CHAPTER TWO

Sexual abuse: Context, definition, characteristics and symptoms

2.1 INTRODUCTION

Putnam (2003) reveals that until the late 1970s, child sexual abuse was thought to be a rare phenomenon. However, Kenny and McEachern (2000) and Kitzinger (2001) emphasise that child sexual abuse has existed at all times in all societies and has affected all cultures and races and all types of families. Yet, by 1986 there was still no information about child sexual abuse available to the public (Kitzinger, 2001).Research into child sexual abuse started to burgeon in the mid-1980s, which seems very recent considering the extent and history of this human phenomenon. It is difficult to believe that the comparatively new phenomenon of HIV/Aids attracted human science researchers at approximately the same time as the age-old scourge of child sexual abuse.

Harvey (2007) states that there is extensive confirmation that abuse in childhood "sets the stage for future abuse and that violence against women and children has become a public health problem of pandemic proportions" (p. 11).It is important to look at child sexual abuse in a South African context before the concept is defined and characteristics and symptoms are discussed.

2.2 SEXUAL ABUSE IN A SOUTH AFRICAN CONTEXT

In a South African context, Pierce and Bozlalek (2004) published some very disturbing research about child abuse. The South African national population estimates (http://www.statssa.gov.za/PublicationsHTML/P03022010) for mid-2010 show that 79,4 % of the population is African; 8,8% is coloured; 2,6% is Indian and 9,2% white. In the past, when apartheid was rife, "children of colour were usually excluded from the category of abused children". Even though much has changed in South Africa since then, it is still very difficult to establish the extent and the scope of child maltreatment in South Africa. Abuse statistics in South Africa have been based solely on the Child Protection Unit's (CPU) national statistics on child abuse offences reported. These exclude cases reported to social workers, health care workers and teachers. Even the CPU acknowledges that most cases are not reported at all. Worst of all, the recent research goes largely unpublished owing to financial constraints and lack of resources.

Apart from the financial and political constraints regarding child sexual abuse research in South Africa, there have been huge barriers and challenges when defining child sexual

abuse in the African context (Pierce & Bozalek, 2004; Lachman, 1996). Many Africans perceive abuse as private and are unwilling to discuss it. Although this is not an exclusively South African occurrence, one also needs to look at the importance of male dominance and female subservience in a specific culture or ethnic group when considering child sexual abuse. In many African cultures this phenomenon is still an integral part of the societal structure (Pereda, Guilera, Forns & Gomez-Benito, 2009b; Lachman, 1996) and will affect the ease with which individuals disclose their experiences to researchers. Other factors that influence the incidence of child sexual abuse in Africa are the shocking, yet widespread belief that having sexual relations with virgins or very young girls is a cure for HIV; the loss of the traditional values based on bringing up children within the community where elders and neighbours observed behaviour; poverty and the influence of other cultures, especially with regard to sex tourism (Pereda, Guilera, Forns & Gomez-Benito, 2009b).

Taking all the above into consideration, I would like to emphasise that this study looks at each individual holistically within her own context. It would not really be possible to discuss individual experiences if one is generalising the mores and values of an ethnic generalisation. Because there is no conclusive evidence that ethnicity, race and culture affect the experience of child sexual abuse, it will not be a focal point in this research.

However, this research is inherently South African and it is necessary to consider the importance of such a study and the effect it could have on the population. According to the mid-2010 population estimates by population group, age and sex, there are 20.73 million children aged 0 – 19 in South Africa. This is 41% of the country's population. Of course the incidence of abuse, more specifically sexual abuse, is certainly not limited to girls, but this study only considers female survivors. The 10,3 million girls between birth and 19 years in South Africa represent approximately 21% of the population. More than half of this country's population is female and considering that the worldwide statistics of the prevalence of child sexual abuse among females is at least one out of three (Finkelhor et al., 1990; Smith, 2008; Thurston, 2007; Vigil, 2005), this country would have a projected 8.55 million sexually abused females, keeping in mind that a large percentage of individuals never disclose their abuse. That is 17% of the population (http://www.statssa.gov.za/Publications).

South African researchers, Pierce and Bozalek (2004), examined the perceptions and definitions of different forms or abuse and neglect in South Africa. They identified 17 different categories of abuse and neglect and sexual abuse ranked as the most serious form or abuse by far.

Few studies have examined fully the effect of race, ethnicity and culture on child sexual abuse (Kenny & McEachern, 2000). Much research has found similar patterns of results among ethnically diverse samples (Banyard, Williams & Siegel, 2001). Wyatt, Guthrie and Notgrass (1992) found no differences between ethnic groups. Kenny and McEarchern (2000) report that most of the existing literature on childhood sexual abuse presents contradictions and inconsistencies in the occurrence of, and characteristics related to, childhood sexual abuse in specific ethnic groups. They make another valid point about this American research that will also be relevant to the demographics of the South African population. When participants are referred to as Asian American, it includes all individuals whose country of origin is anywhere in the Orient. In addition, the term 'white' includes all subgroups whether originally British, Polish, Italian or French. Groups are generically named and actually these references can be 'culture free' or 'without ethnicity'.

It is important to realise when reading the literature about child sexual abuse that there may be differences in the percentages of survivors per ethnic group in any given population, but no significant difference is reported in the amount of psychological distress experienced, regardless of gender or ethnic group (Newcomb, Munoz & Carmona, 2009).

2.3 DEFINING SEXUAL ABUSE

Like so many constructs in psychological research, there is controversy about the definition of child sexual abuse. Finkelhor (1979) is known as the pioneer on child sexual abuse research and he developed an extensive questionnaire of child sexual experiences.Apart from the detailed list of what is considered child sexual abuse, he underlined one factor that should underline all other factors: age-discrepancy. "Any type of sexual experiences, including noncontact experiences, are considered sexual abuse if they involve a child age 12 or younger and someone 5 or more years older, or if they involve an adolescent aged 13 to 16 and an adult at least 10 or more years older" (Finkelhor, 1979; Finkelhor & Browne, 1985).

For an adult perpetrator to engage sexually with a child, they have to exploit, and therefore abuse, the child's lack of knowledge and lack of power (Finkelhor, 1979). The emotional pain caused by this abuse usually far outweighs the physical pain inflicted during sexual abuse. Although child sexual abuse that involves physical contact is also physically intrusive, there are many forms of non-contact sexual abuse that are also very traumatic.

Children of parents who allow them to be used for pornographic photography will experience many of the same fear, lack of power and abuse of trust than those who experience physically intrusive sexual abuse (Pierce & Bozalek, 2004).

Estes (2001) highlights that a distinction must be made between assault and abuse, as assault is a forcible act where no consent is given but abuse is based on a relationship of trust where the perpetrator is a significant person in the child's life and consent is often given owing to the nature of the relationship and the age of the child. For true consent to occur, the individual must know what she is consenting to and must have the freedom to refuse. Even though children may know they like the adult and enjoy the physical sensation, they are inexperienced and ignorant about sex and sexual relationships and therefore not able to give consent. Legally, a child is under the authority of an adult and psychologically they have a hard time saying no to adults, especially when it is an important figure in their lives (Finkelhor, 1979).

A few researchers claim that there are a large number of survivors of child sexual abuse who show no *apparent, obvious* signs of negative outcomes following the sexual abuse (Bonanno, 2004; Dufour, Nadeau & Betrand, 2000). However, this is not sufficient evidence to say that the survivor is not dealing with extreme inner pain and conflict. Cummings, Davies and Campbell (2000) have a different perspective and caution this is not necessarily true because all the areas of functioning have to be considered. Some studies have revealed that to date.

2.4 CHARACTERISTICS OF CHILD SEXUAL ABUSE

As with all experiences, child sexual abuse also occurs in various degrees of severity. It is very difficult to determine who has been exposed to severe sexual abuse or not. It is hardly up to a researcher to make a decision on whether someone's experience is more or less severe. Senn, Carey and Vanable (2009) state that it is up to the participant to decide how they choose to define their child sexual abuse without providing an operational definition of what it should be. It would be unethical research if someone whose life has been severely negatively affected by what he or she experienced as very severe and highly traumatic is told that the experience does not qualify as serious enough because of predetermined criteria.

Acknowledging this, Arata (2002), Daigneault, Cyr and Tourigny (2007), Dufour and Nadeau (2001), Jonzon and Lindblad (2005), Merril, Guimond, Thomsen and Milner (2003), Pereda, Guilera, Forns and Gómez-Benit (2009a) and Steel, Sanna, Hammond, Whipple and Cross (2003)maintain that the survivors of *severe* child sexual abuse have experienced at least three of the criteria below:

1. The perpetrator is the father or a loved and trusted figure close to the child.
2. The abuse took place over a long period of time, often years.
3. The abuse involved violence and pain.
4. The child was coerced in some way to remain silent.
5. Penetration took place.
6. The abuse was experienced as extremely distressing to the point of being perceived as life-threatening.

These were the criteria used when selecting participants for the research.

2.5 SYMPTOMS OF CHILD SEXUAL ABUSE IN ADULT SURVIVORS

Many researchers mention different symptoms that manifest in adult survivors or child sexual abuse, but the list compiled by Bogorad (1998) is very comprehensive:

- Fear of the dark, fear of sleeping alone, nightmares, night terrors
- Difficulty with swallowing, gagging
- Poor body image, poor self-image in general
- Wearing excessive clothing
- Addictions, compulsive behaviours, obsessions
- Self-abuse, skin-carving (also addictive)
- Suicidality
- Phobias, panic attacks, anxiety disorders, startle response
- Splitting/de-personalisation
- Shutdown under stress
- Issues with trust, intimacy, relationships
- Issues with boundaries, control, abandonment
- Pattern of re-victimisation, inability to say "no"
- Blocking of memories, especially between age one and 12
- Feeling crazy, different, marked
- Denial, flashbacks
- Sexual issues and extremes

- Multiple personalities
- Signs of posttraumatic stress disorder

Although this list does not consider the possibility that there may be adaptive behaviours that develop as a result of child sexual abuse, it cannot be said that survivors do not develop strengths alongside some of these symptoms.

A large number of these symptoms are represented as items of the MMTR-I designed by Harvey (Harvey, Lebowitz, Saunders, Avi-Yonah, & Harney, 2000) as possible indications of resilience or lack thereof. In the discussion of the data in a later chapter, the presence of these symptoms will be evident.

2.6 CONCLUSION

Sexual abuse is the underlying common ground in this study although the physical details were never investigated. Any detail regarding the actual sexual abuse was spontaneously offered by the participants. It was quite significant that all the women divulged who the perpetrators were and how long the abuse continued. In some cases quite a lot of detail was shared and in others vague allusions were made to the actual deeds which constituted the abuse.

In the next chapter the impact of cognitive emotion regulation and proactive coping on resilience in survivors of child sexual abuse will be discussed.

CHAPTER THREE

Analysing, conceptualising and exploring resilience, proactive coping and cognitive emotion regulation strategies

3.1 INTRODUCTION

The purpose of the current research study is to investigate what some of the factors are that lead so many survivors of this traumatic childhood experience to consider themselves to be resilient in some way or another. Even though the participants in this study are all survivors or child sexual abuse, the focus is resilience, proactive coping and cognitive emotion regulation strategies. Finkelhor and Browne (1985), authors of the traumagenic dynamics model propose that the experience of child sexual abuse can be examined through the cognitive and emotional orientation of the individual. Together with this view, Spaccarelli and Kim (1995) investigate the cognitive appraisals and coping responses of survivors of child sexual abuse with the focus being on how child sexual abuse affects the mental health of survivors. In this study I aimed to explore the relationship between proactive coping skills and cognitive emotion regulation strategies and its impact on the resilience of the survivor of child sexual abuse.

3.2 RESILIENCE RESEARCH

3.2.1 Introduction

Resilience is broadly defined as the phenomenon of maintaining adaptive functioning in spite of serious risk hazards and implying relative resistance to environmental risk experiences(Rutter, 2007). Himelein and McElrath (1996), who studied survivors of child sexual abuse, define resilience as a healthy adjustment following a history of child sexual abuse where adjustment is more than just the absence of psychopathology.

It has been recommended that, before exploration or discussion commences that researchers take great care in conceptualising and contextualising resilience because definitions are often vague (Luthar, Cicchetti & Becker, 2000; Rutter, 2007). The main issues causing contention are the methods of measuring resilience, the terminology used to report on resilience research and whether it is a personal trait or a complex, dynamic process (Luthar, Cicchetti & Becker, 2000; Rutter, 2007). Nevertheless, Luthar, Cicchetti and Becker (2000) as well as Rutter (2007) believe that, regardless of the fact that resilience research is so complex and is filled with challenges, the continuation of research in this area has substantial value, provided it meets the requirements of good resilience research; starting with a clearly delineated theoretical framework.

3.2.2 Conceptualising resilience

3.2.2.1 Overview

Some controversial authors such as Bonanno (2004) consider resilience to be an all-or-nothing phenomenon; that one is either resilient or not. The present study supports the view that resilience is multidimensional and that an individual can be both complexly traumatised and resilient at the same time (Lynch *et al*., 2007). These views are based on the research of the prominent resilience researchers, Spaccerelli and Kim (1995), who developed a transactional model and Harvey (2007) whose ecological understanding of resilience derives from the ecological perspective of community and resembles Bronfenbrenner's ecolological theory and the Process-Person-Context-Time (PPCT) model (Williams, 2007). (Bronfenbrenner & Ceci, 1994; Harvey, 2007; Paquette & Ryan, 2001).

3.2.2.2 Spaccarelli and Kim's (1995) Transactional Model

Spaccerelli and Kim (1995) focused their resilience research on resilience criteria and factors associated with resilience in sexually abused girls. They found that classifying survivors as resilient or nonresilient will vary greatly, depending on the criteria used.

Spaccarelli (1994) proposes a transactional model in which he conceptualises sexual abuse as consisting of a series of related stressful events, and states that the cognitive appraisals and coping responses of survivors can be either risk or protective factors that mediate the effects of the abuse and related stressors on mental health. In this model, developmental and environmental factors also have an effect on the survivor's response to abuse stressors. The developmental factors that could affect the way a survivor responds to sexual abuse later in life will depend on the age or level of cognitive development of the survivor at the time of the abuse. Environmental factors that play a role are, for example, the family structure, the socio-economic level of the family or whether alcohol or drugs affected the abuse.

One of the strengths of this model (Spacarelli, 1994) is possibly that it does not focus only on risk factors,nor does it presuppose that all survivors of child sexual abuse will experience serious mental health problems. Instead, the model describes the intricate interplay between the developmental processes that had occurred by the time of the abuse and the positive *and* negative person-environment transactions that occurred after the abuse. It is important to consider that in some cases person-environment transactions can move the survivor along a pathological trajectory, and in other cases the survivor's protective factors may be sufficient to elicit movement in the opposite, positive direction.This model is therefore similar

to the developmental psychopathological approach to studying human development as laid out by Cicchetti (2006), where the "predominant focus is elucidating the interplay among the biological, psychological, and social-contextual aspects of normal and abnormal development across the life span" (p.1).

Spaccarelli and Kim (1995) and Katerndahl, Burge and Kellogg (2005) did extensive research to determine whether the absence of clinical symptoms seems to be a more sensitive measure of resilience than maintaining social competence criteria. The authors found that the two strongest predictors of resilience were (i) the total level of abuse stressors experienced by the survivor and (ii) the quality of the relationship with the warm, non-offending parent or other significant adults.

Although Spaccarelli and Kim (1995) focus on resilience in survivors of child sexual abuse, they suggest that there are benefits in doing resilience research with regard to all forms of abuse. Harvey's (2007) ecological framework attempts recognising the cumulative nature of abuse and acknowledges that most survivors of child sexual abuse have been exposed to a "series of related stressful events" (p. 1172). Neither Spaccarelli and Kim (1995) nor Harvey (2007) focus exclusively on risk variables; nor do they presuppose that all survivors will experience psychopathology. According to Harvey (2007), resilience is transactional and contextual, arising from the mutual engagement of individuals and their contexts. "Persons and contexts, individuals and communities, groups and societies, survivors and ecosystems are appropriate focal points for interventions to foster resilience among those at risk" (Harvey, 2007).

3.2.2.3 Harvey's (2007) ecological understanding of resilience in research

Harvey's (2007) ecological perspective describes resilience as transactional in nature and a quality which is nurtured, shaped, and activated by many person-environment interactions. Resilience is multidimensional, it becomes possible to see trauma survivors as "simultaneously suffering and surviving, and to suggest that both trauma recovery and the process of posttraumatic growth require the survivor to somehow access her resilient capacities" (Harvey, 1996). Resilience is embedded in complex and dynamic social contexts which are more or less vulnerable to harm, more or less amenable to change, and apt focal points for intervention (Harvey, 2007).

Bronfenbrenner's Process-Person-Context-Time (PPCT) model (Bronfenbrenner & Ceci, 1994) is a contextual model of human development which is also used to understand how resilience develops (Williams, 2007; Harvey, 2007). The PPCT model includes the

integration of individual and relational resilience factors (Garmezy, Masten, & Tellegen, 1984; Walsh, 1996; Wright & Masten, 2005) and attends to the interplay of four components:

(i) the interactions of the proximal environment (process);

(ii) the characteristics of the individual (person);

(iii) the social context of the person (context); and

(iv) the change over time (time) (Bronfenbrenner, 1995).

As each of these components cumulatively influence any one survivor of child sexual abuse, this model recognises the importance of considering all the information at hand as relevant in the study of sexual abuse and resilience from a developmental perspective.

The interactions of the *proximal environment* in the PPCT model (Bronfenbrenner & Ceci, 1994) would include the amount of social support the survivor received at different stages, the relationships she had with other significant people and caregivers, the family flexibility as well as cohesion, the communication patterns in the family and the level of school engagement. The *personal characteristics* of the survivor that need to be considered are temperament, intelligence, academic achievement, internal locus of control, level of optimism, self-esteem, the role of faith, whether the survivor has the ability to recruit social support and what sense she makes of meaning in life. Of course the age at which the trauma starts and the duration of the abuse would all interact differently with the other factors. These are important resources that an individual accumulates, depending on the process, context and time, and these would, ultimately, affect the extent to which an individual employs proactive coping skills (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002).

The *context* of the individual can be affected by family income, safety in the neighbourhood, the level of parental discord, whether the family has adequate housing and access to community resources. This component also includes political and cultural contexts that influence not only the individual but also the opinions of those in the community. With specific regard to child sexual abuse, the survivor will be affected by a history of prior abuse, the relationship with the perpetrator and whether the perpetrator plays the major care-taking role in the survivor's life or not. The type and severity of the abuse will also have an impact on the social context of the individual. The size of the community and the extent to which the living environment is disrupted are also factors that affect the social context of the survivor. Not only does the *timing* of the experience influence most of the other factors, but also the developmental stage and age at which the first disclosure took place. Even the stage at which the interview for this research project took place will have an effect on the way the

experience is perceived (Maikovich, Karestan, Koenen &Jaffee, 2009; Bottoms, Rudnicki & Epstein, 2007).

Resilience researchers generally agree that an individual can be resilient on different levels, in different environments and in different circumstances. In fact, full understanding of resilience is only possible if researchers attend to the influence of cultural and contextual mediators of traumatic response (Gilgun, 2005; Glicken, 2006; Rutter, 2007; Grossman, Cook, Kepkep & Koenen, 1999; Harvey, 2007). This study is not intended to discuss the cultural aspects in detail but to take into account that every aspect is important in the way in which the survivor makes sense of the sexual abuse that took place in her childhood.

The MTRR-I, which has been used to gather the data in the present study, is based on Harvey's (2007) theory of resilience. This instrument has been used to gather data about the resilience of survivors or child sexual abuse (Harvey *et al*., 2000; Diagneault, Cyr& Tourigny, 2007).

3.2.2.4The domains of resilience of the MTRR-I

Harvey, Liang, Harney, Koenen, Tummala-Narra and Lebowitz (2003) state that individual differences in resilience are variably expressed across eight interrelated domains of psychological experience.   Resilienceis apparent whenever the data collected in the interview indicates that a domain is comparatively unaffected by the trauma and also when the affected individual is able to mobilise strengths in one domain to secure repair in another. These domains are described as follows (Harvey,*et al*., 2003):

a. *Authority over memory* indicates whether a trauma survivor is able to choose to recall, or not recall life experiences and to what extent they recall the details of their past. This is not limited to the memory of the trauma only, but a general ability to recall.

b. *The integration of memory and affect* refers to a survivor's ability to feel in the present the emotions that were felt at the time of the childhood trauma and to experience new emotions in the present, not only when recalling the past, but also when reflecting upon it.

c. *Affect tolerance and regulation* relate to the range of emotions that trauma survivors are able to experience and the extent to which they endure and manage difficult feelings. A sign that a survivor has recovered from the childhood trauma is that the survivor has gained access to a wide spectrum of emotions in a tolerable range of intensities.

d. *Symptom mastery* states the degree to which survivors can anticipate, manage, suppress, or prevent the cognitive and emotional disruption that arises from posttraumatic arousal.

This does not mean that survivors will experience no posttraumatic symptoms, but that they have learned to master these symptoms when they do arise.

e. *Self-esteem* refers to the level of self-regard survivors display. It is a sign of recovery and resilience if survivors have a positive sense of self-worth evident from the way they care for themselves.

f. *Self-cohesion* gives an indication of the extent to which survivors experience themselves as whole beings or as fragmented or disjointed. Someone who has developed resilience and recovered from childhood trauma can understand and control the dissociative adaptations that may have occurred earlier. It is also evident when survivors whose lives were once organised by secrecy and compartmentalisation, which is often the case in child sexual abuse, embrace instead single, integrated expressions of self in the world.

g. *Safe attachment* sheds light on the ability of survivors to develop feelings of trust, safety, and enduring connection in relationships with others. Recovery from the trauma of interpersonal violence, or the violation of interpersonal trust, is conveyed as a new or renewed ability for trusting attachment and in the survivors' ability to secure and negotiate personal safety within a relational context.

h. *Meaning making* refers to the process by which a survivor struggles to understand and "metabolise" the impact and legacy of a traumatic past. Resilient survivors who have recovered do not have to set aside and try to forget the past, but rather to search for understanding, hope and optimism about the self, others and the world in which they currently live.

The goal of intervention is to help the survivor activate her resilient capacities in these multiple domains of psychological functioning and the goal of social and community intervention is to develop social contexts that can foster wellness and sustain multiple modes of resilience among those at risk and those who have already suffered harm (Harvey, 2003, 2007).

If resilience is understood as a multidimensional phenomenon that is expressed in relative degrees across multiple domains of psychological functioning, and that expressions of resilience can co-exist with symptoms of even severe psychopathology (Harvey 2007), intervention will most probably be more effective. If this is what resilience is, it is not an all-or-nothing personality trait as Bonanno (2004) stated earlier.

3.2.2.5 Shen's (2009) Cumulative Stress Model

The Cumulative Stress Model (Shen, 2009) emphasises the contextual, holisitic views on which Harvey (2000; 2003; 2007) has based the MMTR-I, but the model acknowledges a very important additional aspect of dealing with trauma and abuse, namely dealing with the cumulative effect of multiple stressors.

Shen (2009) investigated the mounting evidence that children who are exposed to one form of abuse are often exposed to a range of different forms of abuse in their environments. Often substance abuse, interparental violence or physical maltreatment or neglect of children co-occurs in families where sexual abuse has occurred.

The cumulative stress model of child adaptation to stressful life events also suggests that children exposed to more types of aggression and abuse are more adversely affected than children who have experienced one kind of abuse only, owing to the cumulative effect of experiencing two significant sources of stress (Jaffee, Caspi, Moffitt, Polo-Tomás & Taylor, 2007; Shen, 2009). According to the findings of these researchers, survivors who experienced more than one form of violence or abuse report more severe emotional and behavioural problems.

Jaffee, Caspi, Moffitt, Polo-Tomás and Taylor (2007), as well as Shen (2009), have focused their study on cumulative stress in families where there are survivors of child sexual abuse who were abused outside of their direct families. The cumulative stress model is not limited to inter-familial violence or abuse. Any exposure to multiple types of stressful situations and abuse experiences in childhood would affect the resilience of the individual. This also affects the coping strategies that an individual will use when dealing with new stressful events (Leitenberg, Gibson & Novy, 2004).

The cumulative stress model complements the ecological understanding of resilience by acknowledging all the contexts within which child sexual abuse and resilience should be explored.

3.2.2.6 Protective outcomes following abuse

Glicken (2006) conducted a study in which he evaluated the key elements that seem to be associated with higher levels of resilience. These elements are higher intelligence, quality of parenting, connection to competent adults, an internal locus of control, social skills, curiosity, positive self-perceptions, assertiveness and independence. He considers the role of culture and sociological aspects in the development of resilience and one of the factors that seems

pertinent in this research is the role of spirituality and religiosity. In his opinion, knowing how resilient people cope can help to develop more effective methods of treatmentand can also assist in the development of proactive coping strategies in children.

Grossman *et al*. (1999) who also conducted a very comprehensive study on the life stories of ten resilient women who had overcome child sexual abuse, confirm Glicken's findings that spirituality helps individuals to answer meaning-of-life questions; it offers individuals increased feelings of control, improves self-esteem, also provides the source of community and family. Some people have reported that religious involvement mobilises their coping skills and levels of optimism. People who are religious understand their role in the universe and the purpose of life better and develop the courage to endure suffering. They tend to steer away from relying on substances such as drugs and alcohol to help them cope with their stress and trauma. They are also less likely to engage in risky sexual behaviour as easily as people who have no religious affiliation. Individuals who are involved in church activities and attend services regularly report that they experience better physical and mental health, not only because of certain prohibitions, but because of their larger social networks and relying on others for help (Glicken, 2006).

Glicken (2006) states that these elements can possibly be the answer to why some individuals who have experienced childhood trauma, cope so much better than others do. In fact, he believes that most people seem to be inherently resilient because most people seem to manage their traumatic pasts on their own. He also recognises, with Jaffee, Caspi, Moffitt, Polo-Tomás and Taylor (2007) and Shen (2009), that it is not known why or how people are resilient, but that their resilience functions across the life cycle and through the multiple life events of an individual.

Grossman *et al*., (1999) identifies three more factors that could affect resilience in survivors of child sexual abuse. Firstly, they discuss the importance of cognitive emotion regulation strategies, especially appraisals, putting into perspective self-blame versus other-blame (Garnefski *et al*., 2002). Secondly, their study also reveals the powerful roles of connections to others, altruism and meaningful employment in resilient functioning among adult survivors of child sexual abuse (Grossman *et al*., 1999). Lastly, Grossman *et al*. (1999) and Harvey (2007) have suggested that resilient survivors of trauma must have some degree of pre-trauma resilience as a prerequisite for posttraumatic growth.

3.2.3 A conceptual framework for resilience

Using aspects of the transactional model (Spaccerelli & Kim; 1995), the ecological framework (Bronfenbrenner & Ceci, 1994; Harvey, 2007), the cumulative stress model

(Shen, 2009) and the considerations identified in the studies of Glicken (2006) and Grossman *et al*. (1999), resilience is conceptualised in the present study according to these four points:

1) Overcoming stress or adversity will depend on the events that follow the exposure to risk. An accumulation of stressful life events can affect the development of resilience either positively or negatively. [Shen's (2009) Cumulative Stress Model]

2) A lifespan approach is needed to determine resilience, not a snapshot view of the moment of crisis. Resilience cannot be studied outside its contexts. [Harvey's (2007) Ecological Framework] Bronfenbrenner added the chronosystem to his Ecological Systems Theory because of the importance of the relationship between all the life events and the transitions that take place over the course of time (Engler, 2007).

3) Although resilience is influenced by individual strengths, it cannot be reduced to an individual personality trait. There are genetic, physiological, environmental and social factors to consider as well. [Glicken (2006) and Grossman, et. al. (1999)]

4) Resilience is also the choice and employment of mediating mechanisms such as proactive coping (Greenglass, 1999) and cognitive emotion regulation strategies (Garnefski, 2002).

A diagramatic representation of the conceptual framework of the present research follows on the next page in Figure 3.1.

Cognitive Emotion Regulation Questionnaire

MTRR-I Semi-structured Interview

EMOTION REGULATION STRATEGIES (Garnefski, 2002)

+ Acceptance
+ Positive refocusing
+ Refocus on planning
+ Positive reappraisal
+ Putting into perspective
+ Other-blame

-Self-blame
-Rumination
-Catastrophising

HARVEY'S (2003) DOMAINS OF RESILIENCE

- Integration of memory and affect

- Affect tolerance and regulation

- Meaning making

- Authority over memory

- Symptom mastery
- Self-worth
- Self-cohesion
- Safe attachment

BRONFENBRENNER'S PROCESS-PERSON-CONTEXT-TIME (1994)

- The interactions of proximal environment

ELEMENTS OF PROACTIVE COPING

(Greenglass, Schwarzer, Jakubiec, Fiksenbaum & Taubert, 1999)

- Life course is not affected by external factors, but by the self;
- individual is responsible to make things happen;
- they know that life is full of abundant resources and they can accumulate and mobilise them ;
- strives for improvement;
- the autonomous and self-determined goal-setting and realisation of goals; and
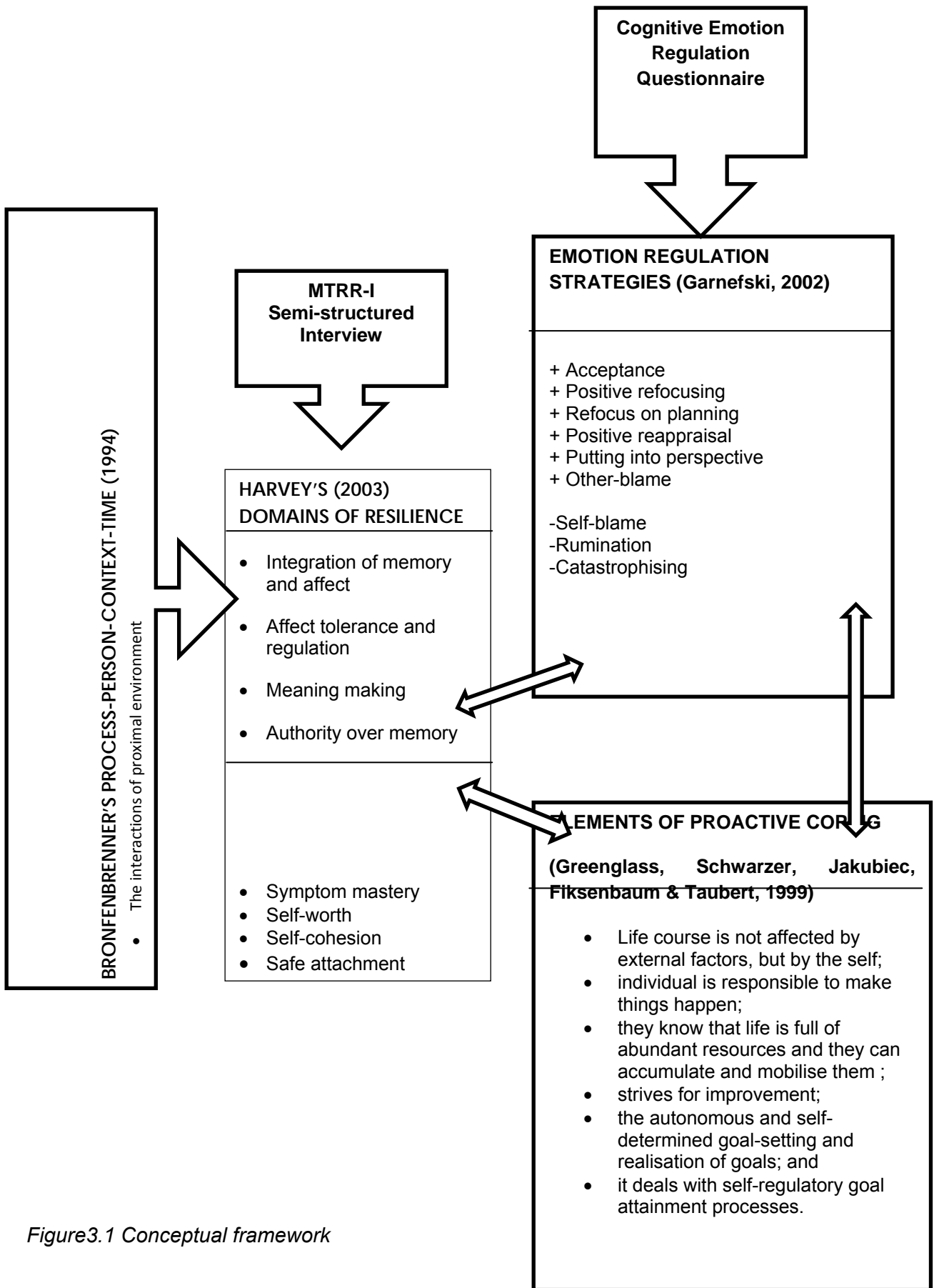- it deals with self-regulatory goal attainment processes.

Figure3.1 Conceptual framework

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3.2.4 The importance of resilience research

Harvey (2007) recognises that most survivors of childhood trauma, and this includes child sexual abuse, may never turn to psychotherapy or any other specialised form of care, thus the focus of Harvey's (2007) ecological framework is therefore on designing interventions that promote wellness and increase resilience among survivors of childhood trauma and their communities. Positive pyschology provides a framework for understanding what potential important areas for resilience research might arise because the basic premise is the study of ordinary human strengths and virtues (Sheldon & King, 2001).

"Psychology should be able to help document what kind of families result in children who flourish, what work settings support the greatest satisfaction among workers, what policies result in the strongest civic engagement, and how our lives can be most worth living" (Seligman & Csikszentmihalyi, 2000). Positive psychologists acknowledge that there is no explanation for the fact that most people, despite their difficult circumstances and experiences, manage to live lives of dignity and purpose. In the process of conceding that people endure harsh, traumatic experiences and the post-World War 2 focus on healing, psychology is increasingly aiming to facilitate building positive qualities and move away from the preoccupation with repairing the worst things in life (Seligman & Csikszentmihalyi, 2000).

Not only do Spacarelli (1995) and Harvey (2003, 2007) approach resilience from the positive psychology perspective, they also identify that the reasons why resilience research is important for survivors of child sexual abuse are firstly, that it encourages investigators to think about potential protective factors rather than risk factors. Secondly, the focus on resiliency research should provide a fresh perspective on the question of what processes should be targeted for change in efforts to develop more effective treatment and preventive interventions for young persons exposed to child sexual abuse. In the third place, looking at victims who have managed to avoid serious psychopathology may produce findings that give hope to other victims and promote optimism among those who work with victims and their families.   Lastly, research needs to be done on recognising the resilient capacities of an individual and then mobilising these capacities so that the individual can eventually know how to strengthen them to be an even more resilient survivor of child sexual abuse.

The present study proposes to explore the possible role of two specific resilient capacities: proactive coping and cognitive emotion regulation strategies. The resilience research literature is replete with references to various coping skills and cognitive emotion regulation strategies. The first four resiliency domains of the MTRR-I (Harvey, 2007) address the

relevance of cognitive emotion regulation strategies in resilience. Greenglass's (1999) research suggests that positive emotion-focused coping strategies are beneficial ways of coping with traumatic events. Greenglass's (1999) definition of proactive coping overlaps with Harvey's (2007) definition of resilience. Both are multidimensional processes that take place over time and occur simultaneously on cognitive and behavioural levels (Greenglass, 1999).

As these constructs seem to be interwoven in the literature discussions, the present study will attempt to determine the relationship between the cognitive emotion regulation strategies and proactive coping and the way in which these affect resilience in survivors of child sexual abuse.

3.3 PROACTIVE COPING

3.3.1   Stress and coping research

"There is no magic pill for healing the experience of child sexual abuse; rather, it requires a cocktail of strategies" (Phanichrat & Townshend, 2010). When Lazarus (1993), coping research pioneer, says that the link between different forms of psychopathology and specific defences is "too neat to be generally applicable" and that it is "more a conceptual ideal rather than a clinical reality", he is indirectly supporting the ecological framework (Harvey, 2007) that acknowledges that coping is also something to be explored within a context.

Lazarus (1966) started constructing the cognitive-transactional theory of stress, which emphasises the continuous and reciprocal nature of the interaction between the person and the environment. Lazarus (1991) expanded his views to a meta-theoretical concept of emotion and coping processes. Now definitions of stress include the consideration that there is a particular relationship between the individual and the environment that is appraised by the person. Also included in the definitions of stress is how taxing the event appears to be and whether individuals feel they have the personal resources or mediating processes to deal with the stressor (Hobfoll, Schwarzer & Chon, 1998) .

Defining coping can depend on how stress has been defined and traditionally, research on coping has distinguished between problem-focused and emotional-focused coping. Problem-focused coping is seen as consisting of efforts aimed at altering the person-environment transaction or altering or managing the source of stress, and emotion-focused coping is aimed at regulating emotional responses elicited by the situation (Folkman & Lazarus, 1988). According to Lazarus and Folkman (1984 in Phanichrat & Townshend, 2010), coping is an

on-going cognitive and behavioural effort to manage demands that overwhelm the resources of the person. When a distressed person appraises that problems are non-threatening, he or she is likely to use problem-focused coping, while emotion-focused coping is more likely to be employed when a person perceives that nothing can be done to modify the stressful event.

Health psychologists define stress as a process where the person and the environment interact mutually in response to a stressor (Schwarzer & Taubert, 2002). They also include mediating and moderating factors such as coping and support in their definition of stress. There are many different approaches to stress research. Some researchers focus on the physiological response-based perspective, others prefer the stimulus-based perspective (Hobfoll, Schwarzer & Chon, 1998). In the current research, the relationship between the various stressors and their outcomes is considered because responses will differ according to the perception and experience of the stimulus(Schwarzer & Taubert, 2002).

Although researchers studied stressful events in the past by ascribing severity scores to the different events (Dohrenwend & Dohrenwend, 1974 in Schwarzer & Taubert, 2002), researchers now acknowledge that there needs to be more focus on the different ways in which individuals may perceive the same event. Isolating an event cannot accurately portray the effect it could have on an individual.

3.3.2 Conceptualising proactive coping

3.3.2.1 Overview

Proactive coping does not take place spontaneously as reactive coping does. It is a process of coping that needs conscious employment and careful, deliberate planning. People who cope proactively strive for increasing resources, trying to maximise gains and then build up resistance factors to protect against future crises (Schwarzer & Taubert, 2002). For the survivors of child sexual abuse the future crises will not be the abuse but how they deal with the lasting effects of the abuse in a more effective way. Proactive coping differs from other forms of coping in that it incorporates and utilises all resources; it focuses on visions of success and uses positive emotional strategies (Greenglass*et al*., 1999, p.5).

Timing is also essential in proactive coping. *When* an individual copes with a stressful event often determines how that individual will cope. Researchers distinguish five different types of coping within specific temporal contexts. *Preventive coping* occurs long before a stressful event even occurs and*anticipatory coping* when the event is expected to take place soon;

dynamic coping is employed while the stressful situation is taking place; *reactive coping*, straight after the event has happened and lastly, *residual coping* long afterwards when the long-term effects have to be contended with (Beehr & McGrath, 1996; Phanichrat & Townshend, 2010; Schwarzer & Knoll, 2003).

Preventive and anticipatory coping are risk management; reactive coping can be seen as damage control and proactive coping involves dealing with upcoming challenges that are seen as self-promoting, not threatening or harmful (Schwarzer, 1999). Preventive and proactive coping are very similar in that both require skill development, resource accumulation and long-term planning. The difference is whether the individual is motivated by threat appraisal or challenge appraisal. Proactive coping is not preceded by negative appraisals such as harm, loss or threat.

The essential principles of proactive coping as conceptualised by Greenglass *et al*., (1999) and Aspinwall and Taylor, (1997), are that (1) proactive people realise that life is full of abundant resources, take the necessary steps to prevent their depletion and are also capable of utilising the resources they do have when needed; and (2) proactive individuals realise that their life course is determined by themselves and not by external factors and are willing to take responsibility for what happens (Greenglass *et al*., 1999, p. 5).

3.3.2.2 Utilising and accumulating resources

Hobfoll *et al*. (1998) support Lazarus's (1991) views but feel that more emphasis should be placed on the resources needed to cope with stressors. Accumulating and preserving resources is essential to be prepared for any anticipated or unanticipated challenge. Resources include social bonds, skills, competencies, commitments, time, beliefs, finances, organisational skills, health and psychological well-being (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002). Hobfoll *et al*., (1998) claim that the change of resources, either the threat of losing them, actually losing them or failing to regain them, can be more stressful than lacking those resources in the first place. It seems that there is evidence to support that this can amplify coping difficulties a great deal. If individuals, on the other hand, build up more resources and use adaptive mediating processes, they have moved toward a more proactive type of coping (Schwarzer & Taubert, 2002).

Proactive coping means being prepared at any time for a challenge by accumulating and preventing the depletion of available resources; in fact, someone who copes proactively prepares for challenges even if there are none.   Having interpersonal strength and relational skills, as well as a strong social network that provides social support, are important

resources that can assist in appraising situations more effectively, providing tangible aid and emotional support. Interpersonal strength and relational skills are conceptualised as positive coping strengths, which can be developed (Greenglass*et al.,* 1999) and help recognise potential stressors (Aspinwall & Taylor, 1997).

Once the potential stressor has been recognised, the initial appraisal of a potential stressor determines the direction of the rest of the proactive coping process. This first appraisal takes place as soon as the potential stressor has been detected. It involves firstly outlining how the problem will be defined and, secondly, how arousal will be regulated. The stronger and the more recently primed the cues are, and the more representative the scenario is of the individual's past experiences, the more it will affect the initial appraisal. For an initial appraisal to mean anything in the proactive coping process, the potentially stressful event should be run forward in time to project what its likely progression could be (Aspinwall & Taylor, 1997). How a situation is appraised could also depend on personality; thus an optimistic individual might appraise a situation as less threatening than a pessimist would do (Jerusalem, 1993). A generally anxious person could appraise situations as more threatening than someone who is not anxious.

Aspinwall and Taylor (1997) acknowledge that the elicitation and use of feedback is the final step in the proactive coping process. It centres on the acquisition and use of feedback about the development of the stressful event itself, the effects one's preliminary efforts have had so far on the stressful event, and whether the event requires additional coping efforts. This feedback can help to revise the appraisals made and the strategies adopted. Not all crises are easily diverted or dealt with proactively. There is always the possibility of the deterioration of the situation or that the initial appraisal and the preliminary coping efforts actually exacerbate the problem. It is a crucial stage of the proactive coping process to ensure that the process of management continues and the resources are being preserved.

3.3.2.3 *Taking responsibility for the future by fulfilling personal goals*

According to Schwarzer's Proactive Coping Theory (1999, cited in Greenglass*et al.*, 1999), proactive individuals realise that they are responsible for their own lives, that their life course is determined by themselves and not by external factors and that they are responsible to make things happen in their lives. In so doing, proactive individuals strive for improvement in their lives and environment instead of just reacting to a past or anticipated danger. Proactive coping is the autonomous and self-determined goal-setting and realisation of goals; it deals with self-regulatory goal attainment processes and explains what motivates people to strive for ambitious goals and to commit themselves to personal quality management (Schwarzer,

1999a). It also depends on the degree to which individuals think about and plan for their futures. How information about the anticipated outcomes of the stressor is used in judging current outcomes also determines whether an individual can cope proactively (Aspinwall & Taylor, 1997).

If an individual is proactively creating better living conditions and higher performance levels are experienced, this will add meaning and purpose to life. According to a group of researchers identified by Schwarzer and Taubert (2002), meaning can be subdivided into 'sense-making' and 'benefit-finding'. Sense-making finds a reason for what happened and a possible way of integrating it into the existing systems in place. Benefit-finding tries to find positive effects of a negative event. A survivor of child sexual abuse who is coping proactively could, for example, make sense of the abuse by realising that the reason for the abuse was that the perpetrator was abused as a child. She could try to find a positive effect of the abuse, even if it is the fact that she has a heightened awareness of abuse and will be more observant with her own children. This is also closely linked to the cognitive emotion regulation strategy of positive reappraisal defined by Garnefski *et al*., (2002) and discussed further on in this chapter.

Preliminary coping efforts depend directly on what the initial appraisal is. When a situation seems agreeable to change, this will most likely lead to a problem-solving appraisal that will translate into action. When individuals believe they are capable of successfully averting stress and they feel in control of the situation, it will lead to action (Aspinwall & Taylor, 1997). Hobfoll (1989), who focuses on resources more than on appraisals with regard to coping, says that people tend only to invest time, effort and other resources to solve a problem or avert a stressful situation when the problem is a reality. Many survivors of child sexual abuse deal with the reality of what happened in their childhood, but the abuse is no longer the problem, the memories are.

3.3.2.4 Factors that threaten proactive coping

Aspinwall and Taylor (1997) state that chronic stress in the environment can prevent the development or use of proactive coping strategies and that high-stress environments aggravate cognitive load, reduce perceptions of personal control and reduce the opportunity or likelihood to engage in proactive coping. Individuals who live in environments where there is constant financial difficulty, domestic discord, substance abuse, crime, overcrowding and noise, will probably favour reactive coping skills. This may explain why some survivors of child sexual abuse or other childhood traumas and abuse deal with stress in maladaptive ways.

In order to be able to recognise threatening information in the environment, an individual needs to be vigilant, be sensitised to such stressors and be able to monitor the level of seriousness and action required. Researchers referred to in Aspinwall and Taylor's (1997) study mention that there is the danger of hyper-vigilance, which leads individuals to focus on imagined problems and potential threats to such an extent that they are unable to manage any of them. Because these individuals are constantly on guard against threats, they start to pay the price of emotional exhaustion and burnout.

3.3.3   Proactive survivors of child sexual abuse

If there were to be a default approach to coping for survivors of child sexual abuse, it is likely to be negative coping strategies because of the overwhelming negative emotions such as anger, fear, rage, helplessness, guilt, shame and humiliation (Negrao II, Bonanno, Noll, Putnam & Trickett, 2005).   Many survivors experience symptoms of PTSD and dissociation (Johnson, Pike & Chard, 2001; Putnam, 2003). For many survivors of child sexual abuse, coping appears to mediate the negative effects of the abuse experience on later *functioning* (Merrill, Thomsen, Sinclair, Gold & Milner, 2001; Sigmon, Greene, Rohan & Nichols, 1996; Steel, Sanna, Hammond, Whipple & Cross, 2004). The studies referred to by Phanichrat and Townshend (2010) found that a high incidence of self-mutilation, as an example of a negative effect, has been reported in female survivors of child sexual abuse. The use of this method of coping is seen as an attempt at diverting painful emotions and a way of reclaiming control over the body. It also allows the individual to feel the shame and worthlessness they have always lived with (Gladstone, Parker, Mitchell, Malhi, Wilhelm & Austin, 2004).

Of course, not all survivors of child sexual abuse employ positive, proactive problem-focused methods of coping. In fact no individual survivor uses one method of coping all the time and they can oscillate between different kinds of coping.Gipple, Lee and Puig (2006) found that the more severe the abuse was, the more likely the survivor was to employ avoidant coping strategies. Child sexual abuse is the most traumatic and also clandestine form of abuse and therefore avoidant coping is often the most practical form of coping and is often also adaptive if it is short-term coping (Sigmon *et al*., 1996). The problem is that individuals start using avoidant coping strategies in other stressful situations too (Steel, Sanna, Hammond, Whipple & Cross, 2004).

On the other side of avoidance coping, research has shown that behavioural changes, cognitive reframing, support-seeking and self-acceptance are associated with a decrease in

negative outcomes (Merrill *et al*., 2001) and if there is evidence of spiritual coping in the form of spiritual support, forgiveness and self-worth, all were related to lower levels of distress (Gall, 2006). A healthy process of coping with sexual abuse involves seeking support, cognitive engagement, optimistic thinking, self-acceptance and meaning-seeking strategies (Phanichraft & Townshend, 2010);much of which falls into the framework of cognitive emotion regulation strategies and resilience.

Proactive coping is an effort to build up general resources that facilitate promotion toward challenging goals and personal growth (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002). Individuals who cope proactively have a vision. They can see that there are risks, demands and opportunities in the future, but they don't appraise them as threats or harm, but as challenges. The proactive individual will take responsibility for her own personal growth, realising that the direction of life is determined by the choices made and by being driven by values and not by the prescriptions of the social environment (Aspinwall & Taylor, 1997; Greenglass et al., 1999; Schwarzer, 2000; Schwarzer & Taubert, 1999; Schwarzer & Taubert, 2002).

Forming a realistic, balanced view of who or what is to blame for the negative events is a typically proactive way of coping. Such an individual realises that whatever was responsible for what happened in the past is not responsible for making things happen in the future. The focus is always the solution to and not the cause of the problem. Phanichrat and Townshend (2010) conducted research in which they considered the different coping mechanisms of survivors of child sexual abuse. Their findings are consistent with the studies most often quoted here, that coping strategies mediate later adaptive functioning. Whereas avoidant coping skills predict poor outcomes, proactive, problem-focused coping facilitates favourable outcomes.

Another of these forms of coping is cognitive engagement. The participants in Phanichrat and Townshend's (2010) study felt that through therapy they managed to transform the way they perceived the world and themselves by reframing their negative thoughts and placing the blame for the abuse elsewhere. Another cognitive coping skill is acceptance. Survivors realise that the abuse will never go away and that it will always be a part of who they are. Acceptance is realising that it is always going to be in the background, but that it does not have to have complete control over the individual. It does seem that when a survivor of child sexual abuse does employ proactive coping strategies, it is due to that conscious decision that they are responsible for the direction their lives should take.

If positive cognitive appraisals and coping strategies are used, they could buffer the impact of the abuse-related stress in a positive way. Finkelhor's (Finkelhor & Browne, 1985) four traumagenic dynamics model states that when a child is experiencing child sexual abuse, her normal development is distorted and this affects the coping strategies that are developed and the way these individuals will view the world. The studies done have indicated that there are various forms of coping that survivors of child sexual abuse employ but one of the most frequently used is avoidant coping (Sigmon, Greene, Rohan, & Nichols; 1996).

Research has shown that behavioural changes, cognitive reframing, support-seeking and self-acceptance are associated with a decrease in negative outcomes (Merrill et al., 2001) and if there is evidence of spiritual coping in the form of spiritual support, forgiveness and self-worth, all were related to lower levels of distress (Gall, 2006). A healthy process of coping with sexual abuse involves seeking support, cognitive engagement, optimistic thinking, self-acceptance and seeking meaning strategies (Phanichraft & Townshend, 2010).A religion is an organisation that practises certain rituals and ceremonies and offers members support and allows them a sense of belonging (Glicken, 2006). Grossman, Cook, Kepkep and Koenen (1999) and Glicken (2006) acknowledge the role of spirituality in resilience because it helps individuals to answer meaning-of-life questions; it offers individuals increased feelings of control and improves self-esteem.Spirituality is a transcendence of the self; practising faith or belief in something greater than oneself (Delgado, 2005).

Banyard and William (2007) observed that full recovery from child sexual abuse was unlikely, or that recovery involved an on-going process and/or change toward more positive and resilient functioning that can be achieved through social role satisfaction and shared connections with others in the community. Recovery seems to involve external input and internal locus of control linked to positive constructs, such as hope, optimism, and resilience. They also found, while researching survivors of child sexual abuse, that high resilience is positively related to adaptive coping with stress.

In this discussion of proactive coping, there is frequent mention of cognitive emotion regulation strategies. Cognitively, proactive coping involves reflection, including envisioning success, anticipating future problems, planning how to deal with them and taking preventive steps in order to avoid disaster (Greenglass*et al.,* 1999).

3.4 COGNITIVE EMOTION REGULATION STRATEGIES

3.4.1 Gross's (2007) process model of emotion regulation

"Coping and emotion regulation overlap, but coping includes nonemotional actions to achieve nonemotional goals" whereas emotion regulation refers to emotional 'actions' to manage emotions that arise at any point in the emotion generative process (Gross, John & Richards, 2006).The discussion about emotion regulation in the present study uses Gross's (1998b, 1999) views of emotion regulation strategies as a basic framework. To understand specific emotion regulation strategiesbetter, Gross (1998a, 1998b, 2007) proposed a process model of emotion regulation that explains the many forms of emotion regulation encountered daily.According to this model (Gross, 2002), emotion may be regulated at five points in the emotion generative process: (1) selection of the situation; (2) modification of the situation; (3) deployment of attention; (4) change of cognitions; and (5) modulation of experiential, behavioural, or physiological responses, the first four being antecedent-focused and the fifth, response-focused.

To assist the explanation of this process model theory of emotion regulation, Gross (2007) uses a diagram (Figure 3.2) that emphasises the five families of emotion regulation strategies.
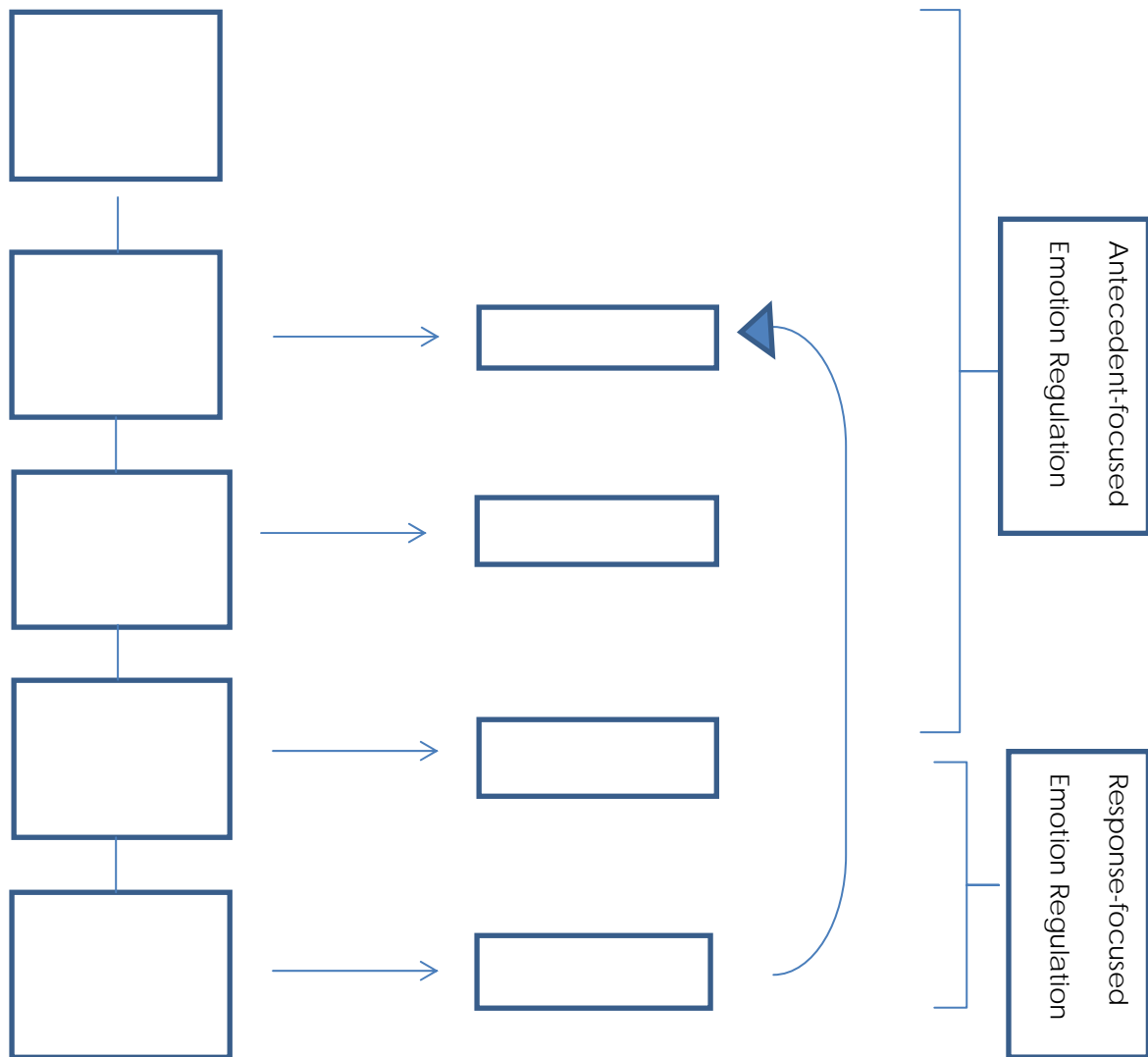
*Figure 3.2*A process model of emotional regulation adapted from Gross (2007)

3.4.1.1 Selection and modification of the situation

Gross (2002) ascertains that the first point in the emotion generative process is situation selection,which involves taking action that makes it more/less likely that one will end up in a situation one anticipates will bring about pleasant/unpleasant emotions. This step in the emotion regulation process normally takes place when activities are being planned. When situations are perceived to potentially evoke unpleasant emotions, they are not selected and therefore the emotions are avoided on purpose. If an individual does find herself in a situation that will evoke unpleasant emotions, it is possible that she could consciously modify the situation and therefore alter its emotional impact. Situation selection would imply

avoiding or approaching certain people, places or activities in order to regulate emotion (Gross, John & Richard, 2006).

Once a situation has been selected, situation modification acts on it in order to modify its emotional impact, creating different situations (Gross, *et al.*, 2006). Gross (2007) states that often situation selection and modification can be difficult to distinguish because a modified situation may create a new situation. He also states that situations can be external or internal, and although situation modification refers to the modification of the external, physical environment, modifying the internal environment is a cognitive emotion regulation strategy.

3.4.1.2 Attentional deployment

According to Gross (2007), attentional deployment is a strategy that enables individuals to focus their attention within a certain situation in order to influence their emotions without changing the physical environment; in other words, individuals get the opportunity to select the aspects on which they are going to focus their attention (Gross, *et al.*, 2006). The two most commonly employed attentional strategies are distraction and concentration. Distraction focuses the attention on different aspects of a situation or moves the attention away from the given situation all together like in positive refocusing. Concentration focuses the attention of the individual on the emotional aspects of a situation. The individual purposefully starts a specific emotion and acts it out. It could be compared to "method acting" in theatre (Gross, 1998b) where one makes a decision to act out a specific emotion whether it is felt or not. Conversely, attention is not always focused on positive emotions. Choosing to focus on the negative emotions repeatedly (rumination) will prevent the individual from experiencing negative emotions very intensely. It may be easier for the individual to deal with a constant, yet lower grade of negative emotion than with the fluctuating between positive and negative emotions (Borkovec, Roemer and Kinyon, 1995 in Gross, 2007).

3.4.1.3 Cognitive change

Cognitive change is the process of changing the way one perceives the situation so that the emotional impact is lessened(Gross,1998a, 1998b, 2007). It means changing the way the situation is appraised and thus altering its emotional significance. Once one is focused on a particular aspect of the situation, cognitive change constructs one of many possible meanings that can be attached to that aspect and change the emotional impact. The cognitive emotion regulation strategies to be discussed fall into this category.

Grandey (2000) conducted research on emotion regulation in the workplace and focused on the effect of certain appraisals. This cognitive emotion regulation strategy is 'deep acting' "in that the internal processes (thoughts and feelings) are modified with the goal to make the expression more genuine" (Grandey, 2000). Where attentional deployment focuses on altering personal thoughts, cognitive change concentrates on altering the appraisal of the external situation.

3.4.1.4 Response-focused emotion regulation

The second intervention point in the process model (Gross 1998b) is response-focused emotion regulation. In this process of emotion regulation, an individual manipulates her emotional expression instead of adjusting the situation or the perception of the situation. In effect, the emotion displayed is not indicative of the emotion experienced. Often a completely fake expression is displayed. However, the experienced internal emotion is not altered or regulated. Where cognitive change is 'deep acting', response modulation is 'surface acting' (Grandey, 2000).

3.4.2 Gross's theory of cognitive change

Cognitive change might be used either to generate an emotional response when none occurs or to regulate an already triggered response (Oschner & Gross, 2005). Reappraisal and suppression are the two types of cognitive emotion regulation most often referred to in research on cognitive emotion regulation and coping strategies (Gross & Thompson, 2006).

3.4.2.1 Reappraisals

Reappraisal involves reinterpreting the meaning of a stimulus and how one thinks about the situation to change one's emotional responses and to alter the emotional impact (Gross, 1998; Gross & Thompson, 2006). Reappraisals are brought to mind early on in the emotion generative process. This strategy does not normally require continual self-regulatory effort during the emotional event. Unlike suppression, it is a strategy that leaves the memory intact (Gross, 2002). Gross (2002) also adds that reappraisals increase positive emotional experiences and expression.

Spaccarelli (1995) and Katerndahl, Burge and Kellogg (2005) did extensive research on the resilience and coping strategies of survivors of child sexual abuse and found that one of the strongest predictors of resilience was the quality of the relationship with the warm, non-offending parent or significant adults. It is the interaction with this supportive parent or significant other that leads to positive cognitive appraisal of the sexual abuse (Spaccarelli,

1995). If, however, the non-offending parent insists on silence (suppression), the child often experiences this parent as partly responsible for the abuse.

3.4.2.2 Suppression

Suppression is an emotionally exhausting form of emotion regulation. It requires constant self-monitoring and self-corrective action throughout the emotional event. Because this monitoring requires a continual outlay of cognitive resources that will in turn reduce the available resources needed to process events (Gross, 2002), suppression has been found by Gross (2002) to decrease positive emotion experiences, but it is important to realise that suppression is not always an ineffective way of dealing with emotion. The problem arises when it becomes the preferred way of dealing with emotion because that can compromise an individual's ability to deal with situations that evoke emotion. Phanichrat and Townshend (2010) conclude that survivors of child sexual abuse who use avoidant coping skills do not forecast proactive coping.

Garnefski *et al*., (2001) conceptualised cognitive emotion regulation into nine specific cognitive emotion regulation strategies that are also consistent with Gross's theory of cognitive change.

3.4.3 Garnefski's nine cognitive emotion regulation strategies

3.4.3.1 Introduction

One of the main focus points of the present study is cognitive emotion regulation and the strategies that survivors of child sexual abuse have developed and employ most frequently. This is why the strategies of Garnefski*et al*. (2002) have been used because they base their discussions of emotion regulation on Gross's (1998b, 1999) broad views and conceptualisations of cognitive emotion regulation. However, Garnefski *et al*. (2002) felt it was necessary to narrow down these broad views and focus on certain constructs of cognitive emotion regulation. The nine different cognitive coping strategies all refer to ways of thinking about things and do not denote behaviour. Thoughts do not always lead to action, but the thoughts do evoke certain emotions that have to be regulated.

These nine cognitive coping strategies have been categorised into constructive and destructive cognitive emotion regulation strategies (Garnefski*et al*., 2002).

3.4.3.2 The nine cognitive emotion regulation strategies

These strategies can be considered as habitual ways in which individuals deal with emotions and it is important to see which cognitive emotion regulation strategies the survivors use predominantly in most situations that evoke emotion. Although there has been much debate on the classification of the different strategies and Garnefski *et al*. (2002) recognise that some strategies have been more frequently referred to as 'adaptive' and 'less adaptive', there should not be any focus on a single cognitive emotion regulation strategy, but on all cognitive strategies at the same time for them to have meaning. Below, the strategies have been separated to facilitate the later discussion of the research data and not to make any causal inferences and it is acknowledged that "no conclusions can be drawn about directions of influence" (p. 417) about the strategies. The following strategies have been referred to by the above researchers as more adaptive strategies of dealing with emotion:

- *Acceptance* refers to thoughts of resigning oneself to what has taken place.

- *Positive refocusing* redirects the thoughts to other, more pleasant matters instead of being preoccupied with the negative event.

- *Refocus on planning* involves thinking about what steps need to be taken in order to deal with the event. This is also a proactive coping strategy.

- *Positive reappraisal* refers to the process of attaching a positive meaning to the event in terms of personal growth.

- *Putting into perspective* entails thoughts that downplay the seriousness of the event when compared to other events that the individual has experienced or has been aware of in others.

- *Other-blame* refers to thoughts of blaming others for what has been experienced.

With the above discussion regarding the categorising of the cognitive emotion regulation strategies in mind, Garnefski *et al*. (2002, p. 416) cite research that has shown clearly that rumination is related to psychopathology and that individuals who reported higher use of catastrophising and self-blame reported lower use of the more adaptive strategies above.

- *Self-blame* occurs when an individual's thoughts centre on blaming herself for what she has experienced.

- *Rumination* alludes to thinking constantly about the feelings and thoughts associated with the negative event.
- *Catastrophising* involves thoughts that explicitly emphasise the terror of the experience.

Cognitive emotional regulation strategies develop parallel with personality and temperament and there is also reason to believe that these emotion regulation processes continue to develop and change throughout adulthood (Gross, 2006)."Understanding how these developmental processes emerge and are integrated in the growth of emotion regulation skills is a conceptual challenge, and developmental research on emotion regulation faces unique difficulties in empirically operationalising these processes" (Cole, Martin & Dennis, 2004, in Gross, 2006, p.30).

The present study aims to discuss these cognitive emotion regulation strategies and how they affect and are affected by the level of resilience and the presence of proactive coping skills without negating the influence of other life circumstances and methods of coping developed by each individual.

3.5   CONCLUSION

When the constructs of resilience, proactive coping and cognitive emotion regulation strategies are examined, defined and conceptualised at the hand of the existing research literature, it becomes clear how interwoven they are. By integrating the data gathered from the MRTT-I, the Proactive Coping Inventory and the CERQ, it will be possible to explore how these constructs influence each other and what the role is of cognitive emotion regulation strategies and proactive coping on resilience in survivors of child sexual abuse.

The research methodology in the next chapter outlines how the constructs outlined in the above conceptualisation will gather the data necessary to explore these propositions. The MTRR-I designed by Harvey *et al*. (2000) is a suitable instrument for the gathering of data about resilience of survivors of child sexual abuse. This semi-structured interview elicits information concerning a trauma survivor's psychological functioning (Diagneault, Cyr, Tourigny, 2007) and gathers qualitative data, not only of the various contexts of her life, but also of the eight recovery domains (Harvey 1996; Radan, 2007), including affect regulation and positive coping, which are constructs in the present study.