. In J. P. Wilson (Ed.), *The post-traumatic self: Restoring meaning and wholeness to personality* (pp. 117-156)*.* New York: Routledge.

Nasvytiene, D., Lazdauskas, T., & Leonaviciene, T. (2012). Child's resilience in face of maltreatment: A meta-analysis of empirical studies. *Psichologija, 46,* 7-26.

Ney, P. G., Fung, T., & Wickett, A. R. (1994). The worst combinations of child abuse and neglect. *Child Abuse & Neglect, 18*(9), 705-714.

Nomaguchi, K. M., & Milkie, M. A. (2003). Costs and rewards of children: The effects of becoming a parent on adults' lives. *Journal of Marriage and Family, 65, 256-374.*

Obeyesekere, G. (1981). *Medusa's hair: An essay on personal symbols and religious experience.* Chicago: University of Chicago Press.

O'Dougherty, M., Crawford, E., & Sebastian, K. (2007). Positive resolution of childhood sexual abuse experiences: The role of coping, benefit-finding, and meaning-making. *Journal of Family Violence, 22,* 597-608. doi: 10.1007/s10896-007-9111-1

Oinonen, E. (2003). Extended past, faltering future: Family formation in the process of attaining adult status in Finland and Spain. *Nordic Journal of Youth Research, 11*(2), 121-140. doi: 10.1177/1103308803011002002

O'Laughlin, E. M., & Anderson, V. N. (2001). Perceptions of parenthood among young adults: Implications for career and family planning. *American Journal of Family Therapy, 29*(2), 95-108.

Park, K. (2002). Stigma management among the voluntarily childless. *Sociological Perspectives, 45*, 21-45.

Park, K. (2005). Choosing childlessness: Weber's typology of action and motives of the voluntarily childless. *Sociological Inquiry, 75*(3), 372-402.

Parsons, T. (1951). *The social system.* New York: The Free Press.

Pearson, C., Janz, T., & Ali, J. (2013). Mental and substance use disorders in Canada. *Health at a Glance, September.* Statistics Canada, Catalogue no. 82-624-X.

Peterson, H. (2014). Fifty shades of freedom. Voluntary childlessness as women's ultimate liberation. *Women's Studies International forum.* doi: 10.1016/j.wsif.2014.10.017

Pinquart, M., Stotzka, C., & Silbereisen, R. K. (2010). Ambivalence in decisions about childbearing. *Journal of Reproductive and Infant Psychology, 28*(2), 212-220. doi: 10.1080/02646830903295034

Ponterotto, J. G. (2005). Qualitative research in counseling psychology: A primer on research paradigms and philosophy of science. *Journal of Counseling Psychology, 52*(2), 126-136. doi: 10.1037/0022-0167.52.2.126

Public Health Agency of Canada (2010). *Canadian Incidence of Reported Child Abuse and Neglect – 2008: Major findings.* Prepared by N. Trocmé, B. Fallon, B. MacLaurin, V.

Sinha, T. Black, E. Fast, C. Felstiner, S. Hélie, D. Turcotte, P. Weightman, J. Douglas, & Holroyd, J. Ottawa: Government of Canada.

Purewal, S., & Akker, O. V. D. (2007). The socio-cultural and biological meaning of parenthood. *Journal of Psychosomatic Obstetrics & Gynecology, 28*, 79-86. doi: 10.1080/01674820701409918

Prager, J. (1998). *Presenting the past: Psychoanalysis and the sociology of misremembering*. Cambridge, MA: Harvard University Press.

Raspberry, K. A., & Skinner, D. (2011). Negotiating desires and options: How mothers who carry the fragile X gene experience reproductive decisions. *Social Science and Medicine, 72,* 992-998. doi: 10.1016/j.socscimed.2011.01.010

Rau, V., & Fanselow, M. S. (2007). Neurobiological and neuroethological perspectives on fear and anxiety. In L. J. Kirmayer, R. Lemelson, & M. Barad, *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 27-40). Cambridge University Press.

Ravanera, Z. R., & Beaujot, R. (2014). Childlessness of men in Canada: Result of a waiting game in a changing family context. *Canadian Studies in Population, 41*(1-2), 38-60.

Recine, A .C., Werner, J. S., & Recine, L. (2007) Concept analysis of forgiveness with a multi-cultural emphasis. *Journal of Advanced Nursing 59*(3), 308–316. doi: 10.1111/j.1365-2648.2007.04343.x

Recine, A. C. (2015). Designing forgiveness interventions: Guidance from five meta-analyses. *Journal of Holistic Nursing, 33*(2), 161-167. doi: 10.1177/0898010114560571

Reeves, J. (2006). Recklessness, rescue and responsibility: Young men tell their stories of the transition to fatherhood. *Practice, 18*(2), 79-90. doi: 10.1080/09503150600760082

Reid, K. S., Wampler, R. S., & Taylor, D. K. (1996). The "alienated" partners: Responses to traditional therapies for adult sex abuse survivors. *Journal of Marital and Family Therapy, 22*(4), 443-453.

Rholes, W. S., Simpson, J. A., Blakely, B. S., Lanigan, L., & Allen, E. A. (1997). Adult attachment styles, the desire to have children, and working models of parenthood. *Journal of Personality, 65*(2), 357-385.

Rich, S., Taket, A., Graham, M., & Shelley, J. (2011). 'Unnatural', 'unwomanly', 'uncreditable', and 'undervalued': The significance of being a childless woman in Australian Society. *Gender Issues, 28,* 226-274. doi: 10.1007/s12147-011-9108-1

Ricoeur, P. (1986/2008). *From text to action: Essays in hermeneutics, II* (K. Blamey & J. B. Thompson, Trans.). London: Continuum. (Original work published in French in1986 as *Due texte á l'action: Essais d'hérméneutique, II*).

Ricoeur, P. (1992). *Oneself as another* (K. Blamey, Trans). Chicago: University of Chicago Press. (Original work published 1990 as *Soi-même comme un autre,* Editions du Seuil).

Ricoeur, P. (2004). Difficult forgiveness. In P. Ricoeur, *Memory, history, forgetting* (K. Blamey & D. Pellauer, Trans.) (pp. 457-506). Chicago: University of Chicago Press.

Roberts, R., O`Connor, T., Dunn, J., Golding, J. (2004). The effects of child sexual abuse in later family life: Mental health, parenting and adjustment of offspring. *Child Abuse & Neglect, 28,* 525-545. doi:10.1016/j.chiabu.2003.07.006

Roman, M. W., Hall, J. M., & Bolton, K. S. (2008). Nurturing natural resources: The ecology of interpersonal relationships in women who have thrived despite childhood maltreatment. *Advances in Nursing Science, 31*(30), 184-197.

Romaniuk, A. (2008). History-based explanatory framework for procreative behaviour of Aboriginal People of Canada. *Canadian Studies in Population, 35*, 159-186.

Rowland, D. T. (2007). Historical trends in childlessness. *Journal of Family Issues, 28*, 1311-1337.

Rowlands, I., & Lee, C. (2006). Choosing to have children or choosing to be childfree: Australian students' attitudes towards the decisions of heterosexual and lesbian women. *Australian Psychologist, 41*, 55-59. doi: 10.1080/00050060500391860

Rothe, J. P. (2000). *Undertaking qualitative research: Concepts and cases in injury, health, and social life.* Edmonton, AB: The University of Alberta Press.

Safer, J. (1999). *Forgiving and not forgiving: Why sometimes it's better not to forgive.* New York: Quill.

Saldana, J. (2013). *The coding manual for qualitative researchers* (2nd ed.). London: Sage.

Sanders, J. (2012). Family of origin and interest in childbearing. *Marriage and Family Review, 48*, 20-39. doi: 10.1080/01494929.2011.619300

Saskatoon Society for the Prevention of Children (SSPC) (2012). *Complete historical overview.*
　　　Retrieved November 19, 2012 from http://www.sspc.ca/History.html

Schneider, D. M. (1976). Notes toward a theory of culture. In K. H. Basso & H. A. Selby (Eds.),
　　　Meaning in anthropology (pp. 197-220). Albuquerque: University of New Mexico Press.

Schwandt, T. A. (2007). *The Sage dictionary of qualitative inquiry* (3rd ed.). Thousand Oaks,
　　　CA: Sage.

Seccombe, K. (1991). Assessing the costs and benefits of children: Gender comparisons among
　　　childfree husbands and wives. *Journal of Marriage and the Family, 53, 191-202.*

Sevon, E. (2005). Timing motherhood: Experiencing and narrating the choice to become a
　　　mother. *Feminism & Psychology, 15*(4), 461-482. doi: 10.1177/0959-353505057619

Shaw, R. L. (2011). Women's experiential journey toward voluntary childlessness: An
　　　interpretative phenomenological analysis. *Journal of Community and Applied Social
　　　Psychology, 21,* 151-163. doi: 10.1002/casp.1072

Shweder, R. A. (1991). *Thinking through cultures: Expeditions in cultural psychology.*
　　　Cambridge: Harvard University Press.

Shweder, R. A. (1996). True ethnography: The lore, the law, and the lure. In R. Jessor, A. Colby,
　　　& R. Shweder (Eds.), *Ethnography and human development: Context and meaning in
　　　social inquiry* (pp. 16-51). Chicago: University of Chicago Press.

Shweder, R. A. (2003). *Why do men barbecue? Recipes for cultural psychology.* Cambridge,
　　　MA: Harvard University Press.

Simons, R. L., Whitbeck, L. B., Conger, R. D., & Chyi-In, W. (1991). Intergenerational
　　　transmission of harsh parenting. *Developmental Psychology, 27*(1), 159-171.

Sontag, S. (2013). *Illness as metaphor.* New York: Picador. (Original work published 1977).

Starrels, M. E., & Holm, K. E. (2000). Adolescents' plans for family formation: Is parental
　　　association important? *Journal of Marriage and the Family, 62*, 416-429.

Statistics Canada (2012a, September). *Fifty years of families in Canada: 1961 to 2011*
　　　(Catalogue no. 98-3120-X2011003). Ottawa: Statistics Canada.

Statistics Canada (2012b). Average age of mother at first birth, Canada, provinces and territories,
　　　2010. Custom tabulation.

Statistics Canada (2013, July). Fertility: Overview, 2009 to 2011. Component of Catalogue no. 91-209-X. *Report on the Demographic Situation in Canada*. Prepared by A. Milan. Ottawa: Statistics Canada.

Statistics Canada (2015a). Average age of father at first birth, Canada, province and territories, 2011. Custom tabulation.

Statistics Canada (2015b). Average age of mother at first birth, Canada, provinces and territories, 2011. Custom tabulation.

Statistics Canada (2016, January). *Juristat* – Family violence in Canada: A statistical profile, 2014 (Catalogue no. 85-002-X). Ottawa: Statistics Canada.

Stearns, P. N. (2011). *Childhood in world history* (2nd edition.). New York: Routledge.

Stobert, S., & Kemeny, A. (2003). Childfree by choice. *Canadian Social Trends,* 7-10. Statistics Canada Catalogue no. 11-008.

Stolorow, R. (2007). *Trauma and human existence: Autobiographical, psychoanalytic, and philosophical reflections.* New York: Analytic Press.

Stoltenborgh, M., Bakermans-Kranenburg, M. J., & van IJzendoor, M. H. (2012). The neglect of child neglect: A meta-analytic review on the prevalence of neglect. *Social Psychiatry and Psychiatric Epidemiology, 48*(3), 345-355. doi: 10.1007/s00127-012-0549-y

Stonebridge, L. (2009). Theories of trauma. In M. MacKay (Ed.), *The Cambridge companion to the literature of World War I.* (pp.194-206). Cambridge: Cambridge University Press.

Suzuki, S. L., Geffner, R., & Bucky, S. F. (2008). The experiences of adults exposed to intimate partner violence as children: An exploratory qualitative study of resilience and protective factors. *Journal of Emotional Abuse, 8*(1/2), 103-121. doi: 10.1080/10926790801984523

Taylor, C. (2009). Foucault, feminism, and sex crimes. *Hypatia, 24*(4), 1-26.

Terry, G., & Braun, V. (2012). Sticking my finger up at evolution: Unconventionality, selfishness, and choice in the talk of men who have had "pre-emptive" vasectomies. *Men and Masculinities, 15*(3), 207-229. doi: 10.1177/1097184X11430126

Teucher, U. (2003). The therapeutic psychopoetics of cancer metaphors: Challenges in interdisciplinarity. *History of Intellectual Culture, 3*(1).

Thomas, S. P., & Hall, J. M. (2008). Life trajectories of female child abuse survivors thriving in adulthood. *Qualitative Health Research, 18*(2), 149-166. doi: 10.1177/1049732307312201

Touroni, E., & Coyle, A. (2002). Decision-making in planned lesbian parenting: An interpretive phenomenological analysis. *Journal of Community and Applied Psychology, 12,* 194-209. doi: 10.1002/casp.672

Ungar, M., Brown, M., Lienberg, L., Othman, R., Kwong, W. M., Armstrong, M., & Gilgun, J., (2007). Unique pathways to resilience across cultures. *Adolescence, 42*(166), 287-310.

van Der Kolk, B. A., & Van Der Hart, O. (1995). The intrusive past: The flexibility of memory and the engraving of trauma. In C. Caruth (Ed.), *Trauma: Explorations in memory* (pp. 158-182). Baltimore: John Hopkins University Press.

van der Kolk, B. A. (2008). The developmental impact of childhood trauma. In L. J. Kirmayer, R. Lemelson, & M. Barad (Eds.), *Understanding trauma: Integrating biological, clinical, and cultural perspectives* (pp. 224-241). Cambridge University Press.

Vanier Institute of the Family (2004). *Profiling Canada's Families III: A survey of Canadian hopes and dreams.* The Future Families Project. Ottawa: The Vanier Institute of the Family.

Van Parys, H., Bonnewyn, A., Hooghe, A., De Mol, J., Rober, P. (2015). Toward understanding the child's experience in the process of parentification: Young adults' reflections on growing up with a depressed parent. *Journal of Marital and Family Therapy, 42*(4), 522-536. doi: 10.111/jmft.12087

Veevers, J. E. (1980). *Childless by choice.* Toronto, ON: Butterworths.

Vernig, P. M. (2011). Family roles in homes with alcohol-dependent parents: An evidence-based review. *Substance Use and Misuse, 46*(4), 535-542.

Wade, N. G., Hoyt, W. T., Kidwell, J. E. M., & Worthington, E. J. (2014). Efficacy of psychotherapeutic interventions to promote forgiveness: A meta-analysis. *Journal of Consulting and Clinical Psychology, 82*(1), 154-170. doi: 10.1037/a0035268

Walsh, F. (2003). Family resilience: A framework for clinical practice. *Family Process, 42*(1), 1-18.

Ward, P. (1990). *Courtship, love, and marriage in nineteenth-century English Canada*. Montreal: McGill-Queen's University Press.

Whyte, S. R. (1995). Disability between discourse and experience. In B. Ingstad & S. R. Whyte (Eds.), *Disability and culture* (pp. 267-292). Berkeley: University of California Press.

Williams, C., & Vines, S. (1999). Broken past, fragile future: Personal stories of high-risk adolescent mothers. *Journal for the Society of Pediatric Nurses, 4*(1), 15-23.

Willis, D. G., Rhodes, A. M, Dionne-Odom, J. N., Lee, K., & Terreri, P. (2015). A hermeneutic phenomenological understanding of men's healing from childhood maltreatment. *Journal of Holistic Nursing, 33*(1), 46-57. doi: 10.1177/0898010114552706

Wilson, J. P. (2006). Trauma and transformation of the self: Restoring meaning and wholeness to personality. In J. P. Wilson (Ed.), *The post-traumatic self: Restoring meaning and wholeness to personality* (pp. 399-424). New York: Routledge.

World Health Organization (WHO), & International Society for Prevention of Child Abuse and Neglect (ISPCAN) (2006). *Preventing child maltreatment: A guide to taking action and generating evidence.* Prepared by A. Butchart, A. P. Harvey, M. Mian, T. Furniss, & T. Kahane. Geneva: World Health Organization.

World Health Organization (WHO). (2007). Reaction to severe stress, and adjustment disorders. *International Statistical Classification of Diseases and Related Health Problems 10ᵗʰ Revision* (Chapter V, F43). Retrieved from http://apps.who.int/classifications/apps/icd/icd10online/

Wortham, S., & Gadsden, V. (2006). Urban fathers positioning themselves through narrative: An approach to narrative self-construction. In A. de Fina, D. Schiffrin, & M. Bamberg (Eds.), *Discourse and identity* (pp. 314-341). New York: Cambridge University Press.

Yaremko, S. K., & Lawson, K. L. (2007). Gender, internalization of expressive traits, and expectations of parenting. *Sex Roles, 57,* 675-687. doi: 10.1007/s11199-007-9301-6

Young-Bruehl, E. (2012). *Childism: Confronting prejudice against children.* New Haven: Yale University Press.

Zelizer, V. A. (1994). From useful to useless and back to useful? Emerging patterns in the valuation of children. In V. A. Zelizer, *Pricing the priceless child: The changing social value of children* (pp. 208-228). Princeton, NJ: Princeton University Press.

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UNIVERSITY OF
SASKATCHEWAN

Department of Psychology

Will you share your story?

If you are age 25 to 35, and would like to

discuss your thoughts on choosing to have children or not,

we would like to hear your story.

Childless or undecided adults and new parents are welcome.

If you have experienced physical or emotional (but not sexual) abuse or family violence as a child, you are invited to participate in this research study on the process of deciding whether or not to have children after difficult childhood experiences. Participants will be asked to tell their life story and answer questions during 2 interviews of about 1 hour each. Parking and childcare expenses will be reimbursed. For more info please contact:

Elise.Matthews@usask.ca
966-2603

This research was approved by the University of Saskatchewan Research Ethics Office.

Appendix B: Letter of Invitation to Participants

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Room 154 Arts Building, University of Saskatchewan
9 Campus Drive, Saskatoon, SK, S7N 5A5, (306) 966-6657

January, 2013

Dear Potential Participant:

Thank you for your interest in my study entitled, *Experiences of Reproductive Decision-making among Survivors of Childhood Maltreatment*. My name is Elise Matthews and I am doing research for a PhD degree in the Culture and Human Development Program, in the Department of Psychology, at the University of Saskatchewan. I am interested in understanding how adult women and men who have a history of childhood physical and emotional maltreatment by their parents experience the process of deciding to whether or not and when to have children. The purpose of the study is to describe what these two experiences mean to you and how they are related. If you choose to volunteer, you will be asked to take part in 2 audio-taped interviews approximately 1 week apart. Each interview will take approximately 90 minutes and will take place at a time and location that is convenient and comfortable for you (for example, the female researcher's office, your home). I will invite you to share your life stories about reproductive decision-making and childhood maltreatment and to talk about specific topics (for example, family, parenthood, marriage/partnership, adult development, social life).

The results of this research, which may be published, have the potential to contribute to our knowledge on this topic and improve supports and services available to adults who have similar experiences. You will have the opportunity to obtain the results of this study by contacting me.

Some participants may benefit from sharing their story with another person. Some participants may experience stress, discomfort, or distress, or become upset or distressed when sharing their stories. If you decide to participate, I will provide you with a list of resources available in the community if you feel you need further support.

My report will include direct quotations from the interviews, but your name will not be connected with any information you reveal as pseudonyms will be used to ensure confidentiality and privacy if you decide to participate. Your will have the opportunity to review and revise the transcript of your interview. Your participation will be voluntary and you are free to answer only those questions you are comfortable with and to withdraw from the research project for any reason at any time. This project was approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 9, 2013; if you have any questions regarding your rights as a participant you may committee at 966-2084, toll free at 1-888-966-2975, or at ethics.office@usask.ca.

If you would like to learn more about the study or would like to participate, feel free to contact me by phone at 966-2603 or e-mail at elise.matthews@usask.ca.

Thank you for your time and consideration. Sincerely, Elise J. Matthews

Appendix C: Letter to Organizations

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Room 154 Arts Building, University of Saskatchewan
9 Campus Drive, Saskatoon, SK, S7N 5A5, (306) 966-6657
elise.matthews@usask.ca, 966-2603

January, 2013

To whom it may concern:

I am writing to ask for your consideration of a research project I am conducting entitled, *Experiences of Reproductive Decision-making among Adult Survivors of Childhood Maltreatment.* I am a PhD candidate in the Culture and Human Development Program, in the Department of Psychology, at the University of Saskatchewan.

I am conducting a study exploring how adult women and men who have a history of childhood physical and emotional maltreatment experience and give meaning to the process of deciding to whether or not and when to have children and the supports and services available to them. Today I am seeking the support of your organization for this research through posting a notice inviting participation in the research project (a copy is enclosed).

This project was approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 9, 2013. If you have any questions regarding the rights of participants, you may committee at 966-2084, toll free at 1-888-966-2975 or at ethics.office@usask.ca.

If you have any questions, or if you are willing to support this research by posting the notice, feel free to contact me at 966-2603 or elise.matthews@usask.ca.

Thank you for your time and consideration. Sincerely,

Elise J. Matthews

Appendix D: Telephone Screening Script

Hello;

My name is Elise Matthews, and I am a graduate student in the Department of Psychology at the University of Saskatchewan. I am responding to your call/e-mail indicating your interest in my study, *Experiences of Reproductive Decision-making among Adult Survivors of Childhood Maltreatment.*

Thank you for your interest in my study. Before we discuss the research process, I need to confirm that you meet the criteria for the study. Are you:

1. Between 25 and 35 years of age? ☐ yes   ☐ no

2. English speaking? ☐ yes   ☐ no

3. Someone who feels they have experienced physical or emotional abuse in childhood?

   ☐ yes   ☐ no

4. Was this childhood maltreatment perpetrated by a parent?   ☐ yes ☐ no

5. Do you have no children or have had your first child within the last 2 years?

   ☐ yes   ☐ no

6. Willing to share with me your experiences of childhood maltreatment and reproductive decision-making in at least 2 audio-taped interviews for approximately 1-1/2 hours?

   ☐yes   ☐ no

7. Do you have a history of childhood sexual abuse?   ☐ yes   ☐ no

If the interested person answers no to any of questions 1 to 6, or yes to question 7, I will thank them for contacting me and explain that I am unable to include them in my research project.

If they meet the criteria I will read to them the letter of invitation which briefly explains the study and ask them if they have any questions.

If they indicate that they would like to volunteer to participate in this study, I will ask for their contact information and arrange a time and place for the first interview meeting.

Name: _____

Phone number: _____

E-mail: _____

Address: _____

Appendix E: Consent Form

UNIVERSITY OF SASKATCHEWAN

Department of Psychology

You are invited to participate in the project,
*Experiences of Reproductive Decision-Making among
Adult Survivors of Childhood Maltreatment.*

Please read the following information carefully and feel free to ask any questions regarding the procedures and goals of the study or your role.

Researcher:
> Elise Matthews (PhD student), Dept. of Psychology, 966-2603,
> elise.matthews@usask.ca

This study is supported by a scholarship from the Social Sciences and Humanities Research Council.

Supervisor:
> Michel Desjardins, Dept. of Psychology, 966- 6650,
> michel.desjardins@usask.ca

Objective:
- The purpose of the research is to understand the experiences and meanings of the reproductive decision-making process among adults who have a history of physical and emotional childhood maltreatment.

Procedures:
- Approximately 16 to 20 participants will be asked to take part in 2 or 3 audio-taped interviews of approximately 90 minutes each, approximately 1 week apart, at a mutually agreed upon location (e.g., the female researcher's office on campus, the participant's home, an alternate location) in which they will recount the story and answer open-ended questions about their experience of deciding whether or not and when to have children and what it means to them in various areas of their life (e.g., family, partnership, adult development, social life), and about their experience of physical and emotional childhood maltreatment.
- Community Informant participants (approximately 4) will be asked to take part in 1 audio-taped interview of approximately 90 minutes and answer open-ended questions about their experiences supporting adult survivors of physical and emotional childhood maltreatment and the services available in the community.

Potential Risks:
- Some participants may become stressed or upset or experience emotional or psychological distress or discomfort when sharing their life stories. You may contact the researcher at any time during the study to obtain a list of available community resources (i.e., counselling).

- At the end of the study you will be given an information sheet that further explains the nature of the study, and a list of available community resources (i.e., counselling services).
- I am legally obligated as an adult citizen to report any disclosure of current child abuse to law enforcement.

Potential Benefits:
- Some participants may benefit from sharing their life story with the researcher. This research may be published and may contribute to the state of our knowledge of the reproductive decision-making experiences of adult survivors of physical and emotional maltreatment, and to improve the supports that our society provides to them.
- No compensation will be provided to participants.

Confidentiality:
- Your data, in the form of audio files, interview transcripts, and demographic information, will be kept completely confidential. The data from this research project will be published as a dissertation and in articles and presented at conferences; however, your identity will be kept confidential. Although we will report direct quotations from the interviews, you will be given a pseudonym, and all identifying information (e.g., your name, contact information, the name of your employer, your position, identity of third parties, etc.) will be removed from our report.
- The audio-taped interviews will be transcribed by the researcher and an assistant who has signed a confidential transcription contract and will not retain any data. The confidential transcriptionist(s) will not have access to your name, demographic information, or contact information. Only the student researcher and the supervisor will have access to any of your directly identifying information.
- After your interviews, and prior to the data being included in the final report, you will be given the opportunity to meet with the student researcher to be provided with the transcript of your own interviews, and to review, add, alter, or delete any information from the transcripts as you see fit.

Storage of Data:
- Any identifying information (i.e., your name, contact information, consent forms, master list) will be stored separately from the data collected so that it will not be possible to associate names with any given data. The master list will be destroyed when data collection is completed and it is no longer needed. The data and consent forms will be stored securely at the University of Saskatchewan by the supervisor for a minimum of five years after publication. When the data is no longer required, the data will be destroyed beyond recovery.

Right to Withdraw:
- Please feel no personal obligation to participate in this study. If you decide not to participate, this will have no negative consequences for yourself or for the researcher. Your withdrawal from the study will not jeopardize your employment or access to public services.
- Your participation is voluntary and you may answer only those questions that you are comfortable with. You may end the interview at any point. You do not need to provide a reason or explanation for declining to answer certain questions or withdraw from the study. You may request that the audio recording device be turned off at any time. You may withdraw from the research project for any reason, at any time, without explanation or penalty of any sort.
- Should you wish to withdraw, your data will be deleted from the research project and destroyed, if desired. Your right to withdraw data from the study will apply until you have

signed your transcript release. After this date, it is possible that some form of research dissemination will have already occurred and it may not be possible to withdraw your data.

Questions or Concerns & Follow-up:

- If you have any questions about the study, please feel free to ask at any point. If you have questions at a later time, or to obtain results from the study, please contact the researcher or supervisor using the information at the top of page 1.
- This project was approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 9, 2013. Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, or ethics.office@usask.ca. Out of town participants may call toll free at 1-888-966-2975.

Consent:

- Your written consent will be obtained before the first interview meeting. At the second and third meetings, your verbal consent to continued participation will be obtained. Your signature below indicates that you have read and understand the description of the study provided. I have had an opportunity to ask questions and my questions have been answered satisfactorily. I consent to participate in the research project, and to have the interviews audio-recorded, understanding that I may withdraw my consent to participate at any time. A copy of this Consent Form has been given to me for my records.

_____   _____   _____   _____

Name of Participant   Signature   Researcher's Signature   Date

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Room 154 Arts Building, University of Saskatchewan
9 Campus Drive, Saskatoon, SK, S7N 5A5, Ph: 966-6657
elise.matthews@usask.ca, 966-2603

Transcript Release

Study: *Experiences of Reproductive Decision-Making among Adult Survivors of Childhood Maltreatment*

I, _____, have been offered the opportunity to review the complete transcript of my personal interviews in this study, and to be provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I hereby DECLINE to review my transcript and take the opportunity to change it. I understand that if I change my mind, I can request to review my transcript and change it prior to the beginning of data analysis. I hereby authorize the release of my transcripts and audio-recordings to Elise Matthews to be used in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_____   _____
Name of Participant   Date

_____   _____
Signature of Participant   Signature of researcher

OR

I, _____, have reviewed the complete transcript of my personal interviews in this study, and have been provided with the opportunity to add, alter, and delete information from the transcript as appropriate. I acknowledge that the transcript reflects what I said in my personal interviews with Elise Matthews. I understand that my anonymity is not being guaranteed but that the information I have provided will be kept confidential by use of pseudonyms and aggregated reporting. Nonetheless I understand that direct quotes will be used and that it is possible that I may be identified by the data I allow the researcher to use. I hereby authorize the release of my transcript and audio-recordings to Elise Matthews to be used for publication and/or presentation in the manner described in the Consent Form. I have received a copy of this Data/Transcript Release Form for my own records.

_____ _____ _____
Name of Participant   Signature of Participant   Date

_____
Signature of researcher

Appendix G: Confidential Transcription Contract

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Room 154 Arts Building, University of Saskatchewan
9 Campus Drive, Saskatoon, SK, S7N 5A5, 966-6657
elise.matthews@usask.ca, 966-2603

Confidential Transcription Contract

Study: *Experiences of Reproductive Decision-Making among Adult Survivors of Childhood Maltreatment*

I, _____, agree to provide confidential transcription services to the researcher, Elise Matthews. I acknowledge my responsibility and agreement to protect the integrity and confidentiality of what has been said during the audio-taped interviews I transcribe. I agree to keep completely confidential all information I have access to as required for transcription purposes. I agree to return all files to Elise Matthews upon completion of the transcription, not make additional copies of the files provided to me by the researcher, and destroy any associated files required for the transcription process upon completion of the transcription and the contract with the researcher.

_____   _____
Signature of Confidential Transcriptionist   Date

_____   _____
Signature of Researcher   Date

Appendix H: Debriefing Form

UNIVERSITY OF SASKATCHEWAN

Department of Psychology
Room 154 Arts Building, University of Saskatchewan
9 Campus Drive, Saskatoon, SK, S7N 5A5, Ph: 966-6657

Thank you for your participation in this research study.

Experiences of Reproductive Decision-making among Adult Survivors of Childhood Maltreatment

Purpose: The purpose of the research was to understand the experiences and meanings of the reproductive decision-making process among adults who have a history of physical and emotional childhood maltreatment. Through recounting the story and a semi-structured interview, participants were asked to describe their experience of deciding whether or not and when to have children and what it means to them in various areas of their life (e.g., family, partnership, adult development, social life), and about their experience of physical and emotional childhood maltreatment. Little research has explored the process and meaning of reproductive decisions and the transition (or delay or forgoing of) parenthood among adult survivors of childhood maltreatment. The results of this research may contribute to our knowledge on this topic and improve supports and services available to adults who have similar experiences.

Confidentiality: After your interview, and prior to the data being included in the final report, you will be given the opportunity to meet with the researcher and provided with a copy of your own personal transcript of your interviews, in order to review, add, alter, or delete information from the transcripts as you see fit.

Questions & Results: If you have any questions about the study, or to obtain results from the study, please feel free to contact the researcher or supervisor using the information below. This project was approved on ethical grounds by the University of Saskatchewan Behavioural Research Ethics Board on January 9, 2013. Any questions regarding your rights as a participant may be addressed to the committee at 966-2084, toll free at 1-888-966-2975, or ethics.office@usask.ca.

Elise Matthews, PhD candidate, Department of Psychology, elise.matthews@usask.ca, 966-2603

Supervisor: Michel Desjardins, Department of Psychology, michel.dejardins@usask.ca, 966-6650

Appendix I: Community Resource List for Participants

UNIVERSITY OF
SASKATCHEWAN

Department of Psychology
Project: *"Experiences of Reproductive Decision-making among Adult Survivors of Childhood Maltreatment"*
Researcher: Elise Matthews, elise.matthews@usask.ca, 966-2603

The following resources are available in the Saskatoon community:

Catholic Family Services

    Counselling; sliding scale fee; 200 - 506 - 25th St E; ph: 244-7773

Family Service Saskatoon

    Counselling; sliding scale fee; 102, 506 - 25th St E; ph: 244-0127

Student Health and Counselling Services: University of Saskatchewan

    Counselling available to University of Saskatchewan students; 3rd floor, Place Riel Student Centre; ph: 966-4920

Employee and Family Assistance Plan

    Please consult your EFAP program information for counseling and/or therapy services that might be available to you through your employment.

Private Practitioners

    Please consult the Saskatoon Yellow Pages under "Psychologists" and "Counselling."

Community Adult Mental Health Services, Saskatoon Health Region

    Individual and group counselling programs; ph: 655-4100

Psychiatric Emergencies

    Royal University Hospital Emergency Room: 655-1530

Appendix J: Participant Demographic Questionnaire

(The demographic questions will be read to the participant by the interviewer and recorded by the interviewer).

Date: _____   Participant number/pseudonym: _____

Questions read and answers recorded by: _____

Please remember that you are free to decline to answer any of the following questions.

1. How did you hear about this study? ☐ Poster – Location: _____

      ☐ Kijiji   ☐ Other: _____
2. Age: _____ years

3. Sex: ☐ Female   ☐ Male

4. Languages you speak: ☐ English   ☐ French   ☐ Other: _____
5. What are the urban/rural areas where you have lived? (farm, reserve, town, city, province, country)
   Born:
   Grew up:
   Current:
6. Highest level of education: _____

7. Current Occupation: _____   Previous occupation: _____

8. Gross yearly family income (parents' if living at home or combined with partner):

   ☐ < $10,000   ☐ $10,000 - $20,000   ☐ $20,000 - $40,000   ☐ $40,000 - $60,000

   ☐ $60,000 -$100,000   ☐ > $100,000

9. Status: ☐single ☐dating ☐married ☐common-law ☐divorced/separated ☐other_____
10. Years in your current relationship: _____

11. Do you have a child?   ☐No ☐ Yes   Age: _____   Sex: _____

12. Do you have any siblings? ☐ No   ☐ Yes
      Age: _____ Sex: _____   Age: _____ Sex: _____   Age: _____ Sex: _____

13. Religious affiliations: ☐ None   ☐ Declined   ☐ Yes: _____

14. Cultural identities: ☐ None   ☐ Declined   ☐ Yes: _____

15. Sexual identity: ☐Heterosexual   ☐Lesbian   ☐Gay   ☐Bisexual   ☐Transgender

   ☐ Other: _____   ☐ Declined

Appendix K: Life History Interview Guide

1. What prompted you to volunteer to participate in this study?
2. Can you tell me your story of how you are deciding (or have decided) to have or not have children?
    a. Where would that story begin?
    b. When did you first begin to think about whether you would have children?
    c. How is this starting point related or connected to your life prior to it?
    d. Are there any other events or moments in your life that are part of the story?
3. Where are you at currently in your decision-making process about whether or not to have children?
    a. What are your current thoughts and feelings about this decision and about the process associated with that choice?
    b. How did you come to this position or point in the process?
    c. How has your life changed since you started thinking about whether you will have children?
4. What is the next chapter in the story of your life as someone who might / might not / will not/will/ does have children?
5. How do you envision your life during the up-coming years and as you grow older with or without children?

1. Is there anything that you have been thinking about since the last interview that you would like to speak about now?

<u>Reproductive Decision-making</u>

2. What considerations are/were important to you when deciding whether or not to have children?

    a. How important/unimportant is it to you to become a parent or not?

    b. What value (or the lack of value) do you attach to parenthood?

    c. Can you describe any moments when your decision about whether or not to have children became clear?

    d. If there is more than one moment involved in that decision, which ones are more or less important?

3. If you have decided to have children/are uncertain/have had a child, what considerations are/were important to you regarding the timing of becoming a parent?

4. Boyfriend/girlfriend/partner/spouse:

    a. Can you tell me about any conversations you are having or have had, with this (or these) person(s) about your considerations or decision about whether or not to have children?

    b. What is (or was) important or meaningful for that person (or these persons) in parenting?

    c. How are/were, your thoughts on parenting similar or different?

    d. How did/do they respond to your thoughts about this?

    e. Have you shared with your partner (s) your experiences of childhood maltreatment?

    f. If so, did this (those) person(s) express worries about your history of childhood maltreatment with regards to your capacity to become a parent?

    g. If you did not share with them your experiences, why not?

    h. If you have not discussed your considerations or decisions with them, how do you imagine that conversation would go if you did?

5. How would you respond/did you respond if/when your partner disclosed a history of childhood abuse to you?

    a. How would/did this influence your decision to have children or not in partnership with this person?

6. Friends, family members, co-workers, others:

    a. Can you tell me about any conversations you have had with this (or these) person(s) about your considerations or decision about whether or not to have children?

    b. What is (or was) important or meaningful for that person (or these persons) in parenting?

    c. How were your thoughts on parenting similar or different?

    d. How did they respond to your thoughts about this?

    e. If you have not discussed your considerations or decisions with them, how do you imagine that conversation would go?

    f. Did you talk with this (or these) person(s) about your experiences of childhood maltreatment?

        i. If so, how did they respond?

    g. Have any of these people shared their experiences of childhood maltreatment with you? How did you respond to that disclosure?

7. Parent(s):

    a. Can you tell me about any conversations you have had with this (or these) person(s) about your considerations or decision about whether to have children?

    b. How did they respond to your thoughts about this?

    c. What do you think was at stake for them in this discussion?

    d. If you have not discussed your considerations or decisions with them, why not?

    e. How do you imagine that conversation would go if you did?

Family

8. Can you tell me, who were your parents when you were growing up? (e.g., mother and/or father, biological / step/ foster / adoptive / other relative, other caregiver/guardian)

9. Were there other people you considered members of your family when you were growing up? Who were they?

10. Who are your family members now?

    a.   How do you relate to each of them now?

11. Do you have any grandparents? Did/do you know your grandparents?

    a.   What was your relationship with them like when you were growing up?

    b.   What is your relationship with them like now, if they are still alive?

12. What role did you play in your family growing up?

    a.   What role do you play in your family now?

13. Who are you like the most in your family, or extended family?

    a.   How would you describe that person?

    b.   Did you always feel connected to that person?

    c.   How do you feel about that person?

14. If you had a child (even if you are uncertain or sure that you will or will not), who would you like your child to be like?

15. What was it like for you growing up in your family?

    a.   What kind of a parent was your mother and/or father and/or parental figure?

    b.   How would you describe your present relationship with your mother and/or father and/or parental figure?

Childhood Maltreatment

16. How do you define childhood maltreatment?

    a.   How do you define physical abuse?

    b.   How do you define emotional abuse?

17. Do you consider yourself to be an adult with a history of childhood maltreatment?

    a.   What types of childhood maltreatment did you experience? Physical? Emotional? Neglect? A combination?

    b.   How would you describe these experiences?

    c.   What does this history mean to you?

    d.   Do you consider this history of childhood maltreatment to be part of your identity? How so?

    e.   Do you use the term "survivor" of childhood maltreatment? Why or why not?

    f.   Can you tell me your thoughts on whether being exposed to childhood maltreatment and being a survivor are the same thing or not?

g. Do you believe that these experiences have shaped you in one way or another? How so? If not, why not?

h. If yes, have these experiences have influenced only your family life or have they influenced the way you behave or react in other contexts?

18. Who was the perpetrator/who were the perpetrators of the childhood maltreatment? Mother? Father? Both? Others in your family (e.g., grandparents, aunts, uncles, etc.)? Others outside the family?

a. How old were you when the childhood maltreatment started?

b. Did it cease? When?

c. Do you still consider your parents to be abusive? If yes, in what ways?

19. To your knowledge did any of your siblings experience childhood maltreatment? If yes, what type(s)? Physical? Emotional? A combination?

a. If so, did they react to it or cope with it differently than or in the same manner as you?

b. Do you speak about these experiences (your own, theirs) with them now?

c. If so/if not, did this impact your relationship with your sibling(s)? How so?

20. Was this childhood maltreatment of yourself and/or your siblings reported? If yes, who reported it? If yes, can you please elaborate on these events? If no, why do you think it was not?

21. Can you comment on and share your understanding of:

a. The origin of the abuser's abusive behaviour?

b. The meaning of the abuser's abusive behaviour?

c. The outcome of the abuser's abusive behaviour?

22. How do you evaluate your parents' parental performance?

a. Despite your past experience of childhood maltreatment, are there positive aspects of your parent's parenting style that you would like (or would have liked) to embody and/or transmit to your children?

b. Today, how do you understand your parents' past maltreating/abusive behaviours?

c. Were you thinking differently when you were younger? If so, how so?

23. Have you spoken with your parents about your experiences of childhood maltreatment?

a. If so, how did they respond?

      b. If not, why not?

      c. If not, how do you imagine that conversation would go if you did?

24. Have you ever disclosed your history of childhood maltreatment to anyone before?

      a. If yes, to whom, and why?

      b. If no, why not?

25. Have you been to any sort of therapy/counselling/support groups/etc.?

      a. Have you sought help for problems or concerns you have around childhood maltreatment?

      b. Have you sought help for problems or concerns around reproductive decision-making?

      c. If yes, to whom, and why?

      d. If no, why not?

26. Do you think that you have had to "cope" or "adapt" after experiencing childhood maltreatment?

      a. If so, what has that process been like for you?

      b. If not, why not?

      c. How do you feel about your progress? Is it successful? Unsuccessful? Ongoing?

27. Do you have any medical conditions (physical and/or mental)?

      a. If yes, what type(s)?

      b. What sort of treatment, if any, have you engaged in for the(se) condition(s)?

      c. What do you see as the origin or causes of these conditions?

      d. If so, how has your family of origin or of procreation reacted to the diagnosis and treatment of these conditions?

Parenthood, Adulthood, Partnership

28. For you, what does it mean to be a mother/father?

      a. What does it mean to be a good or bad mother/father?

      b. Did/do you imagine that becoming a mother/father would change you as a person?

      c. If you are a parent now, did it change you? How?

      d. Do you imagine that becoming a mother/father will/might change your partner as a person? How?

e. Did/would having children/or not having children change your relationships with other people (partner, friends, family members)? How?

f. What kind of parent would you be/are you?

g. What kind of parent would you like to be?

h. What kind of parent do you think that your partner is/will be?

29. Have you ever been in a situation when you thought you might be pregnant/have impregnated someone?

a. If yes, what was that like for you?

b. If yes, do you think that you would react to it now differently or in the same way?

c. If no, how do you think you would have reacted?

30. Will you talk to your children about your childhood maltreatment?

a. If yes, what will you tell them about it?

b. If not, how did you come to that decision?

31. Will you encourage bonding between your children and your maltreating parent(s)? Your non-maltreating parent?

32. Are there any children in your life (e.g., your own, your friends', your family members', etc.)? If so, who are they? If so, how would you describe your relationship with them?

33. What does it mean to be an "adult"?

a. How do you view yourself with regards to adulthood?

b. How do you view your partner with regards to adulthood?

c. How do you view your parents' behaviour when you were young from the perspective of your vision of what an adult is?

34. Does/will partnership/marriage play any role in your life? How so?

a. Do you share your experience of childhood maltreatment with your partner? Or would you share if you had a partner?

b. How does your partner think/feel about your history of childhood maltreatment? Or how do you imagine a partner might?

c. Did your partner experience childhood maltreatment?

d. If yes, do you discuss sometimes your respective experiences of maltreatment? If so, what are those conversations like?

e. If no, would you tend to talk about it or to avoid the topic?

Other Topics

35. Do you think that your experiences of childhood maltreatment have influenced your decision to become a parent or not become a parent? How so? If not, why not?

    a. What else (or who else) do you think played a key role in your desire to be a parent or not be one?

36. Can you tell me about any books (self-help, memoir, fiction, non-fiction) or documentaries or films you have read or watched about childhood maltreatment or becoming a parent? How did these make you feel or think about your experiences or your choices?

37. What are your thoughts on the idea of forgiving maltreating parents?

    a. Have you considered forgiving your maltreating parent(s) or caregiver(s)?

    b. According to you, what is important in forgiveness? Are there consequences to forgiving or to not forgiving? What are these?

38. What are your thoughts on feelings of guilt in regards to childhood maltreatment?

    a. Is there anyone who does or should feel guilty?

    b. Do you feel any guilt for any reason?

39. What do you imagine will be, or what would you like to be, the legacy of your life?

40. How would you describe the informal and formal support you have received through the years, with regard to your childhood maltreatment experiences?

    a. How do you evaluate the impact of that support on your capacity to cope with your childhood maltreatment?

    b. Should we improve the formal support that we provide? If yes, how?

41. Would you like to share with anything else that you think is important to understand about the process of making reproductive choices or your experience of childhood maltreatment or the relation between the two?