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NARRATIVES OF RESILIENCE IN SURVIVORS OF CHILD ABUSE

Section A: An Exploration of the Role of Adult Attachment Organisation in the Outcomes of Individuals Who Have Experienced Child Abuse: A Literature Review
Word Count: 7,923 (393)

Section B: What Does "Getting Through" Look Like in the Stories of Survivors of Child Abuse?
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Thank you so much to each of my participants; without you this study would not have been possible, and it was such a privilege to listen to your stories. Thank you also to my supervisors, Dr Joe Hinds, whose pragmatic approach and encouragement reassured me throughout, and Professor Paul Camic, whose thoughtful guidance was much appreciated.

Finally, a big thank you to my family, friends, and the ever wonderful Jack.

Summary of MRP Portfolio

Section A is a literature review of the role of attachment organisation in the psychological and relational outcomes of adult survivors of child abuse. Eleven studies were included for review; findings were synthesised and critically evaluated. Attachment organisation appears to have significant implications for the resilience of survivors. However, the construct of resilience itself may require greater scrutiny. Clinical implications and directions for future research are identified.

Section B presents a narrative analysis of the life stories shared by adult survivors of child abuse. Narrative themes were interpreted as serving a range of adaptive functions within an attachment theory framework. Findings suggest that "getting through" is not a 'state' that is reached with completeness, emphasising the importance of elevating the voices of survivors, and encouraging the multiplicity of stories to flourish. Clinical implications, limitations, and directions for future research are discussed.

Section C is an appendix of supporting material.

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Major Research Project

Saya Morton

Section A

An Exploration of the Role of Adult Attachment Organisation in the Outcomes of Individuals Who Have Experienced Child Abuse: A Literature Review

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Abstract

Abuse of children constitutes a major public health problem across the world. Outcomes for survivors can be poor, with many suffering a host of psychological difficulties into adulthood. A significant subset of this population, however, appear to function well, and have been labelled resilient. This review explored the role of attachment organisation in the outcomes of survivors. Eleven studies exploring attachment variables and its association with psychological and relational outcomes were identified. Findings of the review indicate that attachment organisation has significant implications for the resilience of survivors, and that attachment theory has important applications across the lifespan. However, the construct of resilience may mask the underlying suffering of survivors. Qualitative research may be well placed to explore resilience from a survivor's perspective.

Key words: attachment, adult, child abuse, resilience

An Exploration of the Role of Adult Attachment Organisation in the Outcomes of Individuals Who Have Experienced Child Abuse: A Literature Review

Child Abuse

It is impossible to gauge the precise number of children across the world who are victims of abuse. Child abuse is often hidden, but estimates place the figure at millions world-wide, constituting a major public health problem (World Health Organisation and International Society for Prevention of Child Abuse and Neglect, 2006). Children, often dependent on those who abuse them, may be unable to speak out (Sedlak et al., 2010); however, current statistics have identified 58,000 children as having required protection from abuse in the UK in 2016, and over 390,000 received support from children's services in 2016. Furthermore, reports of sexual offences against children, and the numbers of children in the child protection system, have both increased in the UK (National Society for the Prevention of Cruelty to Children [NSPCC], 2017).

A child's vulnerability to abuse is strongly influenced by socio-economic factors; abuse is more likely to occur in overcrowded homes with limited financial resources, and where children are raised by single and/or young parents without support from extended family (World Health Organisation [WHO], 2002). Another risk factor is parental mental health (Brandon, Sidebotham, Bailey, & Belderson, 2011). As poverty increases an individual's likelihood of experiencing a mental health problem, an interplay of factors that compound risk emerges (Elliott, 2016). Furthermore, austere government policies have forced disadvantaged families to contend with rapidly diminishing mental health and community support, exacerbating their vulnerability (Elliott, 2016). Child abuse therefore does not occur equally across the spectrum of the population, but rather those families of lower socio-economic status are placed consistently at higher risk (WHO, 2002).

Child abuse can take multiple forms, and different types of abuse often overlap (Higgins & McCabe, 2001). The NSPCC (2017) lists twelve categories (Table 1).

Table 1

Abuse types and characteristics adapted from the NSPCC (2017)

Type	Characteristics
Domestic abuse	Children witnessing any type of controlling, bullying, threatening or violent behaviour between people in a relationship.
Sexual abuse	Forcing or persuading a child to take part in sexual activities, which can involve direct contact and/or non-contact.
Neglect	Ongoing failure to meet a child's basic needs (includes physical, educational, emotional and medical).
Online abuse	Any type of abuse that happens on the web (includes bullying, grooming, sexual abuse).
Physical abuse	Deliberately hurting a child causing injuries such as bruises, broken bones, burns or cuts.
Emotional abuse	Ongoing emotional maltreatment of a child (includes deliberately trying to scare or humiliate a child, or isolating or ignoring them).
Child sexual exploitation	Providing gifts, money or affection as a result of the child performing sexual activities or others performing sexual activities on them.
Female genital mutilation	Partial or total removal of external female genitalia for non-medical reasons.

Bullying and cyberbullying	Hurtful behaviour (includes name calling, hitting, pushing, spreading rumours, threatening or undermining someone).
Child trafficking	Recruiting, moving or transporting children with a view to exploit, force to work or sell.
Grooming	Building an emotional connection with a child for the purposes of sexual abuse, sexual exploitation or trafficking.
Harmful sexual behaviour	Another child demonstrating sexual behaviour (includes use of explicit words, inappropriate touching, sexual violence or threats).

Whilst the impact of specific forms of abuse including sexual (Ben-David & Jonson-Reid, 2017) and emotional (Iwaniec, Larkin, & Higgins, 2006) have received particular attention in the literature, abuse of all kinds is associated with severely negative social, emotional, physical and economic consequences. The burden of suffering for victims includes relationship difficulties, poor educational outcomes, disruptions to physical health, and a wide range of mental health problems (Domhardt, Münzer, Fegert, & Goldbeck, 2014; Herrman et al., 2011).

Resilience

Definition. Much of the abuse literature has focused on improving understanding of the many difficulties faced by this population (Heller, Larrieu, D'Imperio, & Boris, 1999). It has been suggested, however, that we may have "underestimated the human capacity to thrive after extremely aversive events" (Bonanno, 2004, p.101). Contrary to what might commonly be presumed, it is apparent that not all individuals who experience abuse demonstrate negative outcomes (Afifi & MacMillan, 2011).

In Western psychology, the ability to cope with adversity has been termed *resilience* (Herrman et al., 2011). The study of resilience primarily emerged from the study of abused children (Wald, Taylor, & Asmundson, 2006), and a growing body of literature has focused on exploring protective factors that may lead to a more positive trajectory (Afifi & MacMillan, 2011). The concept of resilience has also facilitated the incorporation of health and wellbeing promotion into clinical practice, rather than just treatment of their absence (Afifi & MacMillan, 2011), and is therefore an important construct with significant implications for survivors.

A standardised and operational definition of resilience, however, does not exist (Herrman et al., 2011). The American Psychological Association (2014) has defined resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress" (para. 4). Whilst such a definition appears straightforward, variations in the conceptual framework of resilience adopted by different researchers indicate its complexity (Southwick, Bonanno, Masten, Panter-Brick, & Yehuda, 2014).

Construct. Early researchers approached resilience using a binary framework, conceptualising it as a trait that one either did, or did not, possess (Klohnen, 1996). More recent conceptualisations, however, have defined resilience as a dynamic process that is influenced by the contribution of various systems surrounding an individual, such as communities and services (Southwick et al., 2014). Resilience may also vary with time and context, as well as the particular domain one is looking at; for example, one may demonstrate resilience with regards to educational but not health outcomes, and this may be subject to change over time (Herrman et al., 2011). Whilst a definitive consensus is yet to be reached, the description of resilience offered by Luthar and Cicchetti (2000) appears consistent with current thinking: "a dynamic process of positive adaptation in the context of significant adversity" (p.858).

Pathways. Multiple pathways to resilience have been identified in the literature. Green, Galambos, and Lee's (2004) definition reflects the 'resilience as trait' conceptualisation, linking attributes such as hardiness with positive outcomes (Bonanno, 2004; Kashdan, Uswatte, & Julian, 2006). A belief in one's own sense of self-worth has also been identified as essential to overcoming maltreatment (Valentine & Feinauer, 1993).

Various aspects of the family have also been linked to resilience, such as the presence of a supportive and sensitive caregiver (Egeland, Carlson, & Sroufe, 1993) and stability in caretaking (Herrenkohl, Herrenkohl, & Egolf, 1994). Support outside of the family is also important, such as engagement with hobbies, positive school experiences, and involvement with religious and other types of communities (Egeland et al., 1993; Herrenkohl et al., 1994; Valentine & Feinauer, 1993).

The variety of literature in this area indicates that pathways to resilience may be somewhat idiosyncratic. What is clear, however, is that the capacity to cope with adversity is not a trait, in that it is either present or absent in a particular individual; various contributors to resilience are likely to overlap and interact. The next question is therefore how some individuals come to possess these positive contributors whilst others do not. Furthermore, how is it that some, but not all, individuals are able to take advantage of the various supports offered to them? One avenue of exploration in this regard has focused on attachment.

Attachment

Bowlby's (1969) evolutionary theory of attachment suggests that humans are born biologically inclined to form emotional bonds with others. Particular innate behaviours from the infant, such as crying and smiling, are intended to stimulate caregiving behaviours from adults, thereby encouraging them to remain in close proximity.

Bowlby argued that this first relationship between an infant and caregiver, and their active participation and behaviour within this relationship, has implications for a child's psychological, emotional and social development. A caregiver's ability to respond sensitively and consistently to an infant is suggested to facilitate the development of a *secure attachment*. A secure attachment is proposed to act as a "base from which to explore the world" (Atwool, 2006, p. 316), and encourages children to perceive the environment as "challenging but manageable with support" (p. 318). This is then believed to promote other behaviours important to development, such as exploration, risk-taking, and the ability to form relationships with peers. Attachment theory thus places greater importance on the relationship between people, rather than the particular attitudes or traits they each possess, in shaping development.

Internal working models. On the basis of these early experiences, Bowlby argued that an infant begins to develop a sense of themselves, as well as particular expectations with regards to relationships. Bowlby thus developed the concept of an *internal working model* (IWM; Bowlby, 1969). IWMs are cognitive frameworks regarding our ideas about the availability of others and beliefs regarding our worthiness of care (Atwool 2006). It is suggested that IWMs may play a role in guiding how an individual attends to and perceives interpersonal information and, in this way, may influence how we make sense of our experiences with others. Our feelings and behaviours in close relationships, for example, may in part be motivated by the IWMs we have developed in our earlier years (Zeanah & Zeanah, 1989). If life experiences are considered to be raw data, IWMs can be conceptualised as an interpreter of this data, which may contribute towards shaping an individual's subjective reality (Howe, 1995).

The strange situation. Empirical support for the concept of IWMs was provided by Ainsworth in her seminal 'strange situation' study on child attachment behaviour (Ainsworth,

Blehar, Waters, & Wall, 1978). This study provided observations of attachment behaviours using a procedure in which infants were separated from their mother, and thereby placed under stress. The particular behaviours demonstrated by the child in response to this, in addition to subsequent scenarios, such as the introduction of a stranger and the return of the mother, informed the classification of the child's attachment style. Ainsworth's patterns of attachment in toddlers are presented in Table 2.

Table 2

Child attachment organisation (adapted from Alexander, 1993)

Attachment organisation	Relationship with caregiver	Behaviour in strange situation
Secure	Responsive and attentive caregiver.	Protest the mother leaving, greet her upon return, accept attempts to soothe.
Insecure – resistant	Inconsistent and role-reversing caregiver.	Combination of clinging and anger toward carer, difficulty being comforted upon reunion.
Insecure – avoidant	Cold and rejecting caregiver.	Avoid carer upon separation and reunion.
Disorganised	Caregiver possibly traumatised. Possible abuse.	Contradictory behaviour – approach and freezing, apprehension upon reunion.

Conceptualised as a guiding framework for our interactions with others, IWMs are proposed to influence the repertoire of behaviours that children use in relationships over time (Heller et al., 1999). For example, perceiving the self as worthy and others as reliable, a

securely attached child in distress may be more likely to seek reassurance and accept a carer's efforts to soothe them. Conversely, an insecurely attached child may ignore the carer's presence or reject attempts to soothe them (Ainsworth, 1978). Furthermore, cross-cultural research indicates that Ainsworth's attachment classifications are universally valid, and that most children across cultures demonstrate a secure attachment to their care givers (van IJzendoorn & Sagi, 1999).

Enduring patterns. Importantly, these behaviours are not proposed to remain isolated to the original child-carer relationship, but theoretically may repeat across relationships into adulthood (Sroufe, 1988). Insecurely attached individuals – conceivably guided by negative expectations of others and views of the self as un-loveable – may be more likely to select, and remain, in adult relationships characterised by insecurity and even abuse; such interactions may be suggested to offer experiences consistent with their expectations of relationships, and confirm their longstanding negative perceptions of themselves (Carnelley, Pietromonaco, & Jaffe, 1994; Whiffen, Judd, & Aube, 1999). Other researchers have characterised the continuity of attachment patterns as a "self-fulfilling prophecy" (Alexander, 1993, p.348).

Some longitudinal research has supported the view that IWMs endure over time. High consistency between child and parent attachment measures indicates the persistence of attachment styles formed in infancy throughout an individual's life (Ainsworth & Eichberg, 1991; Haft & Slade, 1989). Parenting behaviours also appear to be strongly influenced by childhood experiences of caregivers, leading to the possibility of an "intergenerational transmission of attachment strategies" (Stalker & Davies, 1995, p.235).

Adult attachment. The proposed importance of the primary relationship between an infant and caregiver dominated the attachment literature for a considerable period, where "the

parent-child relationship [was seen] as the prototypic attachment relationship, if not the *only* relationship in which attachment operates" (Bartholomew, 1990, p.158). Ainsworth (1982, 1989), however, suggested that important individuals, such as siblings and partners, may also function as attachment figures. The importance of attachment is therefore not confined to infancy, but may exert its influence throughout the lifespan.

Subsequent research has extended the application of attachment theory to the study of adult interpersonal relationships (Bartholomew, 1990; Hazan & Shaver, 1987). Whilst bonding in infancy is assumed to be innate, Bartholomew (1990) argued that adults may theoretically have greater control over their degree of attachment to others. Influencing an adult individual's choice in this matter may be "… both their motivation to b*ecome* attached to others… and their motivation to *not* become attached" (Bartholomew, 1990, p.149). Avoidance of intimacy, for example, is hypothesised to stem from either fear of getting too close, or a lack of interest in forming relationships. Therefore, whilst intimacy with others is avoided in both cases, the motivations differ.

Bartholomew (1990) operationalised the IWM in adulthood by proposing a model-of-self and model-of-other, which are suggested to interact to form four theoretical adult attachment patterns that are comparable to those proposed for children (Bartholomew & Horowitz, 1991). Dichotomies within the model between positive (the self as loveable, the other as caring) and negative (the self as unworthy, the other as untrustworthy, rejecting) are suggested to account for the motivation informing the differing attachment strategies. Bartholomew's (1990) categories of adult attachment are presented in Table 3.

Table 3

Attachment styles in adults (adapted from Alexander 1993; Whiffen et al., 1990)

Attachment organisation	Working model of self	Working model of other	Typical characteristics of self and relationship
Secure	Positive	Positive	Self-confident, trusting, comfortable with positive and negative feelings. Intimate and satisfying relationships.
Fearful	Negative	Negative	Socially inhibited, lack of assertiveness. Fear of rejection, avoidance of intimacy.
Anxious /preoccupied	Negative	Positive	Anxious, dependent. Fearful of abandonment. Conflicted, jealous relationships.
Dismissing	Positive	Negative	No distress from lack of closeness, discomfort with intimacy. Hostile, lonely. Cold and critical in close relationships.

Relationship Between Attachment Style and Resilience

Atwool (2006) argues that resilience and attachment theory are intricately linked, with attachment theory "clearly outlining the significance of relationships as the key to all aspects of resilience" (Atwool, 2006, p. 327). Research appears to corroborate this view; for example, a comparison of resilient and non-resilient siblings identified resilient individuals as having significantly more early childhood attachment relationships, and significantly higher levels of attachment, compared with non-resilient siblings (Stacy, 2006). Furthermore, attachment organisation has been implicated in the development of post-traumatic stress disorder (PTSD) following a trauma in adulthood, where secure attachment was found to have a protective effect (O'Connor & Elklit, 2008).

Despite the myriad individual characteristics which have been linked with resilience in the literature, Atwool (2006) argues that they are "unlikely to develop in a child without a

relationship with at least one other adult in which they feel worthy and loveable" (p.322). Hardiness, for example, consists in part of the capacity to "[believe] that one can influence one's surroundings and the outcome of events" (Bonanno, 2004, p.25). Inherent within this is a sense of competency, which has been linked to a secure attachment style (Cohn, 1990).

With regards to factors within the family related to resilience, it has been suggested that a secure attachment is a necessary pre-requisite for the availability of family support; family support, furthermore, has been linked to a child's mastery of developmental tasks, which lays the foundations for further development of important abilities needed to master challenges in the environment (Wyman et al., 1999). Regarding extrafamilial factors, accessing support outside of the family has also been suggested to be related to a secure attachment, in that securely attached children are more likely to hold positive views of themselves and others, which are important to accessing and maintaining relationships outside the home (Atwool, 2006).

If abuse, per se, does not lead to adverse psychological outcomes, it is plausible that abuse may lead indirectly to problematic outcomes via its impact on other mediating variables. Attachment organisation is a possible explanation for the different outcomes observed in this population.

Rationale. Contrary to the enduring nature of IWMs outlined previously, alternative research suggests that they are not static entities determined by past relationships (Kobak & Hazan, 1991). Bowlby suggested that subsequent relationships, life experiences, and events could still influence us in profound ways, and that the term *working* was chosen to indicate that our views of self and other could adapt and change (Bretherton, 1996). Empirical research has not determined whether infant attachment style is a categorical predictor of attachment style in adulthood (McConnell & Moss, 2011). Adult attachment organisation is

therefore an independent area of exploration with distinct clinical and research implications. Measuring attachment organisation in adults who have experienced abusive childhoods, and exploring their psychological outcomes, may therefore provide a useful contribution to understanding the role of attachment in resilience throughout the lifespan.

Summary and Aims of the Review

Children who have experienced abuse can face many adverse consequences which endure into adulthood. Whilst much attention has been paid in the literature to the negative aftermath of abuse, a significant proportion of survivors demonstrate a variety of positive outcomes defined broadly as 'resilience'. Attachment appears to be one mitigating variable in the diverse outcomes of this population, and delineating the role of attachment style in the trajectories of adult survivors may be a pertinent area of exploration. This review synthesised findings from studies that explore the role of adult attachment organisation in the outcomes of survivors, with a view to better understanding its implications for resilience.

Key terms. 'Abuse' will refer to the definitions provided by the NSPCC (2017; Appendix A). Due to the lack of an operational definition, 'resilience' will refer broadly to the definition outlined previously.

Methodology

Literature Search Strategy

An electronic literature search was conducted using PsycINFO, Medline and Web of Science in July 2017. The search terms *attach** and *resilien** and *child** were combined with key words for abuse (*abus** or *maltreat**) using Boolean Operators. Key words for abuse were selected for their broad applicability to all forms of child abuse, and its consistency with the language generally used in the wider associated literature. This search strategy retrieved 347 studies. Studies were initially screened for relevance according to their titles, following

which abstracts of the remaining studies were reviewed. Papers were read in full where abstracts made reference to the attachment styles of participants. Reference lists were screened for additional studies. Figure 1 presents a flow chart of the search process.

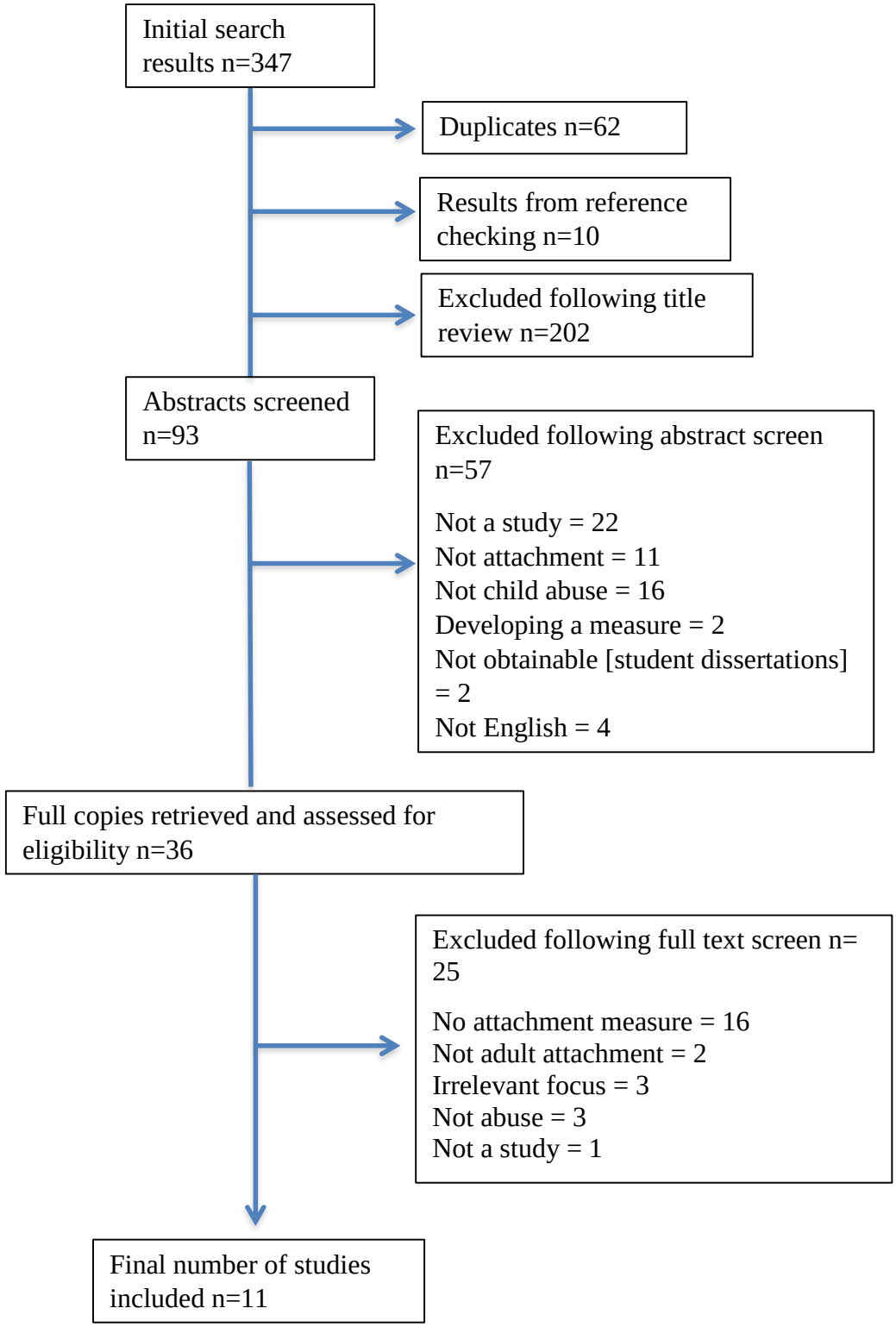

Figure 1. Flow chart depicting systematic literature search

Inclusion/Exclusion Criteria

Please refer to Table 4 for the inclusion and exclusion criteria of the studies to be reviewed.

Table 4

Inclusion and exclusion criteria of reviewed studies

Inclusion	Exclusion
Refers to adult attachment style of individuals abused in childhood.	Cannot be obtained.
English language.	Reviews/articles without a study.
Published in a journal.	No formal measure of attachment utilised.

Papers were also included if they measured attachment style but did not specifically reference resilience, as findings relating to outcomes of 'non-resilient' individuals still helpfully contributed to the aim of this review. The literature search was limited to papers in English, and those published in a journal.

Search Results

The literature search yielded 11 studies (Table 5).

Table 5

List of studies included for review

Paper	**Aim**	**Design/ Analysis**	**Abuse type**	**Sample**	**Findings**
Alexander (1993) *The differential effects of abuse characteristics and attachment*	Explore differential effects of sexual abuse characteristics and adult attachment on	Cross-sectional, correlational design/	Sexual (incest)	112 women Mean age = 37	14% Secure, 13% Preoccupied, 16% Dismissing, 58% Fearful.

in the prediction of long-term effects of sexual abuse	outcomes. Hypothesised that abuse would predict trauma symptoms and attachment would predict basic personality structure.	Hierarchical multiple regression			Insecure attachment predicted personality disorders. Abuse characteristics predicted trauma symptoms.
Alexander, Anderson, Brand, Schaeffer, Grelling, & Kretz (1997) *Adult attachment and longterm effects in survivors of incest*	Test the hypothesis that abuse severity and adult attachment is related to distress and personality disorders respectively in incest survivors.	Cross-sectional, correlational design/ ANOVA, hierarchical regression analyses	Sexual (incest)	92 women Mean age = 36.9	Insecure attachment predicted personality disorders. Fearful participants more avoidant, self-defeating and borderline compared with secure or dismissing. Preoccupied participants most dependent.
Aspelmeier, Elliott, & Smith (2006) *Childhood sexual abuse, attachment, and trauma symptoms in college females: the moderating role of attachment*	Test whether parent-child, peer, and close-adult attachment relationships serve as moderators of child sexual abuse (CSA) symptoms.	Cross-sectional, correlational design/Multivariate and univariate analyses (ANOVA, MANOVA, hierarchical regression)	Sexual	324 women Mean age = 18.3	CSA history significantly associated with insecure attachment. Attachment security only partially protective against trauma symptoms.
Browne & Winkelman (2007) *The effect of childhood trauma on later psychological adjustment*	Examine whether adult attachment and cognitive distortion mediate the relationship between childhood trauma and psychological adjustment.	Cross-sectional, survey design/ Structural equation modelling	Emotional, physical, sexual, neglect (physical), neglect (emotional)	219 (40 men, 179 women) Mean age = 20.9)	Cognitive distortion strongest predictor of psychological adjustment. Model-of-self moderately linked to cognitive distortion. Models of self and other unrelated to trauma symptoms.
Hillmann, Neukel, Hagemann, Herpertz, & Bertsch (2016)	Identify specific variables that may differentiate between three groups of women;	Cross-sectional, case-control design/	Physical, sexual	89 women Mean age = 39.2	Vulnerable attachment one of the most important negative predictors for resilience

Resilience factors in women with sever early-life maltreatment	resilient, non-resilient and healthy controls.	factor analysis, t test and discriminant analysis			in a discriminant analysis.
Leifer, Kilbane, & Kalick (2004) *Vulnerability or resilience to intergenerational sexual abuse: the role of maternal factors*	Examination of vulnerability or resilience to intergenerational sexual abuse by exploring differences between 'abuse discontinuity' mothers and 'abuse continuity' mothers.	Cross-sectional, case-control design/ Chi square analysis, ANOVA	Sexual	196 children (mean age = 7) and their mothers (mean age = 30)	'Abuse discontinuity' (AD) mothers more secure than 'abuse continuity' (AC) mothers; also better adult relationship outcomes. AC mothers significantly more likely to be fearfully attached. AC mothers significantly more likely to experience negative relationship outcomes compared to all other groups. AD mothers resilient partly due to attachment-related factors.
Massie & Szajnberg (2006) *My life is a longing: child abuse and its adult sequelae. Results of the Brody longitudinal study from birth to age 30*	A description of the effects of child abuse on the emerging personalities of the children, as well as on their adult personalities and mental health.	Retro-spective longitudinal case series design/case study analysis	Emotional, physical	10 (6 men, 4 women) Mean age = 30	Survivors demonstrated worse outcomes compared with controls. Quantitative indicators of resilient masked underlying sadness.
Muller & Lemieux (1999) *Social support, attachment, and psychopathology in high risk formerly maltreated adults*	Examination of relationships among social support, attachment security, and psychopathology	Cross-sectional, correlational design/ Correlational analyses, block regression analysis	Physical, sexual	66 (24 men, 42 women) Mean age = 33 years.	Model-of-self strongest predictor of psycho-pathology. Positive correlation, ranging from .33 for externalising symptoms (e.g. aggression) to .61 for internalising symptoms (e.g. anxiety) between model-of-self and all psycho-pathology measures.

					Social support not a significant predictor.
Roche, Runtz, & Hunter (1999) *Adult attachment: A mediator between child sexual abuse and later psychological adjustment*	Identify one possible mediator (adult attachment) of the relationship between CSA and adult psychological adjustment	Cross-sectional, correlational design/ Profile analyses, multivariate multiple regression, partial set correlation	Sexual	307 women Mean age 21.9	CSA history predicted insecure attachment and trauma symptoms. Model-of-self particularly important to psychological adjustment.
Stalker & Davies (1995) *Attachment organization and adaptation in sexually-abused women*	Explore possible associations among attachment organisation, current functioning and Axis II personality disorder	Cross-sectional, correlational design/ Chi square analysis	Sexual	40 women Mean age = 34	67.5% Preoccupied. Insecure attachment significantly associated with two or more Axis II diagnoses.
Whiffen, Judd, & Aube (1999) *Intimate relationships moderate the association between childhood sexual abuse and depression*	Explore whether intimate relationship variables, intimacy, partner physical abuse, and adult attachment, may be implicated in the association between CSA and depression.	Cross-sectional, correlational design/ Multiple regression, hierarchical multiple regression	Sexual	60 women (+ partners) Mean age = 33	Intimate relationships moderate relationship between CSA history and depression. Intimacy significantly accounted for 32% of variance in depression scores.

Structure of Review

Studies were grouped according to their overarching hypotheses. The pertinent details and results of each study are described in accordance with themes that have been identified. Findings were synthesised to ascertain the role of adult attachment in the outcomes of survivors. Relevant quality appraisal tools were used to facilitate a critique of the evidence, aiding an overall conclusion. Clinical and research implications are discussed.

Tools

The quality appraisal tools used to facilitate the critique were the *Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies* (National Institute of Health, 2014; Appendix B), the *Mixed Methods Appraisal Tool* (Pluye et al., 2011; Appendix C) and Yin's (2009) criteria for case studies (Appendix D).

Quality appraisal tools guided an initial critical reading of each paper. However, some quality criteria were not applicable to the papers under review; for example, the requirement that the timeframe between 'exposure' and outcome be sufficient to warrant a suggested association was not applicable to the exposure of interest – historical experiences of abuse – which likely occurred at varying times in life across participants.

Appraisal tools were therefore applied flexibly and appropriately. Furthermore, certain quality criteria led to deeper consideration of issues that are unique to the subject under investigation; for example, the potential for individuals with dismissive attachment styles to skew the findings of a study was not simply a sampling flaw, but an issue inherent to the study of attachment. Assimilation of critical themes was also necessary for coherence. Finally, after establishing that this study passed the initial screening criteria of the relevant appraisal tool, greater attention was paid to the importance of Massie and Szanjberg's (2006) qualitative study, rather than its methodological flaws, in the interest of highlighting a fundamental critique of quantitative research in this area.

Literature Review

Findings across the studies were synthesised and grouped according to the main outcomes, aims of the study, and/or methodology for the purpose of clarity. Outcomes related to personality structure and clinical symptoms. Aims referred to a specific examination of an interactive hypothesis concerning a 'reciprocal effects model' of social

support, attachment and psychopathology, as well as the identification of differentiating variables between abused and non-abused participants. The findings of a retrospective case study were also described separately; although the quantitative outcomes of this study were similar to those of previous studies, the inclusion of qualitative data provided an important contextualisation of the quantitative findings, which served to differentiate it from the aforementioned studies.

Personality Structure

Alexander (1993) explored whether characteristics of sexual abuse and adult attachment would exert differential effects on trauma symptoms and personality structure respectively. Participants were 112 women who were incestuously abused in childhood. The *Relationship Questionnaire* (RQ; Bartholomew & Horowitz, 1991) demonstrated that only 14% of participants identified as Secure. Furthermore, adult attachment predicted basic personality structure; a preoccupied attachment style was associated with dependent, self-defeating and borderline personality disorder; a fearful attachment style was associated with avoidant and self-defeating personality disorders; dismissive adults denied feelings of dependency. This study therefore found that the majority of abused participants were identified as being insecurely attached, and this attachment style appeared to be associated with a host of relational difficulties (see *Trauma* for further findings).

Alexander et al. (1997) utilised the same dataset from Alexander (1993), but used the *Family Attachment Interview* (Bartholomew & Horowitz, 1991) to measure attachment, addressing a limitation identified by Alexander (1993) that self-reports of attachment may not be accurate. Participants were a subset of 92 women from Alexander's (1993) sample. Findings closely matched the original study, demonstrating that insecure attachment was significantly associated with a range of personality disorders; secure and dismissing subjects were less likely to demonstrate personality disorders.

Stalker and Davies (1995) similarly explored a possible relationship between attachment style, current functioning and personality structure within a sample of 40 women who had experienced child sexual abuse (CSA). This study highlighted the high proportion of women who demonstrated an insecure attachment style, with 67.5% of the sample classified as Preoccupied. Furthermore, almost half the sample met criteria for two or more Axis II diagnoses, and a chi-square analysis indicated that insecurely attached subjects were significantly more likely to meet criteria for two or more Axis II diagnoses when compared with secure participants. The high level of overlap in Axis II diagnoses meant that no significant relationship between attachment classification and specific personality structure emerged, however. Furthermore, the small sample size meant that a chi-square analysis was inappropriate. Conclusions regarding an association between attachment style and personality structure therefore could not be substantiated.

Clinical Symptoms

Trauma. Aspelmeier, Elliot and Smith's (2007) study tested a model linking attachment, CSA and adult psychological outcomes. This study was unique in that it measured attachment across romantic, parent-child and peer relationships. Participants were 324 female students. A MANOVA analysis found a significant effect of CSA on attachment security, where participants with a CSA history demonstrated significantly higher levels of dismissive, preoccupied and fearful attachment compared with non-CSA controls. Attachment was also consistently associated with trauma symptoms, where higher levels of security in parent and peer relationships was associated with lower levels of trauma symptoms. However, attachment security was only partially protective, as secure participants with a history of CSA still reported greater trauma symptoms than did secure participants without a CSA history.

Roche, Runtz and Hunter (1999) also explored whether adult attachment may mediate the relationship between CSA and adult psychological adjustment. This study also offered a unique contribution to the literature by differentiating victim-perpetrator relatedness into extrafamilial (EA) and intrafamilial abuse (IA) groups. Participants were 307 female students. Results found that CSA predicted attachment; controls were significantly more secure and less fearful than both abuse groups, EA subjects were more dismissing, and IA subjects were more fearful. With regards to dimensions of attachment, controls had a more positive view of self and other, and EA subjects had a more positive view-of-self than did IA subjects. CSA also predicted psychological adjustment, where CSA subjects scored significantly higher than controls on the *Trauma Symptom Inventory* (TSI; Briere, 1995). Adult attachment style was also found to predict psychological adjustment; model-of-self significantly predicted all 10 adjustment scales on the TSI, and model-of-other predicted 6. Importantly, however, CSA did not continue to predict adjustment when the effects of attachment were controlled, whereas attachment continued to predict adjustment when the effects of CSA were controlled. This study therefore highlighted the critical role of adult attachment in psychological outcomes, suggesting that model-of-self may be the most pertinent predictor of adjustment. Intrafamilial abuse was also identified as posing a particular risk for impairment to the model-of-self, which appeared to elevate an individual's risk for negative outcomes.

In contrast, regression analyses in Alexander's (1993) study found that characteristics of the abuse (such as age of onset), rather than attachment, best predicted symptoms associated with PTSD. Similar results were replicated in Alexander et al.'s (1997) study. Brown and Winkelman (2007) also did not demonstrate support for the importance of attachment variables. Their study explored whether adult attachment and cognitive distortion were implicated in the association between childhood abuse and trauma symptoms.

Participants were 40 male and 179 female students. Only cognitive distortion predicted adjustment; attachment was relevant to psychological adjustment only insofar as it influenced cognitive processes.

Depression. Whiffen, Judd and Aube's (1999) study explored whether variables of adult intimate relationships and attachment are implicated in the association between CSA and depression. Participants were 60 women and their married or cohabiting partners. Findings demonstrated that neither CSA history nor abuse severity were associated with depression symptoms. Rather, intimate relationships appeared to moderate this relationship. A hierarchical multiple regression further illustrated that CSA survivors were more vulnerable to depression when they perceived their relationship to be of low quality in comparison with non-survivors; CSA survivors were also better protected by high quality relationships than were non-survivors. Despite the overall quality of their intimate relationships, however, CSA survivors demonstrated a greater degree of insecure attachment to their partners, with more severely abused participants reporting more fears of abandonment than non-survivors, whilst simultaneously feeling that their partners were reliable. The authors suggested that this was demonstrative of an anxious attachment style, comprised of a negative model-of-self and positive model-of-other.

Interactive Hypothesis

Muller and Lemieux's (2000) study examined a 'reciprocal effects model' of social support, attachment and psychopathology. It was hypothesised that insecurely attached participants with less social support would be particularly susceptible to experiencing psychological difficulties. Participants were 24 men and 42 women. Results found that negative view of self was the strongest predictor of psychopathology; social support was not a significant predictor of psychopathology.

Findings regarding the reciprocal effects model were mixed. Correlational findings demonstrated that the relationship between negative view-of-self and psychopathology was stronger for participants with low social support; however, lack of social support was eclipsed by negative view-of-self with regards to predictive power of psychopathology. The authors suggested that the beneficial or detrimental effects of degree of social support may only have a marginal impact when individuals are already hampered by a negative view-of-self.

Differentiating Variables

Hillmann et al.'s (2016) study sought to identify 'resilience factors' that may differentiate women with experiences of child abuse but have not developed psychological difficulties (resilient) from those who share a similar history but do experience psychological difficulties (non-resilient) and from a non-abused control group with no history of abuse or mental disorder. Participants were 89 women, and resilience factors referred to 18 factors comprised of individual attributes, aspects of family, and characteristics of the social environment that had been associated with resilience in the literature. Vulnerable attachment emerged as a significant individual attribute that differentiated between the groups of women. The authors concluded that prevention and early intervention programmes focusing in part on the development of a secure attachment may be helpful for individuals who have experienced maltreatment in childhood.

The Vulnerable Attachment Style Questionnaire (VASQ; Bifulco, Mahon, Kwon, Moran, & Jacobs, 2003) used in this study does not identify specific attachment styles; rather, vulnerability refers to an individual's risk of developing depression. However, the development of this measure was based on research which identified that severity of insecure attachment may be a better predictor of psychopathology rather than just style of attachment (Stein et al., 2002). Furthermore, the VASQ remains highly correlated with the RQ (Bartholomew & Horowitz, 1991) and the Attachment Style Interview (Bifulco, Moran, Ball,

& Bernazzani, 2002), particularly with regards to the secure classification. The finding from this study that resilient and non-resilient women differed significantly with reference to vulnerable attachment therefore still provides meaningful conclusions for the purpose of this review.

Leifer, Kilbane and Kalick's (2004) study aimed to identify discriminating variables between mothers who break or perpetuate the cycle of abuse. Participants were 196 mothers and their children who were divided into four groups; sexually abused mothers of children who were not sexually abused ('abuse discontinuity' [AD]), sexually abused mothers whose child was sexually abused ('abuse continuity' [AC]), mothers and children with no history of sexual abuse ('no abuse continuity'), and mothers with no history of sexual abuse who had a sexually abused child ('no abuse discontinuity'). Results showed that AD mothers were functioning as well as the 'no abuse continuity' mothers; furthermore, they reported significantly fewer trauma symptoms when compared with AC mothers, and were more likely to be securely attached, and less likely to have negative relationship outcomes. The authors concluded that AD mothers were resilient, and that attachment-related factors played an important role in breaking the intergenerational cycle of child abuse.

Retrospective Case Study

Massie and Szajnberg's (2006) study presented longitudinal case studies of the impact that childhood abuse had had on the personalities and mental health of ten participants who had experienced emotional and/or physical abuse in childhood. The abused participants demonstrated significantly worse outcomes on every measure compared with non-abused controls, including number of psychiatric diagnoses and attachment security. Despite this, the authors suggest that these participants demonstrate resilience in a number of ways, including the successful maintenance of intimate relationships and participation in gainful employment. The authors ultimately conclude, however, that such factors provided only a

veneer of coping, and that a sense of unfulfilled aspirations and low self-worth predominated in the narratives of the participants. Three lengthy, descriptive case studies provide compelling qualitative evidence for their statements. "Nita" demonstrated an Earned-secure attachment on the *Adult Attachment Interview* (AAI; Kaplan & Main, 1985) and a *Global Assessment of Functioning* (Hall, 1995) score of 61, indicating mild symptoms but generally high functioning with some meaningful interpersonal relationships. Nita is employed and has a child, stating that "what children need most is affection and someone to depend on" (p.480), which provides some qualitative support of her attachment style. However, statements from Nita such as "my life is a longing", her frustration at feeling that "life has thrown me through a hole" (p.479), and her description of a childhood spent "trying to make [my father] love me and never [feeling] I succeeded" (p.480) provides support for the authors' suggestion that, despite ostensible indicators of resilience, the participants experiences of abuse "endures in the psyche as an inchoate sadness, a sense of life unfulfilled long after the abuse has ceased" (p.472).

Discussion

Findings

Attachment style. An insecure attachment style predominated across all of the studies that provided a breakdown of participants' attachment styles. This was particularly striking across studies which utilised a control group (n = 4), or comparison with a normative sample in a separate study (n = 1), which consistently found that survivors significantly differed in their rates of secure attachment in comparison with a non-abused sample. Whilst Massie and Szajberg's (2006) sample had the highest proportion of secure participants in their abused sample (60%), these participants nevertheless differed significantly from controls. These findings highlight the consistent association between experiences of abuse in childhood and insecure adult attachment style.

Negative outcomes. With regards to personality structure, attachment appeared to be implicated in the relationship between abuse and outcomes. An association between insecure attachment style and personality disorder was indicated by Alexander (1993), Alexander et al. (1997) and Stalker and Davies (1995), although evidence of specific associations was more tenuous.

Findings regarding attachment and clinical symptoms were somewhat mixed. Aspelmeier et al. (2007) and Roche et al. (1999) found that attachment was an important predictor of trauma symptoms; however, as stated previously, Alexander (1993) and Alexander et al. (1997) found that attachment was more central in predicting personality structure. Brown and Winkelman (2007) found that attachment was unrelated to psychological outcomes, and only cognitions influenced adjustment.

Findings regarding these outcomes were therefore variable. However, insecurely attached subjects demonstrated more Axis II disorders and/or trauma symptoms overall, suggesting the possibility of an association between insecure attachment organisation and poorer psychological outcomes on the whole.

Resilient outcomes. Whilst resilience is evidently a complex construct, resilience appeared to be demonstrated in a variety of ways with reference to the focus of interest in each paper; for example, the mothers who broke the cycle of abuse in Leifer et al's (2004) study could be described as demonstrating 'positive adaptation'. Resilience was also implicated by an absence of negative outcomes, such as trauma symptoms and personality disorder. On this basis, the findings of the current review appear to support an association between resilience and attachment security, with most of the papers demonstrating positive outcomes in line with a secure attachment style.

Models of self and other. Studies which divided the attachment pole into model of self and other presented mixed findings. Muller and Lemieux (2000) suggested that a negative model-of-self may be most obstructive to a resilient outcome due to an associated impairment in interpersonal functioning. A negative model-of-self is characterised by a fundamental view of the self as unlovable, thus an individual holding such beliefs may be more hampered in their capacity to form satisfying relationships that may protect them in adulthood. This view of relationships as offering protection was supported by Whiffen et al. (1999), who found that survivors were particularly protected by close-adult relationships of high quality. A negative model-of-other, however, appeared to be less central in predicting difficulties (Roche et al., 1999). Muller and Lemieux (2000) suggest that a negative model-of-other may be less problematic as it still offers individuals an adaptive strategy for coping; that is, to dismiss the need for intimacy and elevate the value of the self. Whilst this may still drive the individual towards isolation, a positive view of self may remain intact which may offer some protection.

Alternatively, Whiffen et al.'s (1999) findings indicate that individuals with a negative model-of-self may still be able to benefit from close-adult relationships if those relationships are of high quality. The authors suggest that their sample demonstrated a negative model-of-self but a positive model-of-other, which led them to feel anxious in relationships but still able to depend on their partner.

It may be suggested therefore that models of self and other that consist of at least one positive dimension offer individuals at least some partially adaptive strategies. A negative model of self and other (fearful attachment), however, may perhaps be the most damaging to survivors. This was supported by studies which found that fearful individuals presented with the most negative outcomes (Alexander, 1993; Alexander et al., 1997; Roche et al., 1999).

Critique

Sample. Of the studies which provided demographic information regarding the ethnicity of participants (n = 6), five studies used a predominantly Caucasian sample, reaching upwards of 80% in several. The only exception to this was Leifer, Kilbane and Kalick (2004), whose sample consisted entirely of African-American mothers. Research in the UK has found that Black children are considerably overrepresented in figures for the child welfare system, whilst Asian children are underrepresented based on the demographics of the country (Owen & Statham, 2009). Research in the United States has also found that poverty, rather than biased reporting, is the driving force behind the overrepresentation of black and minority ethnic children in need (Lanier et al., 2014). The role of race and ethnicity in child abuse is therefore complex, and research based on a predominantly Caucasian sample cannot be generalised to a wider population. Furthermore, studies that omit reporting of racial and ethnic information also appear to ignore this important context of child maltreatment, limiting the value of their contribution to the literature.

Another limitation with some samples concerned their level of functioning. Research suggests that the disruptive impact of child abuse on development means that academic achievement can be compromised (Romano, Babchishin, Marquis, & Fréchette, 2015), yet several of the studies utilised participants who were attending university. Participants attending higher education may be a subset of relatively highly functioning individuals; alternatively, commitment to achieving academic success may be an example of a specific, adaptable coping strategy utilised by these individuals. Such considerations may have meant that these participants were not representative of the target population, thereby limiting the generalisability of the findings.

The issue of a highly functioning sample also applied uniquely to Whiffen et al. (1999). Theirs was one of only three studies in the current review to test a mediating

hypothesis of attachment, and studies of this nature are already underrepresented in the literature (Aspelmeier et al., 2007). Whilst a mediation model was not supported by this study, this may have been due to their participant sample of married and cohabiting couples. The authors suggest that the capacity of the abused women in the study to form and maintain intimate relationships indicate a relatively high level of functioning and resilience, and that a mediation model may be more evident in individuals who function less successfully in their relationships. The findings of this study therefore cannot be extended to the subsection of survivors who do not enter into, or sustain, intimate relationships.

In addition, most of the studies used an exclusively female sample. Whilst this presents an issue of generalising the findings to a male population, a gendered approach to research in this field may be appropriate given the consistent finding that girls are more likely to experience abuse (May-Chahal, 2006).

Finally, all studies except one (Stalker & Davies, 1995) recruited a voluntary sample, where participants were aware of the nature of the study. It may be suggested that survivors who volunteer to participate in research ostensibly regarding childhood abuse are demonstrating a willingness to access these memories and discuss their experiences. The ability to recall traumatic childhood memories has been linked with resilience, and a sample of volunteers for research of this nature may already be more resilient and highly functioning compared with individuals who do not put themselves forward. Whilst this criticism is somewhat speculative, volunteer bias nevertheless presents an important challenge to the external validity of research in this area.

Abuse type and severity. Most of the reviewed papers focused exclusively on sexual abuse. A study by Ney, Fung and Wickett (1994), however, found that a combination of physical and verbal abuse, together with neglect, had the most detrimental impact on

children. A more recent study identified few differential effects, but indicated that multiple forms of abuse had a worse impact compared with a single form of abuse (Arata, Langhinrichsen-Rohling, Bowers, & O'Farrill-Swails, 2005). Whilst much of the research in the current review focused on a single form of abuse, evidence suggests that different types of abuse tend to overlap (Chiu et al., 2014). Furthermore, none of the studies excluded participants on the basis of experiencing forms of abuse that were not under investigation. It may therefore be suggested that participants in research of this nature are more likely to have experienced multiple forms of abuse than a single form, and that the findings from this review are likely to be generalisable to the survivor population.

There was, however, considerable variation in the rigour of reporting the severity of abuse, if severity is indicated by the frequency of abusive incidents, the nature of the incident, or age at which abuse began. In Muller and Lemieux's (2000) study, for example, participants indicated that they had experienced at least *one* act of major violence, but further information was not provided. Many studies simply stated that participants met screening criteria, or answered affirmatively to a questionnaire and subsequently categorised as having experienced early life maltreatment. Few studies reported details on the nature of the abuse experienced (e.g. non-touching, intercourse). Only four studies reported the age of the first abusive experience (or average age at which abuse began) and duration of the abuse. Details of abuse severity are necessary, however, if meaningful conclusions are to be drawn from research. Schenkel, Spaulding, DiLillo and Silverstein (2005) found that more frequent abuse experiences were associated with more severe psychiatric difficulties in later life. Furthermore, research suggests that intrafamilial abuse is associated with worse outcomes, therefore the perpetrator of abuse may also act as an indicator of abuse severity (Clemmons, Walsh, DiLillo, Messman-Moore, 2007). Whilst two studies focused exclusively on incestuous abuse, many studies did not report the relationship between participant and

perpetrator. The lack of consistency and rigour in reporting abuse severity was therefore a significant issue across most of the studies, and diluted the conclusions that could be drawn from the current review.

Cause and correlation. Due to the clear ethical restrictions, research in this field cannot establish causal relationships as experimental conditions cannot be manipulated. It is therefore not possible to assert that an insecure attachment causally impacts mental health, or that abusive experiences cause an insecure attachment. Another point of consideration is whether insecure attachment precedes abuse, rather than follows it. It has been suggested that relational difficulties within families may set the stage for abuse (Alexander et al., 1998); the dissociation observed in fearfully attached individuals, for example, may interfere with a perpetrator's impulse control, or a caregiver's ability to recognise and respond to cues that a child is in danger (Anderson & Alexander, 1996). Causal relationships may therefore be linear or circular, and the restriction on experimental research presents a considerable challenge to delineating the direction of these relationships. Longitudinal studies may offer the best alternative to address this obstacle.

Measures. The use of self-report attachment measures may have challenged the internal validity of some studies. Responses on self-report measures such as the RQ can be subject to bias due to current feelings, the forgetting of pertinent information, exaggeration and social desirability (Northrup, 1996). A measure such as the AAI, however, asks respondents open questions about attachment relationships, and analyses the manner in which people respond; the factual content of responses is therefore secondary to the coherence (or lack thereof) of the responses in inferring adult attachment style. Alexander (1993) noted that the AAI may be a superior measure than those which elicit self-reports. Only two studies in the current review utilised it, however.

Accuracy of recall. A related issue to that of biased self-reports concerns the accuracy of participants' memories of their childhoods. If coherent recall of the past is implicated in secure attachment, this presents a further challenge in ascertaining accuracy of recall in research with survivors. Leifer et al. (2004) noted concerns in their study regarding the potential inaccuracy of retrospective reports, which may "include both false-negative and false-positive accounts" (p.89). Some researchers have challenged this, however, suggesting that memories of events that are meaningful to the individual are likely to be accurate (Kazdin, Kramer, Kessler, Kupfer, & Offord, 1997). Research with survivors of abuse may be a particularly challenging area to study, as the experiences of interest are likely to have occurred many years ago, be traumatic in nature, and possibly obscured by a survivor's coping mechanism (dissociation being a key example).

Dismissive attachment style. Crittenden, Partridge and Claussen (1991) noted that dismissive individuals can present themselves as "more normal than normal" (as cited in Alexander et al., 1998, p. 57), and may deny distress despite evidence to the contrary (Dozier & Kobak, 1992). Responses from such participants may therefore skew findings in research. Aspelmeier et al. (2007), for example, found that a dismissive attachment style was not significantly associated with trauma symptoms, but suggested that this may have been due in part to a reduction in affective expression characteristic of dismissing individuals. Dismissive individuals may therefore confound findings in research by minimising the impact of negative life events and current levels of distress. Furthermore, related to the issue of sampling, dismissive individuals may be a subset of the target population who are less likely to volunteer for research of this nature.

Construct of resilience. Massie and Szajnberg's (2006) study demonstrated a critical disconnect between appearances of adequate coping, and the reality of participants' emotional lives. This highlights an important critique of quantitative conceptualisations of

resilience; that the indicators we traditionally use to signify coping may be superficial. It may be argued that individuals are categorised as resilient in so far as they fit a Western mould of success, made up in part of a domestic and economic picture that adheres to traditional and capitalist values, and that our "wish to find heroes" (Massie & Szanjberg, 2006, p.490) lead us to accept outward attributes of success as evidence of inner healing. Quantitative approaches may be fundamentally incapable of capturing the lived experience of survivors, which requires looking beneath the veneer of appearances. Finally, given the dynamic nature of the construct of resilience, it may be suggested that that in itself presents challenges to attempting to quantify and measure the impact of particular factors on its process.

Contribution to theory

The findings of this review suggest that attachment organisation in adulthood may have possible implications for the resilience of survivors of childhood abuse, specifically with regards to psychiatric difficulties, clinical symptoms, and the breaking of intergenerational cycles of abuse. Given the variability of outcomes in the survivor population, attachment theory may provide a helpful avenue of further exploration in the search for an explanatory model. However, methodological issues with the studies identified, including sampling bias, the absence of experimental data, inconsistent identification of abuse severity, and the inherent difficulties in research that relies on recall of traumatic memories means that further research is greatly needed.

Importantly, however, the findings of this review also indicate that the construct of resilience itself may require greater scrutiny; it may be argued that our current understanding and application of resilience may be misleading, and that the construct may serve to mask the underlying suffering of some survivors by overreliance on outward indicators of functioning.

Implications

Clinical

The findings of this review suggest that interventions focused on attachment may be helpful for this population. Early intervention for families at risk may consist in part of supporting caregivers to attune sensitively to their children. Interventions that focus on providing families in poverty with social support will also be necessary to address the systemic issues of social inequality that place certain families at greater risk.

Malleability of attachment was not the focus of this review; however, the focus of clinical intervention will depend on whether attachment organisation does alter in response to positive relational experiences or remains fixed from childhood. If attachment organisation can adapt, the reparative function of corrective therapeutic relationships for adults may be a key area of focus. Findings from the review also indicate that an impaired model-of-self may be a particular risk factor for individuals. Survivors may benefit from intervention in this area, particularly if they are victims of incest.

Research

Implications for research similarly differ with respect to the continuity or discontinuity of attachment patterns. Current research indicates that negative life events may ostensibly alter attachment patterns from secure to insecure, but that factors predicting change towards security are not well understood (McConnell & Moss, 2011). Further research could focus on better understanding potential contributors to altering attachment style in a positive direction.

Beyond an absence of clinical symptoms and personality disorder, coherent recall of the past also appeared to be implicated in resilience. Secure participants in Alexander's (1993) study demonstrated a "willingness… to confront the memories of the trauma" (p.359),

and a capacity for coherent recall of their childhoods. Leifer et al. (2004) demonstrated similar findings, whilst Unresolved participants in Stalker and Davies' (1995) study were disoriented when speaking about loss or trauma. These findings suggest that resilient individuals are able to integrate traumatic incidents with the rest of their lived experience, which is consistent with literature connecting resilience with the ability to accurately remember and speak of negative experiences (Leifer et al., 2004). The concept of resilience consists of more than biological survival, and coherent recall of the past may point to a process of 'meaning making' that allows individuals to integrate positive and negative memories to a larger whole. A qualitative enquiry may be better suited to exploring the capacity of some survivors to story their experiences.

Consideration of the social context of abuse and the lived experience of potential participants raises an issue of power in research; whether the role of the researcher should be to distil experiences of pain, loss and survival into numbers and categories and reify constructs such as resilience. Massie and Szanjberg's (2006) study was powerful in its provision of a human voice, lending nuance and richness to quantitative data. That an individual's life may still be a 'longing' despite quantitative evidence that they are highly functioning indicates that something may be lost in research when the voices of survivors, and their own understanding of their experience, are not elevated. Further research may benefit from taking stock of issues of power in Eurocentric research, where traditional science has looked to particular ways to gather what we call knowledge, represent reality, and ascertain truths (Bruner, 1986). A narrative enquiry into the experiences of survivors may offer a helpful challenge to the paradigmatic stance of traditional scientific research, and get closer to the complexity and richness of lived lives.

Conclusion

The findings of this review point to the possible role of attachment organisation in the outcomes of survivors of child abuse. Whilst causal relationships cannot be established due to the ethics of conducting research in this area, findings highlight a potential association between attachment variables and outcomes, and the possibility that a secure attachment style in adulthood may play a role in the resilience of survivors. Attachment organisation may therefore be a useful area of further clinical and research focus. The issues of power in research, particularly given the wider social context that increases a family's vulnerability to child abuse, is an important consideration. A narrative enquiry may help to challenge traditional ways of conceptualising resilience and the impact of adversity, and elevate the voices of survivors.

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Major Research Project

Saya Morton

Section B

What Does "Getting Through" Look Like in the Stories of Survivors of Child Abuse?

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Abstract

Despite the severely detrimental impact of child abuse, many adult survivors appear to be resilient, demonstrating a range of successful outcomes. However, conceptualisations of resilience in the literature may be somewhat disconnected from the emotional reality of survivors' lives. This study aimed to explore the life stories of nine adult survivors of child abuse using narrative analysis, with a theoretical focus on attachment. Narratives were generally hopeful and progressive, engaging in constructions of identities and relationships that amounted to a coherent, positive understanding of life. However, the joys of life did not erase the scars, and many reflected on themes of loss and uncertainty that were more hidden from the world. Attachment theory provided an interpretive frame by which themes were conceptualised as serving adaptive functions. Findings suggest that "getting through" is not a 'state' that is reached with completeness, emphasising the importance of elevating the voices of survivors, and encouraging the multiplicity of stories to flourish.

Key words: child abuse, resilience, attachment, narrative.

What Does "Getting Through" Look Like in the Stories of Survivors of Child Abuse?

Western culture has long held a fascination with heroes (Massie & Szajnberg, 2006), where the popularity of biographical accounts of individuals who have overcome great adversity (Hillenbrand, 2011; Pelzer, 2000) speaks to the stories that are favoured. Such individuals may be said to be 'resilient'. The American Psychological Association (2014) defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats or significant sources of stress" (para. 4), and much of the resilience literature has focused on a Western conceptualisation of healthy functioning, prioritising values of independence and self-efficacy as demonstrated through achievement in education and employment (Ungar, 2008). Individuals are identified as resilient in so far as they have experienced some form of adversity, and demonstrated an adaptation in line with particular indicators of success.

Research has also examined pathways to resilience, to better understand what facilitates the attainment of adaptive outcomes. Greene, Galambos, and Lee (2004), for example, suggest that resilience depends on an individual's "unique coping capacity" (p.78), and attributes such as hardiness and self-enhancement have been linked with resilience in the literature (Bonanno, 2004; Kashdan, Uswatte, & Julian, 2006).

The next question therefore concerns how some individuals have personal resources available to them whilst others do not. One significant line of inquiry in this area has looked to individual attachment style. Attachment theory suggests that relationships are integral to human development, and the capacity to form emotional bonds with others is innate (Bowlby, 1969). Of particular importance is the development of a secure attachment. A secure attachment typically develops under the influence of sensitive, responsive caregiving, and encourages a developing child to perceive the self as worthy of love, and others as

trustworthy. This style of relating to self and other is thought to provide the foundation for many important aspects of development, and potentially underlies the myriad pathways to resilience which have been identified in the literature. Atwool (2006) suggests that the individual characteristics associated with resilience are less likely to develop in someone who does not have a secure attachment style; therefore, whilst the behaviours, attitudes, and traits that individuals operationalise to attain successful outcomes may be highly variable, a secure attachment may provide the basis for these helpful capacities to develop and be utilised.

Given this relationship between attachment style and resilience, it follows that individuals who do not develop a secure attachment may be particularly vulnerable in the face of adverse experiences. Abuse in childhood is one example of trauma that may be particularly disruptive to the development of a secure attachment, as children are most likely to be abused by those they depend on to provide safety and care (Sedlak et al., 2010). Child abuse is a serious public health problem and the severely detrimental impact of abuse cannot be underestimated (World Health Organisation and International Society for Prevention of Child Abuse and Neglect, 2006). Furthermore, evidence suggests that these negative outcomes may in part be associated with the insecure attachment styles that are prevalent amongst survivors (Alexander, 1993).

Research indicates, however, that a significant subset of this population do not experience negative outcomes, and greater attention has been given to developing an understanding of protective factors for survivors in recent years (Afifi & MacMillan, 2011). Furthermore, theories such as the process of posttraumatic growth suggest that positive trajectories are possible for those who have undergone deeply harmful experiences (Kaye-Tzadok & Davidson-Arad, 2016). Unfortunately, a belief that resilient individuals are rare and exceptional appears to be ubiquitous (Bonanno, 2004), potentially contributing to

dominant societal narratives that may disempower those who have been exposed to experiences such as child abuse.

Evidence also suggests that the indicators of resilience commonly prioritised in the literature may be somewhat superficial (Massie & Szajnberg, 2006). Whilst individuals may appear to be active and productive members of society, their internal experience may be at odds with what is presumed; an "inchoate sadness" (Massive & Szajnberg, 2006, p.471) lingering long after the abuse has ended. This apparent disconnect may be due in part to a societal desire to draw comfort from our reverence of resilient individuals, and not look beneath the surface of "seemingly adequate coping" (p.490).

It may therefore be suggested that our understanding of resilience may be enhanced by prioritising the voices of survivors. Bruner (1990) argues that when life is disrupted, humans need narratives to organise and draw meaning from their experiences. Given the possible disconnect between aspects of the resilience literature and the emotional reality for survivors, exploring the life stories of survivors may contribute towards developing a body of knowledge that is more closely reflective of lived experience. As individuals who have already experienced seismic imbalances of power in their lives, a narrative inquiry may be particularly well placed for such an exploration; in choosing what story to tell, and how to tell it, narratives may offer survivors greater freedom and control relative to alternative approaches (Silver, 2013).

Rationale and aims

Resilience is an important construct with significant implications for survivors; however, greater exploration from a survivor perspective appears warranted. Exploring the life stories of survivors may help to deepen our understanding of resilience following trauma, and go some way towards redressing the imbalance of power inherent in academic research.

Furthermore, the evidence implicating attachment as a key precursor to multiple aspects of resilience suggests that survivors, who have arguably endured devastating blows to attachment security, may offer particularly valuable contributions to the field. Whilst some studies have adopted qualitative methodologies to explore survivor experiences (Hall et al., 2009; Kia-Keating, Grossman, Sorsoli, & Epstein, 2005), narrative studies are scarce, and no study has explored the narratives of survivors with a focus on attachment theory.

The present study aimed to explore the narratives of adult survivors of child abuse with a view to answering three central questions:

(a) What does "getting through" look like in the stories survivors tell about their lives?

(b) How do relationships feature in the stories of survivors?

(c) What are some of the common themes in survivors' stories?

Method

This qualitative study used unstructured narrative interviews to record the life stories of participants, and explored the accounts using narrative analysis. Attachment theory was used as a framework of analysis with which to explore participants' constructions of their life story, situating the inquiry within a critical realist epistemology. Narratives can bring order to the disordered, and is therefore particularly suited to the exploration of disruption in life, of which childhood abuse is amongst the most egregious (Hall et al., 2009).

Ethics

Ethical approval for the study was granted by a university ethics committee (Appendix E). Participants were given time to consider their decision to take part and were asked if they had any concerns or questions prior to interviewing. A protocol was developed ahead of time in the event that interviews provoked distress; this involved temporary termination of the interview, during which time participant wellbeing would be assessed

verbally, and participants could decide whether they wished to continue. The right to terminate the interview at any point was emphasised in recruitment materials. All participants completed a standardised measure of general wellbeing (Appendix F) prior to interviewing, and wellbeing was re-assessed at the conclusion of the interview. Counselling and signposting resources were available to participants if this was deemed necessary.

Inclusion criteria

Inclusion criteria was broad. Service-user consultation was sought regarding the wording of key phrases in an effort to provide recruitment materials that were engaging and inclusive of a non-clinical sample. Thus, individuals who self-identified as having "gotten through" experiences of being harmed by another person in childhood were eligible to take part. "Harm" was not explicitly defined, and participants were not required to provide descriptions of their experiences for ethical reasons. Furthermore, participation did not depend on having experienced a specific type of abuse, based on the rationale that multiple forms of abuse overlap in most cases (Higgins & McCabe, 2001). Due to the requirement for participants to provide oral narratives, only English-speaking individuals who could communicate orally were recruited.

Participants

This study utilised purposive sampling. Survivor support groups were identified using an online search engine and were contacted by email. Following an expression of interest, an information sheet was distributed to attendees (Appendix G). Members of a private trauma therapy group, and a service-user research group based within a university, were also approached. Nine participants (two men, five women) were recruited, predominantly from a white British background. Whilst some participants were uncertain on whether their experiences were severe enough to warrant participation, in practice all

interviewees described childhood experiences consistent with current understanding of what constitutes abuse.

Procedure

Consent forms were signed prior to interviewing (Appendix H). Face-to-face interviews were conducted in participants' homes or community venues, depending on individual preference; one interview was conducted over Skype due to geographical restrictions. Interviews lasted between 53 – 135 minutes (mean = 84 minutes), and all interviews were completed in one sitting. Initial impressions and reflections were recorded in a research diary after each interview (Appendix I). Interviews were then transcribed verbatim by the researcher in preparation for analysis (Appendix J). Following completion of the study, a summary was provided for the ethics committee (Appendix K) and participants (Appendix L).

Interview

Interviews approximated the phases of narrative interviewing suggested by Jovchelovitch and Bauer (2000; Table 6). Riessman (2008), however, recommends that the listener be emotionally attentive, engaged, and reciprocal in the conversation, and that associations and meanings are explored. To this end, the researcher did not limit themselves to "what happened then?" questions, but endeavoured to explore connections and co-create meaning. The importance of open-ended questions was also kept in mind in order to enrich the emerging narrative. Interviews therefore did not adhere to a fixed format but aimed to remain grounded in the spirit of narrative enquiry; to regard the narrative as co-created by speaker and listener, aim to create possibility, and "[follow the participant] down *their* trails" (Riessman, 2008, p.24). Please see Appendix M for a guiding interview schedule.

Table 6

Narrative interview phases (adapted from Jovchelovitch & Bauer, 2000)

Phases	Rules
1. Preparation	Explore the field. Formulating exmanent questions.
2. Initiation	Formulating initial topic for narration.
3. Main narration	No interruptions. Only non-verbal encouragement to continue story-telling. Wait for the coda.
4. Questioning phase	Only 'What happened then?' No opinion and attitude questions. No arguing on contradictions. No 'Why?' questions. Exmanent into immanent questions.
5. Concluding talk	Stop recording. Why-questions allowed. Memory protocol immediately after interview.

Analysis

Narrative analysis refers to a range of approaches for the interpretation of storied data, rather than a rigid methodology (Murray, 2003). This study was grounded in the principles of thematic narrative analysis, whilst attending to the structural and dialogical elements of accounts.

Analysis was a reflexive process. Repetitive engagement with each story generated new insights with which accounts were revisited; this process enriched and adjusted the lens through which narratives were heard and read, continually refining the aspects of each account to which analytic attention was devoted. Analysis was therefore carried out in a circular, rather than linear, fashion. In the interest of coherence, however, the key aspects of analysis, and approximate order in which they were undertaken, are presented below.

Prior to beginning the analysis, it was necessary to consider what a narrative constituted (Silver, 2013). As participants were questioned on their "life story", rather than a discrete incident, accounts were kept intact and considered in their entirety as a unit of analysis.

A preliminary active listening phase (McCormack, 2004) followed, focusing on the thematic element of the analysis. This involved reading and listening to accounts a number of times, paying attention to characters, main events, and the emotional and intellectual responses the stories provoked (Murray, 2009). This led to the development of master narratives (Murray, 2009; Appendix O) which summarised the overarching story of each account, and the identification of the tone (Hiles & Cermak, 2008) and form (Gergen & Gergen, 1986) of each narrative. The tone of a narrative concerns its overall emotional impression, whilst form looks to the ordering and linking of events and concepts to determine which of three prototypical narrative forms a story aligns with; the progressive narrative, characterised by a positive trajectory towards a goal; the stable narrative, in which the protagonist remains unchanged; and the regressive narrative, in which protagonists recede from the valued state (Gergen & Gergen, 1986). For the identification of narrative themes, Murray (2003) recommends that researchers be explicit regarding the theoretical approach informing their engagement with the text. To this end, attachment theory provided the "interpretive frame" (p.107) by which initial themes were identified.

A detailed active listening phase followed, with a particular focus on language, and the possible social and psychological functions of each narrative (McCormack, 2004; Silver, 2013); thus, attending to the structural and dialogical elements of accounts, moving from what is spoken, to how and why (Riessman, 2008). Central themes emerged from this stage of analysis, which were considered in terms of their possible functions. Attachment theory also grounded this phase of the analysis, guiding interpretations of central themes and the types of identities that were constructed. The positioning and influence of the researcher was also considered, in keeping with the narrative philosophy of co-construction.

Validity of narrative inquiry

The issue of validity in qualitative research is complex, and there is no standardised procedure for demonstrating validity (Riessman, 2008). However, arguments can be presented for the trustworthiness and interpretive credibility of data. To this end, the process of analysis was described in detail, and grounded in the theory of attachment. Themes and their associated functions were verified with a supervisor, and verbatim quotes from participants were provided to demonstrate the fit between the data and the understanding generated by the analysis. Verbatim quotes also provided a degree of transparency to the data, to allow for the possibility of alternative meanings and understandings to be brought to the work (Elliott, Fischer, & Rennie, 1999).

Furthermore, a fundamental ethos of narrative enquiry is the conceptualisation of the researcher as being active and intrinsic to the stories generated; the assumptions, biases, and beliefs of the researcher therefore play a critical role in the production and understanding of each narrative, and must therefore be made explicit (Silver, 2013). For this purpose, a reflective diary was maintained throughout the undertaking of this project, with particular attention paid to the importance of "owning one's perspective" (Elliott et al., 1999, p.221; Appendix I). This was achieved through maintaining a detailed record of thoughts and

reflections throughout the analytical process. All relevant personal material was documented, including the motivations for engaging with this particular subject area as well as candid initial impressions of participants and interviews, in an effort to provide some transparency of the author's subjectivity and preconceptions. Biases could be identified as such through a process of critically revisiting this earlier material, which in turn generated new insights. A bracketing interview (Tufford & Newman, 2010) also allowed the author to be questioned and challenged by a colleague external to the research, which helped to further illuminate areas of obscurity, such as the prejudices one inevitably brings to research based on a value-laden concept, such as resilience. This allowed for a richer engagement with the interview material which regarded the complete range of stories shared as relevant to the aim of the study, as opposed to a position in which the researcher selected stories which 'best fit' with their preconceptions of the subject matter.

Ultimately, however, narrative truths are always incomplete (Riessman, 2008). Interpretations were a reflection of the researcher's views, and may not have accurately captured a participant's intention and meaning. This study has, however, endeavoured to work ethically with participants' narratives, illuminating the "possibility of particular lives" (Davies, 2006, p.182), and elevating voices that are little heard in academic research.

Results

Narrative findings

Table 7 provides a demographic overview of each participant in order to situate the sample (Elliott et al., 1999).

Table 7

Participant information

Pseudonym	Age	Gender	Nationality	Descriptive details
Michael	70s	Male	White British	Michael grew up in a very poor and large family. Both of his parents drank heavily and were "desperate for money". He has been married for many years and has two children. He works in a number of voluntary roles in the field of mental health.
Lucy	50s	Female	White British	Lucy identified with the label of "learning disability". She spent a number of her childhood years in a children's home. Her mother, who experienced mental health difficulties, took her own life. Lucy works in a voluntary capacity in the field of mental health.
Sara	50s	Female	White Irish	Sara was raised abroad in a large family, until unforeseen circumstances prompted an abrupt return to England. Both sides of her family struggled with a "huge degree" of mental health difficulties. She has been married for many years and has one child. She works in the field of mental health.
Penny	40s	Female	White British	Penny was raised by her parents in a neglectful household. Penny previously spent many years in an abusive marriage. She has two children and is currently unemployed.
Jane	50s	Female	White British	Jane grew up in an emotionally distant family. She was previously married, and has two children. She is currently employed in a number of voluntary roles in the field of mental health.
Michelle	40s	Female	Black British Caribbean	Michelle grew up in a large working class family. She attained a university degree, travelled extensively, and held a number of well-paid job roles. Personal circumstances have prevented her from continuing with voluntary work. She chose not to have children.
Heather	30s	Female	White British	Heather was raised in a violent home. Her father abandoned their family and her mother had mental health difficulties. Heather has been employed for a number of years in a supportive role. She wishes to start a family in the future with her current partner.
John	50s	Male	White British	John was raised by his mother in a chaotic and violent household. His father was largely absent. John identified as gay, and has had a number of relationships. He has no children. He is currently employed in a supportive voluntary role.
Jess	40s	Female	White American	Jess grew up in an extremely violent and neglectful household; both of her parents struggled with mental health difficulties. She spent much of her childhood living outdoors and on the streets. She worked consistently from an early age, but now mostly works on a voluntary basis. She is married and chose not to have children.

**Note*. Language and labels were in keeping with those used by participants.

General overview of narratives

The majority of narratives were progressive. Most began with descriptions of the abuses suffered in childhood, leading to reflections on the resulting emotional and physical disturbances, as well as explorations of fractured relationships. Ultimately, however, most narratives moved forwards to focus on the various achievements of adult life and concluded with some sense of resolution. Many described successful engagement with education; for some, educational achievement was a coping strategy in itself, and a "ticket out" (Jess) of their abusive home life. Most found satisfaction in meaningful employment, though for the majority of participants this comprised of voluntary work. Most also described what sounded to be warm relationships with others, including partners, friends, and children.

Experiences of abuse

Participants described a range of abusive experiences in childhood, perpetrated mostly or wholly by immediate family members; some grew up in households in which caregivers were aware of abuse occurring within the home. Perpetrators were frequently described as suffering with mental health difficulties and/or substance misuse issues. Consistent with prior research, multiple abuse types overlapped across all accounts. Five participants described being sexually abused, and four had been raped. Others described experiences of physical and emotional abuse; the latter also comprising chronic emotional neglect. One participant described experiencing extreme physical neglect, involving periods of starvation in childhood and sleeping outdoors. No participant described being a perpetrator themselves, and many expressed a specific commitment not to harm others.

Focus of analysis

This study ostensibly regarded what had helped people to "get through" their difficult experiences, and each participant described a range of coping strategies to help with the after effects of abuse; therapeutic techniques such as mindfulness, the attendance of support

groups, and using painful life experiences as a motivator to help others were frequently mentioned.

What provided the richest areas of exploration, however, were aspects of narrative relating to self and other which lent themselves suitably to deeper analysis within an attachment theory framework. Penny, as one striking example of this process, spent time in her narrative listing the specific therapeutic strategies she found helpful in managing her symptoms of post-traumatic stress disorder. After seeking permission to discuss her "spirituality", however, Penny went on to describe her sense of having chosen to experience her abuse as a means of fulfilling the "higher purpose" of healing generations of pain running within her family; abusive others, "limited" in being unable to process their pain to the same degree, could therefore be forgiven from Penny's position of greater knowledge and awareness. Penny's constructions of self and other therefore provided greater insight as to how one might negotiate painful experiences into a life story in order to derive meaning, and "get through".

Narrative themes and functions

Narrative analyses revealed a broad range of themes (Appendix N). In keeping with the application of attachment theory as an analytic framework, central themes were conceptualised as serving attachment functions within the narratives. Of particular importance in understanding these functions was the status of each speaker as an adult rather than a child. Whilst a child's construction of themselves and the other is limited by their dependence on a caregiver's responses, adults theoretically have a range of attachment strategies from which to choose. These choices revealed themselves in how participants chose to construct their identities and relationships, and recognised the speaker as exerting their adult power through their narrative. Using attachment theory as an interpretive frame

therefore permitted a depth of analysis which went beyond the thematic content, and developed a conceptualisation of narrative as an enactment of an adult attachment strategy.

Table 8 provides an abridged overview of each narrative, including themes and narrative functions. For the full range of master narratives please see Appendix N.

Table 8

Narrative overview, themes, and functions

Pseudonym	Narrative overview	Narrative tone and form	Initial themes	Central themes	Function
Michael	A story about making the best of things, appreciating the positives, and preserving the humanity of others.	Robustly stable. An accepting, matter-of-fact emotional tone that was fundamentally optimistic.	Intellect. Independence. Being liked by others. Power. Status. Expertise. A core self. Humanity.	Value of the self. Humanity.	Narrative safe base Construction of preferred self. Nurture the child self. Repair ruptures in relationships.
Lucy	A story about being silenced, speaking out, and the importance of being listened to.	Progressive, moving from her abusive childhood experiences to being an important, valued helper of others. Not as 'thick' as others always said she was. The tone was accepting, and proud by the story's end.	Being silenced. Lack of power. Revealing the abuse. Relationship with Jesus. Competence. Helping others.	Experiences being known and believed. Status.	Construction of preferred self.
Sara	A story of a healing journey; an affirmation of identity and achievement.	Progressive, moving from a childhood of being 'the black sheep' to creating a 'good' and 'meaningful' life. The emotional tone was optimistic and proud, whilst retaining a deeply felt sense of the painful times in life.	Humanity. A core self. Academic success. Competency. Expertise.	Humanity. Value of the self.	Repair ruptures in relationships. Narrative safe base.

Penny	A story as testimony to a transformational process; connecting individual pain to a greater purpose.	Progressive. Long-term abusive experiences led her to 'wake up' to her true, meaningful purpose in life. The emotional tone was grand and majestic.	The limitations of others. Rebirth. Transformation. A higher purpose. Helping others as healing.	The limitations of others. Transformation.	Repair ruptures in relationships. Construction of preferred self.
Jane	A story that looks back and wonders how things might have been.	Regressive, chronicling the loss of a valued professional role, an important relationship, and the opportunity to attain closure. The emotional tone was poignant and sad.	Medical model. What might have been. Loss. Isolation. Recovery as incomplete. Appearance versus reality.	Loss Isolation. Recovery as incomplete. Performance of coping.	Mourning. Challenging the dominant narrative of resilience.
Michelle	A story about the successes and failures of a life marred by another's 'ugliness'.	Regressive. Work, status, security and relationships had been lost over time. There was trepidation regarding the next chapter in life. The emotional tone was sad and uncertain.	Loss. Decay. Invasion.	Destruction.	Mourning.

Heather	A story told to better understand herself, which established the importance of love, and an identity distinct from her mother's.	Combination of stable and regressive to start with, expressing little hope for the future. Became more progressive as the story continued; by the end the tone was confident, grateful and assured.	Medical model. Positive impact of diagnosis. Power. Rejection of mother. Safety. Love. Role of brother Protection.	Medical model Identity	Construction of preferred self. Narrative safe base. Establish distance from mother. Construction of identity in opposition to maternal model.
John	A story that justified a life course, and brought others to account for their wrong-doing. A call for justice.	Progressive, whilst preserving a sense of loss and anger. A defiant and forceful emotional tone.	Accountability. Helping others as healing. Sexuality. Gender. Identity. What might have been.	Accountability. Identity. Loss.	Establish distance. Construction of preferred self. Mourning.
Jess	A story that glimpsed the past from a strict distance; observing, but not touching, the memories.	Stable – childhood was extremely difficult, and relationships continue to feel risky in adulthood – with aspects of progression (learning to feel more alive in her body). The emotional tone was detached and sometimes incongruous with content.	Being a dead person. Danger of expressing emotions.	Status as a human being.	Construction of preferred self (affirm existence of the self as a human being)

Narrative functions

Identity. Attachment theory has been suggested to provide a basis for personality development, in which internalised representations of self and other converge to organise identity (Pittman, Keiley, Kerpelman, & Vaughn, 2011). The following narrative functions concern aspects of identity relating to representations of the self.

Function one: Using narrative to nurture the child self. Severe abuse and neglect comprised all of the participants' childhood experiences. It is likely therefore that the degree to which they were emotionally nurtured as children was either significantly or wholly lacking. Some participants returned to their childhoods in their narratives, and spent time developing a picture of their child self as accomplished, kind, and likeable. Given the context of participants' early lives, this was interpreted as an attempt to nurture the child self:

> "I put all that behind me and just got on with the best of my ability… [even though] everybody kept saying 'oh you're not going to get any exams', I decided, being me, that that meant I was, because I was going to work jolly hard and I worked harder than most people, and… I did get the best results in the year... which was amazing." (Sara)

> "My primary school wasn't too bad, because I was a bit of a prodigy." (Michelle)

> "They [liked me], they said a few times, they thought I was a nice little boy giving up my time to talk to them." (Michael)

> "I used to bathe them, change their nappies, all sorts of stuff like that. I was good at that…. I felt responsible, I was helping." (Michael)

The type of language used also reflected a gentleness and empathy towards the child self, recognising the child's inherent fragility:

> "… and I remember, you know, *a little child of nine* thinking, ah, I must be adopted… my own *little mind* at that age was convinced there must be a reason behind being treated like that." (Sara)

> "… the majority of it happened when I was *little*, I didn't understand any of it… I was *fragile*… kids are, they're *innocent*." (Heather)

> "… [alcohol] inured the pain, because if you're penetrated it was very painful, *a little boy* you know." (Michael)

These passages were understood as participants using their adult resources to provide the child self with the care and empathy that was lacking in their childhoods; in the absence of consistent caregivers, these participants parented themselves. This interpretation appeared to be consistent with Heather's understanding of her relationship with her mother:

> "… she's just not capable of being a mum in the sense of what I want… I don't seek it anymore, so I no longer phone her when I'm upset thinking 'oh please just give me some words of comfort'… and that's been through acceptance – accepting that she can't give me what I need, I need to find it elsewhere. *Or, do it myself. And that's what I do*."

Function two: Using narrative to construct the preferred self. Bartholomew's (1990) four-category model of adult attachment suggests that adults, relative to children, have greater control over their attachment drives, and the capacity to utilise attachment strategies to regulate felt security in close relationships. The four possible attachment strategies are each made up in part of an individual's model-of-self, and the positivity of the self-model depends on the degree to which individuals have internalised a sense of their own self-worth (Griffin & Bartholomew, 1994). Abuse began in early childhood for all participants; a time when the physical and cognitive sense of self are at a particularly fragile period of

development (Cole & Putnam, 1992). Abusive experiences are therefore likely to have had a considerable impact on the participants' emerging sense of self at this time. Narratives were conceptualised as providing opportunities for adult participants to renegotiate constructions of identity, and the following passages were interpreted as attempts to develop a positive model-of-self.

Penny's progressive narrative told a transformative story, in which abuse and suffering presented an opportunity to become a better person:

> "I feel my higher self has chosen for me to have this life, to experience what I've experienced… to gain the knowledge and understanding that I've gained throughout it, which is what I wanted on a higher level. So, that changes the whole perspective, instead of *feeling victim* in it all and that things happened to me, I feel that I, on a deeper level, have actually chosen for this life, *to become who I am now*, and… through this experience I've been through, I can be closer… to the *best version of myself* I ever imagined possible".

Rejecting the identity of "victim", Penny emphasised notions of control, knowledge, and awareness in constructing her "best" self. For this particular construction, Penny also discarded her old self:

> "It's like being born again… that was the old Penny, it was like the old Penny has died throughout this process and a new Penny has been born."

The process of discarding an old identity also appeared to be reflected in other participants' constructions of their preferred selves:

> "I *really* do care for people, I cared for my brother from a young age, I did care for my mum… I care a lot for my partner… I care… yeah, I do possess them skills." (Heather)

> "I'm there for people… I think that's *who I really am* really… because I do it in my daily life when I interact with people… that's *who I really am*, I'm a caring, nurturing, supportive, intelligent person, who for a long period of time [was] just crazed out their mind on drugs… so nobody saw that, nobody ever saw that." (John)

> "I'm not as thick as people make out I am… I can now prove them wrong." (Lucy)

The language in these passages, of *really* being the versions of the self that were described, and proving others wrong, was interpreted as attempts to correct misconstructions of the self and cast off unwanted identities.

Interestingly, these constructions of identity presupposed a 'self' on which various identities were built. For Jess, however, who had spent her whole life as a "dead person", narrative was used to affirm the existence of herself as a human being:

> "… the biggest thing is that it's only been in the past year that I've really come to believe that I'm a real person... I'm a sovereign being and I can do what I want, and I can feel how I want."

It may be suggested that these passages each reflected the relative power of the adult; the power of language to develop and convey personal meaning, the power to prioritise preferred interpretations and aspects of the self, the power to correct misconceptions, and reject unwanted identities which some participants had lived with for the majority of their lives.

Function three: Using narrative to mourn the loss of a possible identity. For some participants, narratives were used to reflect on loss. Attachment theory has applications to the mourning process, and reactions to separation from an attachment figure are thought to correlate with the stages of grief (Gomez, 1997). Bowlby was an early proponent of

mourning as a healthy process, and this aspect of attachment theory was important in interpreting the choices some participants made in their narrative to recognise loss.

For Jane, her narrative was an opportunity to mourn the loss of who she might have been had her mother been able to provide the emotionally nurturing care she needed as a child:

> "… but sometimes I think, gosh, if I had just been able to talk to you about things… [it] might have made me a very different person, might not have made me into the person I am today… I just wonder what if, and who knows what if. Sometimes I do. Sometimes I wonder what I would have been like."

John's construction of a preferred identity earlier in his narrative was intertwined with his sense of compromised potential:

> "… if I'd been able to go down the normal road like other people… I could've got a high paying job and done serious things… I feel like the consequences of my experience are that… I don't get that routine respect, deference, that people give to a doctor or someone. No one's gonna give that to me… who I should've been is someone who could do [things] in a bigger, more professional capacity than what I do."

Furthermore, mourning as a function of narrative was not limited to lost identities, but also lost lives:

> "When I think about it, I didn't really have much of a childhood." (Michelle)

> "… had my mum been there to listen to me and to understand what had happened… there would have been closure to that event, in which there isn't now." (Jane)

Reorganisation is the final stage of grief, characterised by the acceptance of loss, but without the need to exclude the old attachment from consciousness (Gomez, 1997). The poignant passages above were therefore interpreted as the mourning of selves and lives that were considered fully lost by these participants, akin to a death.

Relationships. As previously stated, Bartholomew's (1990) conceptualisation of adult attachment requires the development of a model-of-self; of equal importance, however, is development of the model-of-other in regulating felt security in relationships. References to relationships in participants' narratives were understood as attempts to negotiate this process.

Function four: Using narrative to repair ruptures with important others. Similar to the narrative construction of preferred identities, participants also used their narratives to construct preferred relationships. The following passages were interpreted as participants' attempts to repair ruptures with important others.

Michael's narrative prioritised memories of his "dear parents" that emphasised their kindness:

> "I remember every time my father was kind to me - it did happen a few times to be fair to the man. He bought me an India rubber ball once… and he went out to the local park with me and we played catch, and the tears were streaming down my face [because] I was so surprised… so he did have some kindness in him."

And understood their behaviour as being protective of him:

> "I know he was wrong… he and my mother, in letting me be abused, but they did at least sit there while it was happening and make sure that nothing too dangerous [happened] to me."

Michael presented the harmful behaviour of others as inevitable in some ways, asking without anger, "how can you help if you're born that way?", and maintained what he believed to be his duty of care towards his parents into their final years. Michael's decision to maintain a degree of closeness to his parents therefore appeared to be reflected in his narrative, as an emphasis on the caring aspects of their behaviour.

Penny similarly used her narrative to formulate an understanding of her parents' behaviour towards her, stating resolutely:

> "… I don't doubt that they love me, they loved me, and love me… they've done the best they could. So despite there being a lot of pain and trauma, I believe they loved me… if they faced the reality of what happened, their whole identities would crumble… it's easier for them to hang on to their version of reality and I understand that… they're doing the best they can."

These passages captured the ways in which participants negotiated the behaviour of others into preferred stories about their relationships. In these and other narratives, the harmful behaviour of others were attributed in various ways to unavoidable personal weakness, a consequence of the abuser's own experience of having been abused, or the unfortunate reality of a family in "desperate" circumstances. Importantly, participants simultaneously emphasised the humanity of those who had harmed them; these were individuals who loved romance novels, who regularly visited their child in hospital, who were "the only one that really understood" them. These representations were interpreted as reflecting the participant's motivation to repair the ruptures caused by abusive experiences and identify explanations for abuse that did not threaten the emotional closeness they wished to maintain in these relationships.

Function five: Using narrative to establish distance. An important counter-function of narratives as repairing ruptures were the use of narratives to establish distance from important others. Whilst the dismissal of a caregiver is an attachment strategy that comes at considerable emotional cost to an infant, adults are more likely to have had opportunities to make use of alternative attachment relationships in later life (Ainsworth, 1989). Establishing distance may therefore be a more emotionally viable attachment strategy for an adult, and some participants used their narratives to reject important others:

> "Accepting my relationship with my mum is never gonna be a mother-daughter relationship. I can't keep seeking her maternal – I don't know what to say, because she doesn't possess it… all the things that you want from a parent she doesn't possess. And for the first time… I thought, you're right, why do I say what's wrong with me? Why can't you love me? I – what's wrong with her? Why can't she love?" (Heather)

> "… yeah my mum was damaged, she was mentally ill, she didn't get any support… all those things are wrong, but it was her fault. It was her fault. She is to blame… somebody else wouldn't have done those things, she is responsible… you become a parent, you're responsible for your children." (John)

Heather and John both questioned the status of the other as a parent. Other participants similarly used their narratives to strip a parent of their title; speaking of the "silent secret" that existed between her and her sister regarding their father's inability to demonstrate love, Sara stated that he "hadn't been a father" to them. These participants were therefore able to use their narratives to exert their power as an adult, and establish an emotional distance from individuals they may have once depended on.

Narrative as testimony. Evidence suggests that for survivors of personal threats, such as illness and abuse, public narration can provide a means of challenging repressive societal narratives (Murray, 2009). Some participants may have used participation in academic research to 'make public' the stories that countered dominant narratives that did not reflect their experiences.

Function six: Challenging the dominant narrative of resilience. Sara's story about her "meaningful" and "enjoyable" life was progressive and hopeful, yet began with its title of "the cruellest hidden scars". This sense of disconnect was also expressed by Jane:

> "[I can] appear very, very confident, but actually inside there's that little duck swimming along the water, and his feet under the water are paddling away, and I'd always think that that's very much me. There's an outward person who isn't quite the same as the inner person".

Speaking of the idea of recovery, John captured a similar sentiment:

> "… even on good days when I'm well, it's kinda like there's a shadow of the bad days, you carry that with you."

The participants in this study were in many ways 'high functioning'; yet these were also individuals who felt that they had "failed" (Michelle), who recognised there was no "cure" (John), who were uncertain whether they could ever learn to truly "like" themselves (Heather). These "hidden scars" were pervasive. Participants for this study had self-identified as having "coped", but for many this did not preclude feelings of pain, fear, and recognition of what had been lost. Jane's request towards the end of her narrative captured the importance of sharing the more difficult aspect of life, which was reflected across many accounts:

> "I'm just reading what your title was, 'what does getting through look like'… it's obviously going to be totally different for every different person, and *I'm hoping that you will also see and report the fact that some people don't have a complete way of coping…* they can't say when this comes up, this is what I do, this makes it better."

It is important to note, however, that despite the telling of these 'hidden' stories, many participants asked if they had given what was "wanted" after their interview had concluded, and appeared anxious that they had "done it right". To some degree, therefore, participants may have told stories to meet what was perceived to be the researcher's expectations.

The narrative process. Attending to the structural element of participants' accounts revealed a narrative process that appeared to help some participants to tell their story. The nature of this study required participants to bring upsetting memories to mind, and some narratives appeared to lose momentum at points of particular distress. This resulted in participants declaring that they had lost their plot, or forgotten their train of thought. What emerged in some narratives, however, was a structure in which a narrative focus on darker periods of life was interspersed with more positive reflections; this process appeared analogous to the concept of the safe base put forward by attachment theory, and was therefore named the "narrative safe base".

Function seven: The narrative safe base. Attachment theory suggests that a secure attachment to another acts as a "safe base from which to explore the world" (Atwool, 2006, p.316). Children can take risks and venture further in their exploration of the world knowing that their safe base will be there for them to return to.

For some participants, the process of telling their story appeared to demonstrate a narrative enactment of venturing from, and returning to, their safe base. What constituted a

safe base was different for each participant, but appeared to focus broadly on valued parts of the self, nurturing relationships, and recognition of having made progress in life. This safe base appeared to act as an anchor for narratives, allowing participants to continue telling their story when they became distressed. This process will be demonstrated with an excerpt from Heather's story:

> **Upsetting memory of mother:** "… she can be quite hurtful with her words, she would say I was no good, say she never wanted me anyway… I didn't have that kind of person to go to but -
>
> **Safe base:** well, I did have my nan… I remember always begging to stay with my nan 'cos she was motherly. When I was poorly she'd make me a hot cocoa and biscuits and she was always really good to me, I really loved my nan…
>
> **Return to upsetting memory:** but I could never be honest about what was going on… my mum would always say that [me and my brother would] be taken into care… and I just adored my brother… he needed protection and I did my best… obviously, I couldn't protect him from everything, but as far as I know he never got abused or anything…
>
> **Loss of narrative momentum:** I hope not. God. Anyway. Um, I've forgotten where I was now…
>
> **Return to safe base:** So. Yeah. So. I had Nan…
>
> **Narrative momentum regained:** And, what was I gonna say… oh yeah –

This process also occurred in longer segments of narrative, where lengthy exploration of an upsetting memory or relationship would be followed by longer narrative sections pertaining to more positive reflections. In some narratives this process revealed itself as an

almost rhythmic quality to the narrative, where a story would undulate closer to and further away from darker and lighter aspects of a life story.

The absence of a narrative safe base was also conspicuous in some stories. Jess laughed frequently whilst telling her story, particularly following descriptions of her abusive experiences, and explained towards the end:

> "I think it's like mental gymnastics because I can't really engage with those memories and continue functioning, so I have to observe them without touching them, it's this weird mental struggle to look, but don't look too much."

Jess therefore appeared to use laughter to distance herself from the distressing aspects of her narrative, which was understood to act as a narrative anchor in lieu of a safe base. Whilst Jess engaged in a "mental struggle" to remain at a safe enough distance from her memories, a narrative safe base appeared to help others to get closer. Attending to narrative structure therefore revealed a way of "getting through" which was unique to the telling of stories; a narrative process which appeared to be shared by some stories beyond their individual content.

Discussion

This study explored the life stories of adult survivors of child abuse using narrative analysis. Narrative findings will be summarised in relation to the three central questions this study aimed to answer.

What does "getting through" look like in the stories survivors tell about their lives?

Stories focused on constructions of identity and relationships that were consistent with ways of relating to self and other outlined by attachment theory. Other stories reflected on the losses of possible selves and lives, interpreted as expressions of mourning. Finally, some stories demonstrated a narrative process that appeared to help maintain the momentum

of storytelling in moments of distress. Whilst the recollection of difficult memories was understandably disorienting, a narrative safe base was used to anchor some narratives, providing moments of stability which allowed stories to continue.

How do relationships feature in the stories of survivors?

Relationships featured across all narratives. Using an attachment theory framework, references to relationships were interpreted as attempts to maintain closeness or establish distance from important others. Whilst some participants placed importance on representing key relationships in a "fair" or positive light, others used their narratives to express anger and disappointment. Of importance was a felt sense of resolution to these narratives, which did not depend on the positivity or negativity of expressed feelings.

What are some of the common themes in survivors' stories?

A distinguishing feature of narrative inquiry is its preservation of the whole, which counters alternative qualitative approaches which fragment the text (Bryman, 2012). Whilst thematic analysis revealed a number of shared themes across narratives, many appeared to hold different meanings for participants when understood in the context of their extended accounts. The majority of themes in this study therefore did not "transcend the subjective" (p.62).

An important exception to this, however, was the sense of disconnect alluded to by participants between aspects of the self. The theme of an outer 'coping' self that was at odds with participants' internal experiences was consistent with Massie and Szajnberg's (2006) findings, and added depth and complexity to the lived experience of 'resilience'.

Reflection on power and narrative co-construction. At the interpersonal level, it was important to consider the role of the researcher in the co-construction of these stories. As a trainee clinical psychologist, the researcher was a paid professional whose work may be

broadly considered as promoting 'good mental health'; as such, the researcher may have been perceived by some participants as representing some of the dominant societal narratives of resilience that many participants appeared to counter by speaking of the sadness and struggle in life, revealing aspects of themselves that were hidden from the world. The telling of these 'hidden' stories may have therefore been an intentional challenge to the ideas of "getting through" the researcher was thought to have held. Jane's hope that the researcher would "see" and "report" the incompleteness of her coping appeared to be consistent this view.

These stories further highlighted the issue of power in research. This study aimed to discover what resilience "looks like", yet this positioned the researcher with the power of identifying what this was. Stories that expressed deep sadness and dissatisfaction - whilst consistent with what might be anticipated from prior research - nevertheless challenged expectations of how these life stories might look. These unexpected stories therefore brought into focus the bias inherent in "looking" for resilience; inevitably, certain stories, and aspects of stories, aligned with the researcher's conceptualisation of resilience whilst others did not.

The use of attachment theory as an analytical framework, however, provided a different way of listening which helped to identify the possible adaptive functions of these challenging narratives; exploration beyond the thematic content therefore illuminated the different ways people may "get through" which may have been neglected otherwise. Whilst bias cannot be eliminated wholly from qualitative research, this study aimed to work closely with challenging material, respect participants' choices in their narratives, and interpret these decisions as being valuable and relevant to better understanding the various ways in which people cope with childhood trauma.

Contribution to theory

Narrative findings supported the relevance of attachment theory across the lifespan, and its potential applications in understanding how survivors cope with abusive experiences. Findings suggest that harmful experiences can be negotiated into adult models of self and other, which may be informed by attachment driven motivations to develop positive identities and establish closeness or distance in key relationships. Findings also indicate that fundamental concepts in attachment theory, such as the safe base offered by a responsive caregiver, may be used to understand how positive and negative life experiences may be integrated into a coherent life story as expressed through narrative. Of particular importance to survivors, given the impairment or absence of a safe base in their childhoods, is the suggestion that adults may use their own resources to construct a felt sense of security.

Limitations

This study's interest in resilience was explicit in its title and description, and some stories may have been told with the aim of providing a convincing account of having "gotten through"; this appeared to be consistent with participants asking if their narratives were what the researcher "wanted". This study may have therefore not escaped the influence of social desirability (Lewis-Beck, Bryman, & Futing-Liao, 2004) and researcher bias (Norris, 1997), emphasising the important challenge of continuing to centre the lived experience of participants in research, and encouraging the multiplicity of stories to flourish.

A further limitation of this study concerned Lucy's status as a person with a learning disability (LD). Lucy struggled to story extended periods of her life in detail as requested by the researcher, yet evidence suggests that people with LD can tell equally rich and complex stories, provided that they are given adequate support to do so (Atkinson, 2010). This study used the same interview protocol for all participants, and the difficulty this presented for Lucy was highlighted when she reminded the researcher of her disability half way through

the interview. Lucy's experiences of being disbelieved throughout her life was consistent with the silencing of people with LD throughout history; it is therefore a social imperative to listen to the stories of people with LD, told in their own voices (Atkinson, 2010). It must therefore be stated that this study did not appropriately attend to Lucy's disability, and her story was not captured in as much detail and richness as those of other participants.

It must also be noted that the majority of participants in this study identified as white British. Black and mixed ethnic children are overrepresented in the numbers of children who are looked after, identified as being 'in need' or placed on the child protection register in England, but there is as yet no clear explanation for this discrepancy (Owen & Statham, 2009). The underrepresentation of black and minority ethnic participants in this study may therefore have presented a limitation in the context of the possible relevance of ethnicity as a risk factor for abuse.

A final limitation concerns an issue of validity. Returning the analysis to participants is a particularly helpful way of assessing its credibility (Elliott et al., 1999), but was not carried out due to time limitations. As stated previously, the interpretations generated by the analysis was a reflection of the researcher's understanding, and may not have accurately represented participants' intentions.

Clinical implications

The findings of this study indicate that an exploration of identity may be a helpful area of clinical focus for survivors, where a deconstruction of unhelpful and unwanted identities may be particularly warranted. Findings also suggest that the development of a life story, in itself, may be a pertinent area of clinical work with survivors. Many participants described the interview experience as cathartic; furthermore, all participants offered their

time for a follow-up interview, indicating that their participation in the study had felt meaningful in some way.

Importantly, findings suggest that "getting through" is not a 'state' that is reached with completeness. Participants dismissed the concept of a "cure", and asserted that the joys of life did not erase the "shadows" and "scars" of the past. Survivors may benefit from therapeutic work that attends to and values this complexity, and does not rely on the indicators of resilience prioritised in the literature with which to measure wellbeing, or the success of therapeutic interventions.

Future research

Despite the aim of this study to centralise survivor perspectives, it was nevertheless grounded in the idea of "getting through", which may have shaped the narratives that emerged. Future research may endeavour to explore survivor narratives in such a way that is sensitive to the societal push for hopeful stories, and does not frame the inquiry explicitly within a 'resilience' framework. Future research may also endeavour to focus on the stories of people with LD, who may be considered to be 'double minorities' within the survivor population (Abbott & Howarth, 2005).

Conclusion

This study explored the stories of survivors of child abuse to explore resilience from a survivor perspective. Results found that survivors who had "gotten through" told stories which constructed identities and relationships in meaningful ways, whilst recognising the losses and tragedies of life. As a society we are drawn to the stories that comfort us with their brave protagonists, the overcoming of barriers, and resolution in a happy ending. This study found that the stories of life after abuse were complex, and challenged the image of resilience held in the literature and popular imagination. Clinicians who work with the more

hidden aspects of human experience are in a uniquely privileged position to hear these stories.

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Section C

Appendices of supporting material

Appendix A: Definition of abuse (NSPCC, 2017)

Child abuse is any action by another person – adult of child – that causes significant harm to a child. It can be physical, sexual or emotional, but can just as often be about a lack of love, care and attention. We know that neglect, whatever form it takes, can be just as damaging to a child as physical abuse.

Appendix B: Quality Assessment Tool for Observational Cohort and Cross-Sectional Studies (National Institute of Health, 2014)

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Appendix C: Mixed methods appraisal tool (MMAT; Pluye et al., 2011)

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Appendix D: What makes an exemplary case study? (Yin, 2009)

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Appendix E: Ethical approval letter

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Appendix F: Clinical Outcomes in Routine Evaluation Outcome Measure (Connell & Barkham, 2007)

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Appendix G: Participant Information Sheet

Information about the research

What helps people to get through difficult experiences in childhood? What does 'getting through' look like in their stories?

Hello. My name is Saya Morton and I am a trainee clinical psychologist at Canterbury Christ Church University. I would like to invite you to take part in a research study. Before you decide, it is important that you understand why the research is being done and what it would involve for you.

Please talk to others about the study if you wish.

Part 1 tells you the purpose of this study and what will happen to you if you take part.
Part 2 gives you more detailed information about the conduct of the study.

Part 1 of the information sheet

What is the purpose of the study?
To date there has been a lot of research conducted in the area of difficult experiences in childhood, ***which involve being harmed or mistreated by another person,*** and the negative impact this can have on people's lives. However, what is not as well-known is what gets people through these experiences, and the ways people cope.

The purpose of this study is to explore people's stories about their lives. I would like to find out more about people's understanding of their own ways of coping following such experiences, and what they have personally found important in helping them. It is hoped that the findings from this study will help to educate clinicians and provide an alternative view of the long-term impact of difficult childhood experiences.

Why have I been invited?
You have been invited to take part as you have indicated that you may have had some difficult experiences earlier in life. I am hoping to interview eight people in confidence, however you will not be asked to meet with the other participants or share any personal information with them.

If you would like to know more then please continue to read. If you have any questions, then my details are at the end of the form.

Do I have to take part?
It is up to you to decide to join the study. If you agree to take part, I will ask you to sign a consent form. You are free to withdraw at any time throughout the study, without giving a reason.

What will happen to me if I take part?

- Before taking part you will be asked about your sense of your own emotional wellbeing. This will involve completing a brief measure of your general wellbeing that is used as

standard in clinical practice, which will help to identify if participation in the study may be detrimental to you.

- Following this step, and provided that you have not indicated that there are any current concerns regarding your wellbeing, you will take part in an interview which may be as short or as long as you find comfortable.

- On some occasions a second interview may be helpful to address topics in the first interview that may benefit from some clarification. However, there will be no obligation to take part in further interviews if you choose not to.

- The interviews will be audio recorded and transcribed. Audio recordings will be saved onto an encrypted memory stick, and transferred to a password protected device. Transcriptions of the interview will also be stored on a password protected device. Identifying information, such as your name and the names of any other persons mentioned, as well as locations, will be altered so that your information is made anonymous and confidential.

- All recordings and transcriptions will be kept for 5 years on a password protected CD, which will be kept in a locked cupboard at the Salomons Centre for Applied Psychology of Canterbury Christ Church University (1 Meadow Road, Tunbridge Wells). I will also have a copy of the CD. After this time, the information will be destroyed in order to maintain your anonymity.

- Some verbatim quotes (with any identifying details such as names and locations made anonymous) may be published as part of the study at a later date.

- You will be asked to meet with the researcher at least once, and possibly on more occasions. However, you will not be required to participate in further interviews if you decide against this after the first interview. There is no requirement of you to participate longer than you wish to in this study and you may terminate any interviews at any point.

- The interview will be analysed using a qualitative approach called narrative analysis. This method looks at the stories people tell, and may identify common themes in stories or between different people's stories.

Expenses and payments
You will be reimbursed travel expenses up to a maximum of £10.

Where will the interview be held?
The interview will be held at a community location (such as a private room in a community library), which I will discuss with you prior to our meeting. I will endeavour to travel to an area convenient to you in order to minimise the time you commit to this project.

What will I have to do?
You will be asked to take part in an interview where we will discuss the story of your life in whatever way feels comfortable for you. ***You will not be asked to elaborate on any details or provide further information regarding the difficult times you have experienced***. The focus of the interview will be about your life afterwards and what has helped you to cope.

What are the possible disadvantages and risks of taking part?
It is possible that you may feel distressed during the interview as it may bring to mind difficult experiences. In such cases you can request to terminate the interview at any point without explanation and you will not be asked to continue.

What are the possible benefits of taking part?
We cannot promise the study will help you personally, but the information we get from this study will contribute to a currently under-researched area regarding how people make sense of difficult experiences, and what things are important when it comes to coping with such experiences. It may also add to our understanding of what kinds of help will be most beneficial for other people who may have gone through similar experiences to yourself.

What if there is a problem?
Any complaint about the way you have been dealt with during the study, or any possible harm you might suffer, will be addressed. Please contact Paul Camic at παυλ.χαμιχ≅χαντερβυρψ.αχ.υκ should you have any concerns or complaints about what you have experienced during your participation in this study.

Will my taking part in the study be kept confidential?
Yes. We will follow ethical and legal practice and all information about you will be handled in confidence. The details are included in Part 2.

If the information in Part 1 has interested you and you are considering participation, please read the additional information in Part 2 before making any decision.

Part 2 of the information sheet

What will happen if I don't want to carry on with the study?
If you wish, for any reason, to end the interview, the interview will be terminated and you will not be required to explain your reasons for withdrawing from the study. If you wish for your recorded data up to that point to be destroyed, this will be done by deleting the recording.

What if there is a problem?
If you have a concern about any aspect of this study, you can ask to speak to me and I will do my best to answer your questions. I can be reached by email on s.morton1053@canterbury.ac.uk. If you remain unhappy and wish to complain formally, you can do this by contacting Canterbury Christ Church University. Details can be obtained from: https://www.canterbury.ac.uk/social-and-applied-sciences/salomons-centre-for-applied-psychology/contact-us/contactus.aspx

Will my taking part in this study be kept confidential?
All information which is collected about you during the course of the research will be kept strictly confidential, and all identifiable information in the transcription will be made anonymous (e.g. names, dates and locations changed). Your data will be stored on encrypted and/or password-protected devices, and your data will be used only for the purpose of this study and will not be passed on to additional studies. Only authorised persons, such as the researchers directly involved with this study, will have access to the original audio data; however, verbatim quotations from the interview published in the final study will be available to anyone who obtains the research paper. Original audio data will be destroyed after five years following the

acceptance of the study as partial fulfilment of the Doctorate in Clinical Psychology programme. You will retain the right to check the accuracy of the data held about you and correct any errors should they arise.

The only instance in which confidentiality will be broken is in the event that you declare an intention to harm yourself or others.

What will happen to the results of the research study?
Results of the research study may help in providing understanding, to clinicians and other individuals interested in this area, of alternative perspectives on coping with difficult experiences.

It is intended that the completed study will be submitted for publication to a research journal. You will also receive a copy of the study to your email should you wish this. As outlined previously, anonymous quotes from the interview may be used in the published report.

Who is organising and funding the research?
This research is being organised by myself and two supervisors, all of whom are members of Canterbury Christ Church University. The university is also funding the research.

Who has reviewed the study?
All research in the NHS is looked at by an independent group of people, called a Research Ethics Committee, to protect your interests. This study has been reviewed and given favourable opinion by the Salomons Research Ethics Committee. You will also be provided with your own copy of this information sheet and the signed consent form for you to keep.

Further information and contact details

1. *General information about research.*

If you would like to know more about qualitative research, please go to:
www.simplypsychology.org/qualitative-quantitative.html

If you would like to know more about narrative analysis, please go to:
http://www.qualres.org/HomeNarr-3823.html

If you would like to speak to me and find out more about the study, or have questions about it answered, please email me at σ.μορτον1053≅χαντερβυρψ.αχ.υκ, or call me on 07733083662.

2. *Should I participate?*

Please feel free to discuss this study with whomever you feel comfortable talking to. If you have any concerns about participation, please feel free to contact me.

3. *Who can I approach if I am unhappy with the study?*

If you have any concerns about any aspect of this study then please contact Professor Paul Camic, the research director at the Salomons Centre for Applied Psychology. He can be reached at paul.camic@canterbury.ac.uk.

Appendix H: Participant consent form

Centre Number:
Study Number: V:\075\Ethics\2015-16
Participant Identification Number for this study: 1

CONSENT FORM
Title of Project: What does 'getting through' look like in the stories of people who have experienced interpersonal trauma in childhood?
Name of Researcher: Saya Morton

Please initial box

1. I confirm that I have read and understand the information sheet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily. ☐
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason. ☐
3. I understand that data collected up to the point of withdrawal may still be used in the study. ☐
4. I understand that interviews for this study will be audio-recorded and transcribed for analysis by the researcher. ☐
5. I agree that anonymous verbatim quotes from my interview may be used in published reports of the study findings. ☐
6. I agree to take part in the above study. ☐

Name of Participant _____ Date_____

Signature _____

Name of Person taking consent _____ Date_____

Signature _____

Date: **Version number:** **Protocol number:**

Appendix I: Research Diary

Appendix J: Example coded transcript

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Appendix K: Summary Report for Research Ethics Committee

Overview of study aims

This study aimed to explore the life stories of adult survivors of childhood abuse. The aim of the study was to explore what resilience "looks like" in the stories survivors tell about their lives, as evidence indicates that academic conceptualisations of resilience may be somewhat disconnected from the emotional reality of survivors' lives. Nine individuals took part in the study. Accounts were analysed using elements of thematic, dialogical, and structural narrative analysis, using attachment theory as an interpretive frame.

Research questions

a) What does "getting through" look like in the stories survivors tell about their lives?
b) How do relationships feature in the stories of survivors?
c) What are some of the common themes in survivors' stories?

Findings

Narrative analysis identified a range of initial themes, which were interpreted within an attachment theory framework as serving adaptive functions relevant to "getting through". These functions, pertaining to identity, relationships, testimony, and process, will be presented below:

Identity

Function one: Using narrative to nurture the child self.

Severe abuse and neglect comprised all of the participants' childhood experiences. It is likely therefore that the degree to which they were emotionally nurtured as children was either significantly or wholly lacking. Some participants returned to their childhoods in their narratives, and spent time developing a picture of their child self as accomplished, kind, and likeable. Given the context of participants' early lives, this was interpreted as an attempt to nurture the child self. Furthermore, the type of language used also reflected a gentleness and empathy towards the child self, recognising the child's inherent fragility. Such passages were understood as participants using their adult resources to provide the child self with the care and empathy that was lacking in their childhoods; in the absence of consistent caregivers, these participants parented themselves.

Function two: Using narrative to construct the preferred self.

Abuse began in early childhood for all participants; a time when the physical and cognitive sense of self are at a particularly fragile period of development (Cole & Putnam, 1992). Abusive experiences are therefore likely to have had a considerable impact on the participants' emerging sense of self at this time. Narratives were conceptualised as providing opportunities for adult participants to renegotiate constructions of identity.

Function three: Using narrative to mourn the loss of a possible identity.

For some participants, narratives were used to reflect on loss. Attachment theory has applications to the mourning process, and reactions to separation from an attachment figure are thought to correlate with the stages of grief (Gomez, 1997). Bowlby was an early proponent of mourning as a healthy process, and this aspect of attachment theory was important in interpreting the choices some participants made in their narrative to recognise loss.

Relationships

Function four: Using narrative to repair ruptures with important others. Similar to the narrative construction of preferred identities, participants also used their narratives to construct preferred relationships. Participants used their narratives to negotiate the behaviour of others into preferred stories about their relationships. These representations were interpreted as reflecting the participant's motivation to repair the ruptures caused by abusive experiences and identify explanations for abuse that did not threaten the emotional closeness they wished to maintain in these relationships.

Function five: Using narrative to establish distance. An important counter-function of narratives as repairing ruptures were the use of narratives to establish distance from important others. Establishing distance is a more emotionally viable attachment strategy for an adult, relative to a child, and some participants used their narratives to reject important others:

Narrative as testimony

Evidence suggests that for survivors of personal threats, such as illness and abuse, public narration can provide a means of challenging repressive societal narratives. Some participants may have used participation in academic research to 'make public' the stories that countered dominant narratives that did not reflect their experiences. The participants in this study were in many ways 'high functioning'; yet these were also individuals who felt that they had "failed" (Michelle), who recognised there was no "cure" (John), who were uncertain whether they could ever learn to truly "like" themselves (Heather). These "hidden scars" were pervasive. Participants for this study had self-identified as having "coped", but for many this did not preclude feelings of pain, fear, and recognition of what had been lost.

The narrative process

Attending to the structural element of participants' accounts revealed a narrative process that appeared to help some participants to tell their story. The nature of this study required participants to bring upsetting memories to mind, and some narratives appeared to lose momentum at points of particular distress. This resulted in participants declaring that they had lost their plot, or forgotten their train of thought. What emerged in some narratives, however, was a structure in which a narrative focus on darker periods of life was interspersed with more positive reflections; this process appeared analogous to the concept of the safe base put forward by attachment theory, and was therefore named the "narrative safe base".

Conclusion

Narrative findings supported the relevance of attachment theory across the lifespan, and its potential applications in understanding how survivors cope with abusive experiences. Findings suggest that harmful experiences can be negotiated into adult models of self and other, which may be informed by attachment driven motivations to develop positive identities and establish closeness or distance in key relationships. Findings also indicate that fundamental concepts in attachment theory, such as the safe base offered by a responsive caregiver, may be used to understand how positive and negative life experiences may be integrated into a coherent life story as expressed through narrative. Of particular importance to survivors, given the impairment or absence of a safe base in their childhoods, is the suggestion that adults may use their own resources to construct a felt sense of security. Overall, survivors who had "gotten through" told stories which constructed identities and relationships in meaningful ways, whilst recognising the losses and tragedies of life. Stories of life after abuse were complex, and challenged the image of resilience held in the literature and popular imagination.

Appendix L: Summary Report for Participants

Dear [participant name],

I hope this letter finds you well. I wanted to write to you to let you know that I have completed the write-up for the study you took part in: "What does 'getting through' look like in the stories of survivors of child abuse?". Thank you again for taking part, it was a real privilege to listen to your story. I'm going to provide some brief details of the study again, explain how I conducted the analysis, and provide an overview of my findings.

Overview of study aims

The aim of this study was to explore what coping or "getting through" looks like in the stories survivors tell about their lives, as evidence indicates that academic ideas around this might not reflect the 'lived experience' of survivors. Research also suggests that people are natural story tellers – we understand our lives in stories, and we tell stories particularly when things go wrong in life, or life doesn't go as we might have expected. Stories can help us to make sense of things, so I thought looking at stories would make sense for people who have experienced abuse. Nine people took part in the study.

Narrative analysis

Narrative analysis is a method of analysing qualitative data (interviews count as 'qualitative', whereas measuring things with numbers is 'quantitative') that looks at the stories people tell. It looks closely at things like language, the emotional 'tone' of stories, the impression it makes, and the ways people describe themselves.

Research questions

These are the questions I wanted to answer specifically:

a) What does "getting through" look like in the stories survivors tell about their lives?
b) How do relationships feature in the stories of survivors?
c) What are some of the common themes in survivors' stories?

Findings

My analysis found a range of 'themes' – these are ideas that stood out to me after I listened to the interviews several times. I made a note of these as I went along. People told all sorts of different stories, but I wanted to think about *why* people described themselves and their relationships in particular ways. The ideas below relate to aspects of identity and relationships that I thought were relevant to how people tell stories about "getting through".

<u>Identity</u>

Using stories to be kind to the 'child' self.

Some people spent time in their stories describing what they were like when they were children. A lot of people talked about how they were intelligent, kind, or caring as children; others talked about how people just seemed to like them for some reason. I wondered if telling the story about our childhood meant that we could 're-write' our histories in some way – a lot of people described growing up being told unkind and hurtful things. Perhaps as adults we can think more critically about the messages we received, and be able to tell stories about ourselves that reflect more accurately how we feel about ourselves now.

Using stories to put together a 'preferred' identity.

This idea was similar to the one before – it seemed that people also used their stories to talk about their sense of themselves as an adult. In telling a story about ourselves we can emphasise certain things and leave out certain things. Some people talked about their sense of themselves as caring, loving, supportive, accomplished, e.t.c. I thought stories were important in sharing a 'version' of ourselves that is important and meaningful to us.

Using narrative to mourn.

Some people talked about wondering what they might have been like if life had gone differently. Others described what sort of person they could have been in different circumstances. People talked about missing out on a proper childhood, and missing out on various other opportunities in life. These parts of stories were really moving to listen to, and I thought they were really important. I understood this as people looking back on their life and 'mourning' what was lost. I wondered if this was an equally important part of "getting through" something. Coping doesn't mean we don't recognise and feel the sadness of what has been lost.

Relationships

Relationships also featured a lot in people's stories.

Using stories to keep a connection with important people.

Some people told stories about the people who had mistreated them in life, but described them in positive, thoughtful ways. They remembered personal details about them and described happy memories. I wondered if stories might help us to remember and think of our important relationships in particular ways that help us to keep something of a 'connection' to them. People are complicated, and some stories focused more on the good sides of people.

Using stories to establish a distance from people.

Other people talked about their relationships in a different way. It seemed important for some people to talk about things like the responsibility that comes with being a parent, and how they were let down by people they once depended on. I thought this was really important too. As adults we can decide who we 'keep' in our lives, and I wondered if for some people, "getting through" means keeping an emotional distance from certain people who have harmed us.

Telling a story to challenge a common perception of something

A lot of people told me about how, even though they're doing really well now, there's always going to be bad days. Other people said how "coping" with something doesn't mean you're cured, or completely well, or that everything is fine. One person referred to this as a "hidden scar". It seemed like lots of people have a 'version' of themselves that the world sees – someone quite confident, assertive, capable – but inside they feel quite differently about themselves. I wondered if it was important for some people to get this across in their stories – to show that "getting through" doesn't mean you're 100% fine.

Looking more closely at *how* people tell their stories

The final thing I noticed about some stories was the way people organised particular memories and events. There seemed to be a pattern to some stories – people talked about sad or difficult things, then talked about the things they liked about themselves, or how far they'd come in life, and then they'd go back to talking about difficult things again. It seemed like the more positive parts of life acted like an 'anchor' to stories, that helped them to keep going.

Conclusion

These ideas are what stood out to me, and don't necessarily reflect what you meant or intended when you told your story. I'd be really interested to hear what you think about my findings, or any thoughts you had about the research project in general. I'm hoping that my results will show that "getting through" is complicated, and there's lots of different ways that "coping" might look depending on the person.

If you'd like to get in touch, please contact me on s.morton1053@canterbury.ac.uk.

Thank you again for taking part, it was really appreciated.

Warm wishes,

Saya Morton.

Trainee clinical psychologist.

Appendix M: Interview schedule

Interview Schedule

1. Opening:
   - Hello, I want to start by introducing myself again. My name is Saya Morton and I'm a trainee clinical psychologist at Canterbury Christ Church University. You said you were happy to take part in my study about life following difficult experiences in childhood – if this is okay with you then may I ask you to sign this consent form?
   - I want to thank you for taking part and check whether you have any questions or concerns before I explain a bit more about what we'll be doing today.

2. Initiation:
   - I'll now tell you about the process of the interview. It will start with story-telling, that won't be interrupted by me, followed by some questions.
   - This might feel like a bit of a strange experience, as it will be different to the usual 'question and answer' form that most interviews take.
   - You may be talking for a while on your own, and it might feel strange as there may be some silences, and initially I won't be saying anything as I don't want to influence how you tell your story.
   - As you know, my research is about getting through difficult experiences, and I'm really interested in what's helped you to get through, and what sense you make of how you've got to where you are today.
   - So I'd like to ask about the story of [name], beginning wherever you like, as we have as much time as you need to tell the story.

*If person feels stuck, e.g. "I don't know where to start/what should I talk about" – respond: "You can start anywhere that feels comfortable. This might be early in life, or anywhere. I'm interested in hearing about experiences, people, places, things, anything at all that you think has been important in getting you through the harder times".

Once the story is completely finished, follow up on sections of the narrative using the participant's ordering of themes and language.

3. Relationships (positive ones, if mentioned):
   - Please tell me more about your relationship with X.

4. Coping with the help of something other than relationships (if mentioned):
   - Please tell me more about X.

5. Word definition of whatever word/s participant uses to denote strength e.g. "coping", "survival", "getting through", e.t.c.

- You mentioned X before. Could you tell me more about it?

6. If the participant appears distressed and/or the narrative is beginning to focus around trauma events themselves.
   - I just want to take a moment to check in with you about how you are feeling, and whether you would like to continue or if you would like to end the study? Please remember that there is no need for you to carry on if you are not comfortable.

   If happy to continue:

   - Please remember that the focus today is not about the difficult times themselves, but if this is something that you would like to have space for then we can discuss options for this at the end. If you are happy to continue then please carry on telling me your story.

Appendix N: Table of themes

Pseudonym	Initial themes	Quotes
Michael	Intellect	*"when I ended up at school they were very cross that I already knew how to read because I was bored silly sitting in this class learning about Janet and John when I could pick up encyclopaedias and read from there"*
	Independence	*"I was self-educated. I read all the textbooks, and that usually only took a couple of weeks at the beginning of the autumn term in September. I'd read my way through the textbooks and I'd been to the library already and read other books on the subject so I used to do pretty well in exams"*
	Being liked by others	*"I used to walk with them and talk with them and they got to like me and I, I enjoyed that, that really lifted my spirits"*
	Power	*"the voice tells me before I go to sleep that if I lied down I'd wake up paralysed and that's very disconcerting. So I'd checked up on the internet and it can't happen, so I forced myself to lie down"*
	Status	*"I'm a director of [redacted] ... I do various things for them. I represent mental health, when the council consults us on different subjects, I represent mental health and try to respond to that. I go to meetings with the clinical commissioning group and speak up for service users there"*
	Expertise	*"I like being a director of [redacted] expert by experience, you know. I find it sort of mirrors what I think, what I try, what I'd like in an ideal world to think of myself. You don't always have the answers but ah, you know, but ah professional people do tend to listen to me"*
	A core self	*"I've always been a curious person"*
	Humanity	*"he knew I liked collecting stamps, so he worked in an office where they got lots of correspondence from all over the world, so he managed to collect stamps from this correspondence and give them to me. And occasionally he would buy me some interesting stamps, so he did have some kindness in him"*

Lucy	Being silenced	*"I managed to go to a psychiatrist and I was telling him my story and he ah, turned round and said to me did I ask for it. So with that I got up and walked out and never went back"*
	Lack of power	*"I got sexually abused by my father. Um, but, ah, it couldn't be proved and it was one of my uncles that caught him but that, there was no proof of it"*
	Revealing the abuse	*"it was only a little tiny book but I wrote down how I um, what had happened to me, and what they said to me, and ah, that's when we went through little bits each session"*
	Relationships with Jesus	*"I did, do remember talking to Jesus about my abuse as well and that helped, um, when I was a child"*
	Competence	*"when my sister, when my aunties told me I was thick and stupid and what have you, I can now prove them wrong"*
	Helping others as healing	*"I wanted to help other people, and that's what I do now. Yeah. I don't do counselling, but where I work at the centre, people come up to me with their problems and it helps me to forget my own"*
Sara	Humanity	*"she was the only one that really understood me, what I was going through, and she would come and visit me in the asylum"*
	A core self	*"yeah it was the chance to start to be really me at university"*
	Academic success	*"I was going to work jolly hard and I worked harder than most people, and I really struggled with my studies because of the ADHD. However, I did get the best results in the year"*
	Competency	*"I uh put all my energies into sport, um became very sporty, very good at sport"*

	Expertise	*"we all say who would you rather be working with, somebody who's learnt about it in a textbook or somebody who's been through it, experienced it and got better and is working in the community in that field. So it's very important for us, the uh, the difference that peer support can offer"*
Penny	Limitations of others	*"I think if you can understand people it melts anger, so even though I'm surrounded by people who have a lot of limitations, inability to understand my reality, still there's been a lot of dysfunctional behaviour in my family, because I can understand their limitations it leaves me with compassion"*
	Rebirth	*"It's like, it's like being born again. But to a better life than I could have ever imagined"*
	Transformation	*"through this experience I've been through, I can be closer to living closer to the best version of myself I ever imagined possible, because of what I've been through. So I do also have a sense of gratitude for all of my experiences because they've made me into the person I am today"*
	Higher purpose	*"I'd say for most of my adult years I've believed that my life is going to be used, there's going to be a, a purpose for my life, and I believe that for most of my adult years that I'm going to help a lot of people"*
	Helping others as healing	*"I think people sometimes need someone to inspire them, I certainly have, so if I can inspire other people, it makes sense, it makes sense of my journey"*
Jane	Medical model	*"Sometimes I wonder what I would have been like [laugh]. And, and now, what I would have been like if I weren't on ten tons of medication"*
	What might have been	*"but sometimes I think, gosh if I had just been able to talk to you about things, I didn't need the love bit necessarily but just to be able to openly say what had happened and what I felt like and probably none of those traumatic events would have happened"*
	Loss	*"along the way my husband decided he couldn't cope with mental illness, something that I found quite a lot, happens to quite a lot of people, um, and I hadn't really been able to process that"*
	Isolation	*"it's very much a coping by myself strategy, and I think, that relates very definitely back to, um, childhood and teenage years where I didn't share anything with anybody, so it's you know, still very much in me, I daren't share that with somebody, even though I know perhaps sharing it with somebody might help"*

	Recovery as incomplete	*"some people say they've been through therapy or they've been through this, and they're completely healed and, you know, all be well, it just takes a few things, I feel I walk along a tight rope and it doesn't take much to throw me off it and to start plummeting downwards"*
	Appearance versus reality	*"I can work in all different other groups that I belong to, and appear very, very confident, but actually inside there's that little duck, I don't know if you've heard the expression, you know swimming along the water and his feet under the water are paddling away, and I'd always think that that's very much me, there's an outward person who isn't quite the same as the inner person"*
Michelle	Loss	*"I feel that in the last 10 years or so I've failed, and I don't like this feeling. I don't like this feeling because I think deep down, there was elements of me that before were quite dynamic"*
	Decay	*"I think something in me died when I didn't have my own place. It's like something had died beforehand anyway, but I think having on top of that being homeless made it even worse for me"*
	Invasion	*"what possesses someone who may or may not have been abused to feel it's right, to take away somebody else's life? Because to me that's what it is. You've taken over that person, you've, you've, you've, it's like you've merged your ugliness with that person's innocence"*
Heather	Medical model.	*"being diagnosed with PTSD, although I know I don't want a label, um, it just makes me understand so much more that actually I'm walking around with trauma that isn't processed properly. Um to me that helps me see that it's not my fault"*
	Positive impact of diagnosis	*"PTSD, it completely made sense to me, because um, my, my, my brain can't process the shock of the things that happened"*
	Power	*"the more I understand about the symptoms the less I feel like, the less powerful I feel it is over me"*
	Rejection of mother	*"You know all the things that you want from a parent she doesn't possess and, for the first time listening to that I thought, you're right, why do I say what's wrong with me? Why can't you love me? I – what's wrong with her? Why can't she love?"* *"I can't wait to be a mum now, um, now I've lost that fear of um being like her, that, that I will um, yeah, I'll love it"*

	Safety	*"because I guess you, you don't know how, you don't know what safety is, you have to create it as an adult"*
	Love	*"my partner is, um, has taught me so much about love, and cos, you know, just um, you know, I've been so lucky to have that now and that um, I can um, I've learned that, so having a good person that can teach you, without even realising, um, how much she's taught me, um, to um, yeah, and um, I'm still changing and I'm still growing with that"*
	Role of brother	*"I used to push him around in a pram and I used to tell everybody he was my baby, when I was like 5, um, because he, maybe he was a protective factor for me, that I had someone I really, really loved"*
	Protection	*"I just adored my brother. He was younger, he um, he needed protection and I did my best, um, to keep him away from things"*
John	Accountability	*"Yeah my mum was damaged, she was mentally ill, she didn't get any support, you know, um yeah all those things are wrong, but it was her fault. It was her fault. She is to blame. Um you know, somebody else wouldn't have done those things, she is responsible, you know, you become a parent, you're responsible for your children."*
	Helping others as healing	*"I'm not saying I'm someone who just wants to go away and just deal with my own shit right, I, I feel it's necessary to try and change the environment in which I exist. Well at least try and change the debate, even if we don't manage to change the environment, changing the debate is a good thing. It gives people space, you know, knowing that there's other people out there that think the same thing as them, is you know, is a good first step you know"*
	Sexuality	*"I don't consider myself a very stereotypical gay man, you know, I don't think most gay men aren't stereotypical gay men"*
	Gender	*"it was men that were able to help me, you know, see who I really am, see how I really felt, how I really felt, you know"*
	Identity	*"that's who I really am, and it's someone who cares, and that does care. And I think I always was, I would've always been"*
	What might have been	*"if I'd been able to go down the normal road like other people, I could've got you know, I don't know if I'd have wanted to, I don't know, but I could've got a high paying job and you know done serious things, you know. And so I, I feel like the*

		consequences of my experience are that I've never been able to you know really, I don't get you know that routine respect, deference that people give to a doctor or someone. No one's gonna give that to me, right"
Jess	Being a dead person	*"I couldn't be traumatised any more than I already was at that point so I was like, I was dead, I was a dead person"*
	Danger of expressing emotions	*"any time I as a kid expressed myself or had an opinion or tried to say no it was absolutely overwhelming brutality"*

Appendix O: Master Narratives

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