

Cognitive emotion regulation, proactive coping and resilience in adult survivors of child sexual abuse

by

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submitted in partial fulfilment of the requirements for the degree

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Promotor

Dr Salome Human-Vogel

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If you are distressed by anything external, the pain is not due to the thing itself, but to your estimate of it; and this you have the power to revoke at any moment

Marcus Aurelius (Meditations, 175 A.D.)



This piece of work has opened my eyes, broken my heart and, after a long, emotional journey, it has given me incredible hope. Hope in the strength of women who have been hurt beyond what anyone should ever be expected to endure and yet emerge with a resilience that demands the highest respect. My life has changed because of these eight women's lives of faith and strength and the millions who have similar stories to tell. Never will I doubt the power of God to make beautiful vessels from shattered pieces of heart and soul.

| would like to dedicate this thesis to the two most honourable men | know - my father and my husband. | thank them for their love, respect and protection and pray that my two sons will follow in their footsteps.



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SUMMARY

Researchers have not been able to ascertain how survivors of childhood trauma, especially sexual abuse, develop resilience. To explore resilience and what influences its development, this mixed-method study investigated the roles of cognitive emotion regulation and proactive coping byusing a critical-realist ontology.

The data was collected from eight women (between ages 25 and 56) who considered themselves to be resilient survivors of severe child sexual abuse. Harvey's (2000) Multidimensional Trauma Recovery and Resiliency Interview (MTRR-I), the Cognitive Emotion Regulation Questionnaire (Garnefski, Kraaij & Spinhoven, 2002) and Greenglass's (1999) Proactive Coping Inventory were used to gather the data necessary to determine whether resilience is influenced by cognitive emotion regulation strategies and proactive coping and to attempt to define what could be considered as traits of resilience in survivors or child sexual abuse. Through thematic analysis, approximately 50 *a-priori* codes were generated and grouped into 23 themes using the Atlas.ti program.

The objective of this study is to explore the relationship between cognitive emotion regulation, proactive coping and resilience in order to better understand, and develop intervention processes that can provide survivors of child sexual abuse and other trauma with the resources needed to be more resilient. Although causality could not be determined between these variables, it became evident that the more often a participant employs adaptive cognitive emotion regulation strategies and the higher the scores on the Proactive Coping Inventory are, the more resilient the participant tends to be. The participants who displayed higher levels of resilience also verbalised that they felt they had dealt with the abuse and had managed to move on in their lives. Even though all the participants considered themselves to be resilient, half of them were functioning at a noticeably lower rate of resilience than the others. All the participants claimed to rely on spiritual strength in some way and attribute their resilience to their faith in God. The higher the levels of resilience, the more the



participants used adaptive cognitive emotion regulation strategies and proactive coping; and the more optimistic their views of the future and the more they considered their lives to be meaningful. Because the study was based on the ecological model of human development (Bronfenbrenner, 1995, 2005,) the interplay of the proximal environment, the individual, the social context and the changes that have taken place over time, were all taken into consideration because resilience, cognitive emotion regulation and proactive coping skills all develop within and between the same systems in which an individual develops. However, Bronfenbrenner (2005) states that the family is no longer taking the responsibility for the upbringing of children as it should and thatother settings in society have had to step in to fulfil the role. One aspect of mental health is the ability to develop spiritually and since schools may not include religious instructionbecause it is the responsibility of the family, ithappens that children are not being developed spiritually and this couldinfluence the way in which individuals deal with traumatic childhood experiences.

resilience

child sexual abuse

cognitive emotion regulation

proactive coping

survivors

ecological model

spiritual strength





UNIVERSITY OF PRETORIA

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DEGREE AND PROJECT PhD

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DATE CONSIDERED 26 August 2011
DECISION OF THE COMMITTEE APPROVED

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DATE 26 August 2011

CC Jeannie Beukes
Dr Human-Vogel

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- 3. It remains the students' responsibility to ensure that all the necessary forms for informed consent are kept for future queries.

Please quote the clearance number in all enquiries.



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I herewith declare that I language edited the above document.

M.B.BRADLEY

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