

CHAPTER SIX: DATA ANALYSIS

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6.1 DATA ANALYSIS PROCESS

The data presented in this chapter were gathered according to the strategies and methods presented in Chapter 4. The analysis of these data explores how cognitive emotion regulation and proactive coping affect resilience in adult survivors of child sexual abuse. The main source of data was generated by the semi-structured MTRR-Is which were thematically coded (see Appendix A) according to the a-priori codes generated, firstly, by using the eight domains of the MTRR-I (Harvey *et al.*, 2003); secondly, the nine cognitive emotion regulation strategies as discussed in Garnefski *et al.* (2002); and lastly, the tenets of proactive coping as set out by Greenglass *et al.* (1999).

6.1.1 The thematic analysis

Braun and Clarke (2006) emphasise that one of the advantages of thematic analysis is its flexibility but it must be clearly explained and demarcated because if it is not clear how people went about analysing their data, or what assumptions informed their analysis, it would be difficult to understand the research. The following steps were following in doing the thematic analysis (Braun & Clarke, 2006) and copies of the thematic analysis spreadsheets can be found in Appendix A:

1. Because the interviews were recorded digitally (Appendix G, disc), they were transcribed verbatim (Appendix I, disc); during this time I became familiar with the data and started noting down ideas.
2. I generated the initial *a-priori* codes from the eight domains of the MTRR-I and started coding all the interviews according to these codes, as well as codes generated from the CERQ and the PCI.
3. With the use of the Atlas.ti program, the codes were grouped into themes. There were approximately 50 codes that were grouped into 23 themes. These totals were carried over to Excel spreadsheets and colour-coded.
4. The themes were reviewed a few times because the entire set was coded three times so that the data were processed with single focus for resilience, cognitive emotion regulation and proactive coping.
5. The themes were named and defined and refined throughout the process and during the coding process the patterns already started to emerge.

6. The most compelling extracts from the interviews that illustrated the codes and related to the literature and research questions were selected and discussed in the analysis.

In the discussion of the results of the CERQ (Garnefski *et al.*, 2002) and the PCI (Greenglass *et al.*, 1999) the scores of the instruments are discussed first and then strengthened by the interview data in order to explore the data more holistically.

It is necessary at this point to reiterate the fact that participants who took part in this research considered themselves to be resilient in order to be included in the sample. In previous chapters it was discussed at length that resilience is not an absolute concept and can manifest in many different ways. The discussion, however, is based on the data gathered from the three instruments mentioned above.

6.2 RESILIENCE (MTRR-I)

6.2.1 Background: Process-Person-Context-Time model

Because the MTRR-I (Harvey, 2007) is derived from the ecological perspective of community which resembles Bronfenbrenners' PPCT model (Bronfenbrenner & Ceci, 1994), a discussion of resilience is necessary in the context of the data. Williams (2007, p. 2) says that she found in her research that a contextual model of resiliency for sexually abused adolescents should include the integration of individual, relational and environmental factors of resilience as represented in the PPCT model. Williams (2007) states that "an ideal contextual model of resiliency for sexually abused adolescents would include the integration of individual and relational resilience factors" (Garnezy, Masten & Tellegen, 1984; Walsh, 1996; Wright & Masten, 2005).

As some of the themes in the thematic analysis in this study are not mutually exclusive, the data could not be used as frequency scores throughout. However, the following tables (Tables 6.1, 6.2, 6.3) present the participants' status regarding the characteristics below, helping to shape the background against which I will then discuss the domains of the MTRR-I. The answers to the questions, although not directly obtained through a formal instrument, could be very clearly deduced from the interviews. If the answer to the question seemed uncertain or vague, it was indicated with a (?).

Table 6.1
The interaction of the proximal environment (process)

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Did she have a good relationship with her mother?	√				√	√		
Did she have a positive relationship with her siblings?	√		√*			√		?
Did she experience family cohesion?	√	√	√		√	√	√	
Was there open communication in her family except for talking about the abuse?	√				√			
Did she have strong connections to a caring adult mentor?	√		√		√	√		
Did she report a high level of engagement at school?	√		√	√		√		
TOTAL	6	1	4	1	4	5	1	0

*Christie was sexually abused by one of her brothers, but had a very close relationship with the other

Looking at the totals in Table 6.1, Colleen, Caron, Lindi and Shelly have much lower totals for the aspects of proximal processes and Bianca, Christie, Jenny and Jolene's totals seem to be much higher in this regard, which is expounded in the next chapter. The tendencies that emerged from Table 6.1 are plotted in Figure 6.1 below. As the data unfold it will become easier to determine other patterns that emerge to create a profile of each participant, as all four of the PPCT have to be considered together. From an educational psychological perspective, it is important to mention that none of the participants reported ever disclosing their child sexual abuse to a teacher or finding any support or help from school. Bianca and Christie even mentioned working very hard so that nobody at school would suspect anything. None of them mentioned having a mentor at a school in whom they confided. Colleen was removed from her home twice by the Social Services and placed in a children's home and in a foster home, yet she never made mention of the role the school played in her life. Jolene was also being physically abused and she would have visible bruises and often had such bad bladder infection that the school would send her home.

McLaughlin and Clarke (2010) did a study in Britain on the impact that schools have on the development of mental health and both the British Department of Education and Skills, and the Department of Health place the duty of well-being of children on schools and place on them the responsibility for taking care of young people's mental health. Many researchers have explored how children perceive the support they get from teachers (McLaughlin & Clarke, 2010), and have shown that positive support from teachers is related to depression and self-esteem and has also been recorded to reduce the participation in six adolescent health-risk behaviours.

Although the biological and genetic make-up of an individual, as also indicated in the concept of demand characteristics in Bronfenbrenner's model (see par. 3.2.2.3) (Bronfenbrenner & Ceci; 1994), is always relevant, so are the personal characteristics that the person brings to the social situation. As race, gender and physical appearance did not play a role in terms of the selection of participants (although it could have played a role in terms of whether participants were likely to volunteer for the research or not), the focus will move away from the demand characteristics and rather consider the resource and force characteristics (Bronfenbrenner & Morris, 1998). The resource characteristics are discussed in depth in the discussion about the role of proactive coping in the next section. Force characteristics are not explored formally in this study, as they include many complex variables such as temperament, motivation, persistence, etc. (Bronfenbrenner & Morris, 1998). Their role is in no way downplayed, but will need to be considered in a separate study.

Table 6.2 *The characteristics of the individual (person)*

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Was she an achiever at school?	√		√	√				
Does she feel that she currently has an internal locus of control?	√		√	√				√
Is she optimistic about the future?	√		√	√	√	√	√	√
Does she have the ability to recruit social support (resources)?	√	√	√	√	√	√	√	
Does faith play an important part in her life?	√	√	√	√	√	√		√
Does she consider life to be meaningful?	√	√*	√	√	√		√	√
Does she have healthy self-esteem	√		√	√				
TOTAL	6	3	6	6	4	3	3	4
How old was she when the abuse started?	5	5	6	5	5	3	5	9
Number of years abuse lasted**	±1	±3 [∞]	1	8	16	14	5	2

*Caron said that she felt life had very little meaning until she adopted her daughter, which has changed everything. Before having the child she would have felt different.

[∞] Caron was abused by two different perpetrators at two different stages of development, in total it lasted about three years.

In Table 6.2 above, a few individual characteristics of each of the participants are recorded as obtained from the interview data, and then the totals are plotted on the graph in Figure 6.1. For the majority of the participants, the personal characteristics had more positive responses than the process aspects in Table 6.1. Bianca, Christie and Colleen answered

positively to 6/6 questions regarding all individual characteristics. The other participants had average scores. Thus far it seems that the participants seem to be stronger in their individual characteristics than in their proximal environment.

When I consider context (environment), there are actually four inter-related systems that are important to consider, namely the microsystem in which the individual spends most of her time (e.g. the home or school environment); the mesosystem, which is the interacting group of microsystems in which an individual develops; the exosystem, which includes the systems that affect an individual indirectly because it has an effect of their development; and the macrosystem, which is defined as an all-encompassing group whose members share value or belief systems (Bronfenbrenner, 1993). This will also be important in the discussion of intervention in the final chapter. In Table 6.3 the aspects of social context are tabulated and they are also plotted in Figure 6.1.

Lindi, Jenny and Bianca are the only three participants who were not abused by a perpetrator in the microsystem (family of origin); the other participants were all abused by someone in their own home. Another interesting factor is that five of the participants grew up – and experienced the abuse – in a small town/community.

Table 6.3
The social context of the individual (context)

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Did she report a degree of parental harmony in her childhood?	√	√			√			
Did she have adequate access to community resources when growing up?	√		√	√	√	√	√	
Did she ever confront the perpetrator?	√		√	√				
Does she have a positive relationship with the perpetrator at all?			√	√				
Did she experience stable living conditions as a child?	√		√		√	√	√	
Was the perpetrator a primary caregiver?*				√		√	√	√
Did she live in a big city community?				√	√	√		√
How many perpetrators abused her?*	1	2	1	5	1	1	1	1
TOTAL	5	2	5	4	5	3	2	1

*The number of perpetrators will be added to the (No) score

** A reverse item

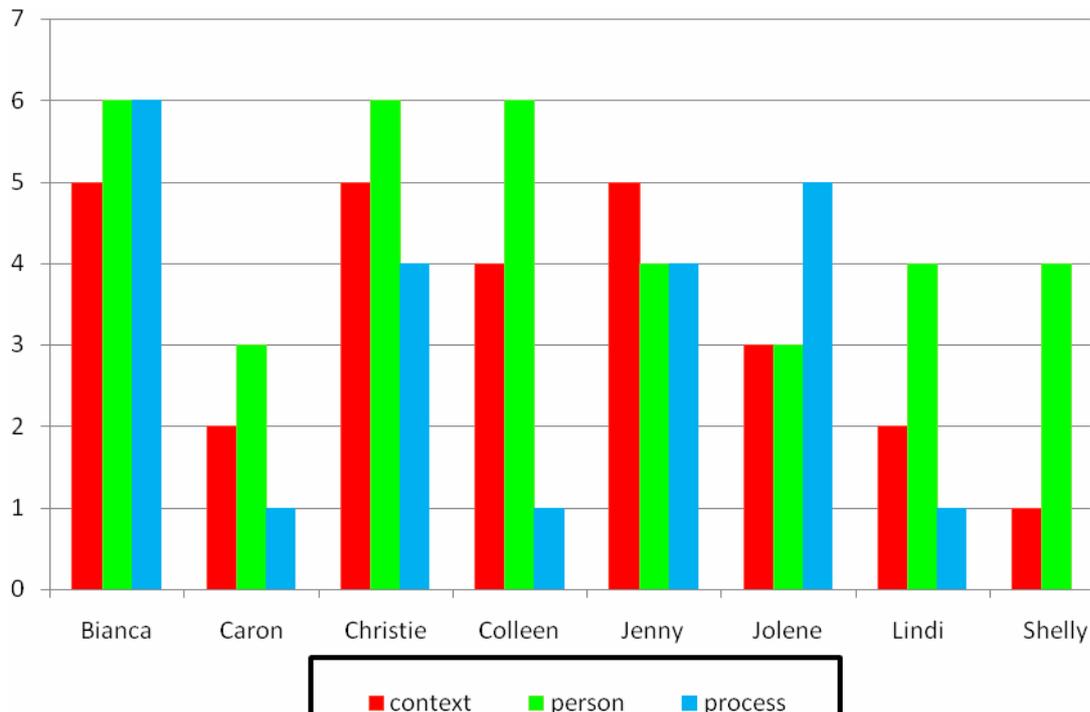


Figure 6.1. Graphical representation of the Process-Person-Context factors of Bronfenbrenner’s PPCT (1994,1998)

The fourth factor that Bronfenbrenner and Ceci (1994) identified is time and in the study conducted on survivors of child sexual abuse by Williams (2007), it is conceptualised as the amount of time that has passed since the abuse ended. It is also very important to remember that there are so many aspects of time that are relevant to the abuse; for example the stage at which the disclosure first took place and even the age at which the interview took place will be important (Maikovich, Karestan, Koenen & Jaffee, 2009; Bottoms, Rudnicki & Epstein, 2007). The aspect of time is very complex and could not be explored as it should in this study, but by examining the aspects of the person, the context and the process by which they influence each other over time one can more fully understand the experience of sexual abuse.

Time, also referred to as timing, is “equally important because all aspects of the PPCT model can be thought of in terms of relative constancy and change” (Bronfenbrenner& Morris, 1998). This is essential in considering a phenomenon as complex and traumatic as child sexual abuse that took place at a specific time in a developmental process and in many cases across multiple developmental phases. Even the developmental phase of the participants taking part in the study is of relevance; for example, Jenny and Jolene are in

their mid-50s where meaning-of-life questions are different to those of participants who are 25.

Jenny (54) and Jolene (55) are the oldest, were abused for the longest period and neither has received therapy to help them deal with the child sexual abuse. When the other data are considered, it becomes clear that these two participants do not display the resilience levels, cognitive emotion regulation strategies and proactive coping that some of the others do. There does not seem to be any relationship between the number of years the abuse lasted, the amount of time that has passed since the abuse has ended and how well the participant dealt with the abuse.

It is not possible to draw conclusions at this point but as the data unfold, these tendencies will become clearer. The data in the above tables are to be used as a background against which the other data gathered through the domains of the MTRR-I, the CERQ and PCI can be considered.

6.2.2. Discussion of the domains of the MTRR-I

6.2.2.1 Domain I of MTRR-I: Authority over memory

This domain indicates whether a trauma survivor is able to choose to recall life experiences or not, as well as to what extent they can recall the details of their past (Harvey, et al., 2003, p.90). One of the conditions of the study was that the participants would not be expected to respond to any questions regarding the actual details of the abuse. All information about the abuse was given only to the point of the participant choosing to do so voluntarily. According to the agreement made with the participants that there was no need to divulge any detail regarding the child sexual abuse, it is impossible to ascertain the level of detail which they can recall, unless the participant shared that information spontaneously. Some of the participants can clearly recall a great deal of detail about their childhood abuse, but others say that they have blocked out most of what happened and only have certain flashbacks – usually the same flashbacks all the time. Bianca argues that survivors of child sexual abuse cannot forget, but they can try and block it out, but the detail has to be there:

My broer is ook gemolesteer en hy was maar drie gewees. Hy kan vir my sê watter kleur die teëls in die badkamer was. Hy kan vir my sê watter kleur die kas was hy kan vir my sê waar die kas gestaan het, die patroontjies op die kas is identies soos ek dit onthou en ek bedoel ons kan sulke fyn detail onthou. Jy kan dit eintlik nie uitblok nie! Jy kan dit vir jousef vertel. En dis wat ek gedoen het (BIA: 375-380). Maar as jy moet

eerlik wees, dan moet jy sê jy kan elke liewe dingetjie onthou. Jy probeer jousef dwing, of jy het die coping meganisme om aan ander goed te begin dink sodat jy nie daaraan dink nie, maar jy kan presies as jy wil onthou, onthou (BIA: 385-387).³¹

Jolene has very detailed recall of moments from a very young age, but there are large portions of her childhood that she has no recall of. She sometimes feels that she would like to remember so that she can fill in the gaps; at other times she is glad she doesn't remember everything. The following extracts summarise Jolene's authority over memory:

The earliest thing I remember is still being in a crib with the sides up and being afraid of the big person that was hovering over the crib and then wetting myself and then being spanked for being wet. That's the earliest thing I can remember... I don't even know how old I was (JOL: 31-34).

My sister will often tell about something or other that happened, we were somewhere with whoever, and I would honestly have to tell her I do not remember that event. I don't remember that period of time. There are gaps in my grade school memory. I can't piece together from ... I was trying so hard this one day, I don't know what happened between third grade and sixth grade ... I really cannot tell you about those years. I know there are times I wish I could remember some of it, but maybe there are some things that I don't want to remember (JOL: 205-215).

Somehow some of the painful ones are always right there. They are right below the surface. There are some very vivid painful ones but I can't piece anything together. It seems like a jigsaw puzzle and I have only got 10 pieces out of 500. There's, there's is a lot missing (JOL: 217-220).

The other participants have similar experiences to Jolene with regard to the flashbacks and the vague memories of childhood. Below are Caron, Shelly and Jenny's thoughts:

I only remember seeing the porch and my mom sitting out in the back garden. And then I remember segments like the carpet or the light under the door, or that kind of thing. And then I get to a certain point, like a penis here [showing her hand close to her face], and then I blank out. And then afterwards I remember a sensation or something like that, but I can't remember the actual ... (CAR: 605-609).

³¹[My brother was also molested and he was only three. He can tell me what colour the tiles in the bathroom were. He can tell me what colour the cupboard was and where the cupboard stood and the patterns on the cupboard are identical to what I remember and I mean we can remember such fine detail. You can actually not block it out. You can tell yourself you can. That is what I did. But if you must be honest, then you must admit you can remember every single little thing. You try and force yourself, or you have the coping mechanism to think about other things so that you don't think about it, but if you want to, you can remember everything]

Sometimes I, the reason why I let my memories let it stay or let me go through it, is that I am actually hoping that I'd get more, [laugh] you know. There's a lot of my childhood that I would like to get back because I am 37 and I only remember from the time I've worked at SAA properly. Prior to that it is always little bits and pieces, so, nice gaps! Because it's like you're starting a journey and, and, and you end up somewhere and you don't remember where somewhere is and you don't know where the end of the journey is, you know, and that's what's missing and sometimes it bothers me, because I think to myself, has my ... does my mind really have that ability to block so much out that I cannot get it back (SHE: 557-566).

In some way although you think that you have dealt with it, it's always there. No matter ... you can go back and say you got over it you dealt with it, but the things that happened, the visions ... that doesn't go away ... You try and put them out of your mind, but I think you still go back and relive it (JEN: 137-140 & 148-149).

All the participants except Bianca, Colleen and Jenny report having large gaps in their memories. The participants differ in their views as to whether they would like those gaps to be filled or not. Jolene and Lindi specifically state that they would like to know what is hidden in the subconscious memory, while the others were uncertain or indifferent.

6.2.2.2 Domain II of MTRR-I: The integration of memory and affect

This domain 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 (Harvey *et al.*, 2003, p.90). This domain is closely related to the previous domain, as they both rely on memory. The participants in this research study generally experience a great deal of intense emotion and most can clearly recall their emotions as children. According to Harvey *et al.*, (2003) resilient survivors need to be able to recall emotions experienced at the time of the trauma and yet be able to reflect on these painful events with varied and appropriate feeling. Lindi clearly stated that it worries her that she does not feel any different now to what she used to feel when she was a child. Lindi responded as follows when asked whether she thought the way she dealt with the emotions concerning the abuse had changed since childhood:

Partykeer voel ek dit het nie baie verander nie. Want 'n baie lelike eienskap van myself is dat ek ummmmm ... geneig is om myself baie gou jammer te kry. Dan voel dit vir my ek is nog dieselfde as die klein

dogtertjie wat niemand voor 'n fok kan omgee nie en net wil weggooi en vuil klere en nie worry nie en not care and not give attention [crying and speech almost inaudible]. So ek voel nie of die feelings ge-mature het nie. Dit voel asof dit nog dieselfde is (LIN: 602-608).³²

When asked the same question, Bianca responded as follows:

Somtyds bring dit nog emosies. Ek dink dit sal altyd, maar dit is nie meer - ek kan nou my emosies beheer of ek kan dit vir my logies uitklaar of my vir myself sê maar dit het gebeur en jy mag dit voel maar die meestal kan ek daarvoor praat. Ek het nie meer, waar dit my lewe en my denkwysse, alles wat ek gedoen het was deur dit bepaal en hoe ... ek daarvoor gevoel het het bepaal hoe ek nou iets doen en dit is nie meer die geval nie (BIA: 291-296).³³

6.2.2.3 Domain III of MTRR-I: Affect tolerance and regulation

A large part of the MTRR-I focuses on emotion regulation and whether an individual experiences a whole range of emotions. A sign whether a survivor has recovered from the childhood trauma is when the survivor has gained access to a wide spectrum of emotions in a tolerable range of intensities (Harvey *et al.*, 2003, p.90). Although the participants generally experience emotions intensely, none of the participants reports turning to alcohol or drugs to deal with the memories of their trauma or with the emotions evoked by these memories. This could also be attributed to the fact that, in differing degrees, all the participants consider themselves to rely on spiritual faith to deal with their lives, the trauma and the emotions they experience and steer away from relying on harmful substances (Glick, 2006).

In Figure 6.2 below all the scores have been taken from the thematic analysis and are only an indication of a tendency observed in the data. Based on the above statement by Harvey *et al.* (2003), that survivors who have recovered have gained access to a wide spectrum of emotions, it is evident that neither Caron nor Jenny report experiencing a wide range of

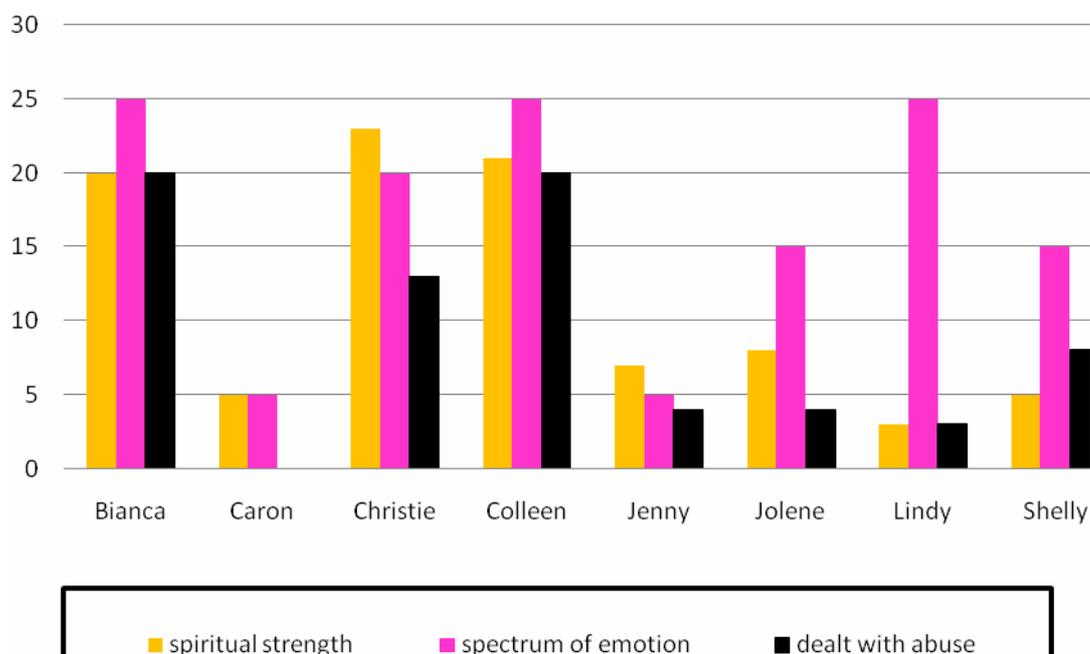
³²Sometimes I feel that it has not changed much. Because a very ugly characteristic of mine is that I tend to feel sorry for myself very quickly. Then it feels as if I am the same little girl that nobody gives a fuck about and wants to throw away in dirty clothes and not worry and not care and not give attention [very emotional] So I don't feel as if the feelings have matured. It still feels the same.

³³Sometimes it still brings emotion. I think it always will, but it is not – I can control my emotions and explain it logically for myself and say – it did happen and you may feel it, but I can talk about it. I don't have where it controls my life and way I think all the time anymore. Everything I did was determined by it and how, ... I felt about it determined how I did things and it is not the case anymore.

emotions; they do not feel as if they have dealt with the abuse well or at all in the case of Caron, and refer to using spiritual strength to deal with their trauma less often. The inverse of the above is true in the case of Bianca, Christie and Colleen. With Lindi and Shelly, however, it is different because even though they experience a spectrum of emotions, they have not reported dealing with the abuse, referred to spiritual strength less often and got a higher score for rumination, which will therefore affect their levels of resilience negatively.

When Caron responded to the questions about her default mood and the different emotions she experiences, she replied that it was a *“Nothing mood. Not happy, not sad, Just ... Am (CAR: line 510) ... The best emotion to feel, is nothing” (CAR: line 547)*. Colleen, who reported that her default mood is *“Happy!” (COL: line 712)* also expressed a spectrum of emotions by saying that she has *“high highs and low lows and [she] definitely feel[s] all the emotions!” (COL: 720-721)*.

In most of the participants’ cases, with the exception of Jolene and Lindy, the number of times they mentioned relying on spiritual strength and experiencing the whole spectrum of emotions correlated with the extent to which the participant felt that she had dealt with the child sexual abuse. In the case of Caron and Jenny, all the factors are relatively low, with Caron not stating once in any way that she felt she had dealt with the abuse.



*Scores derived from the MTRR-I (number of times the participant made reference to the themes)

Figure 6.2. Relationship between the themes spectrum of emotion, spiritual strength and dealing with the abuse

6.2.2.4 Domain IV of MTRR-I: Symptom mastery and positive coping

In the discussion of resilience, it is important to remember that resilient survivors are not individuals who experience *no* posttraumatic symptoms, but those that have learned to anticipate, manage, suppress or prevent the cognitive and emotional disruption that arises from the posttraumatic arousal (Harvey *et al.*, 2003, p.90). In the thematic analysis it also became evident that some of the aspects that are important themes in the research are only mentioned once in the interview because it is directed at the participant as a single question and cannot be recorded as a repeated theme. The elements of symptom mastery and positive coping in the MTRR-I are listed below in Table 6.4 and represent direct answers to questions in the interview.

Table 6.4
Elements of Domain IV - Symptom mastery and positive coping

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Does she appreciate and use humour appropriately?	√		√	√		√	√	√
Does she feel worthy of help?	√		√	√				√
Can she deal with stress?*	√		√	√	√			√
Does she enjoy work?		√	√	√	√		√	√
Does she use stress management strategies?	√		√	√	√	√		√
Does she have normal sleeping habits?	√		√	√		√		√
TOTAL	5	1	6	6	3	3	2	6

*The participant directly stated that she can or cannot deal with stress

Lindi is very adamant about the fact that she cannot deal with stress but this does not really correspond with her high scores on the PCI. (This will be discussed in section 6.4 of this chapter on p.157. See Table 6.9) She describes it in the following reply:

Ek is glad nie 'n goeie stres-cope mens nie. Nee, ek raak jittery en ek dink ek is eintlik dan pretty useless. My mind sluit so toe. Dis asof ek net hiperventileer en dit is al wat ek doen. So ek dink nie ... dit is glad nie 'n goeie deel van my nie. (LIN: 265-268). Ek cope nie rerig nie met stres

nie. Ek voel stress is the boss of me, en hy beheer my. So ek voel regtig nie of ek die keuse het, of die ability het om te kan cope in 'n stress nie.

*Ek ... jy word wakker en jy haal asem, dit is umm ... Jy gaan net aan.
Dit ... ek kan nie iets daaromtrent verander nie (LIN: 711-714).³⁴*

Bianca, Christie, Colleen and Shelly seem to have a higher level of symptom mastery and positive coping than the rest.

6.2.2.5 Domain V of MTRR-I: Self-esteem

Harvey *et al.*, (2003, p. 91) define self-esteem as a sign of resilience and recovery if survivors have a positive sense of self-worth by the way they care for themselves. This includes healthy eating habits, exercise, engaging in meaningful activities and whether the individual refrains from behaving in self-abusive ways. Suicide and suicidal thoughts are also a sign that an individual does not have healthy self-esteem. When looking at Figure 6.3, in which the number of references to low self-esteem are compared to the number of times the participant indicated that she had dealt with the sexual abuse, it seems as if these two variables are inversely proportional.

In Figure 6.3 the number of times the participant stated she had dealt with the abuse is contrasted with the number of references they made to having low self-esteem or in some cases, such as Bianca, Christie and Colleen, healthy self-esteem.

³⁴ I am definitely not a good stress-coping person! No, I get all jittery and I think I am actually pretty useless then. My mind closes down. It is as if I hyper-ventilate and that is all I can do. So I don't think ... that is definitely not a good side of me. I really don't cope with stress. I feel as if it is my boss and it controls me. So I don't feel as if I really have a choice or have the ability to cope with stress. I wake up and I breathe and it is ... I just carry on. There is nothing I can change about it.

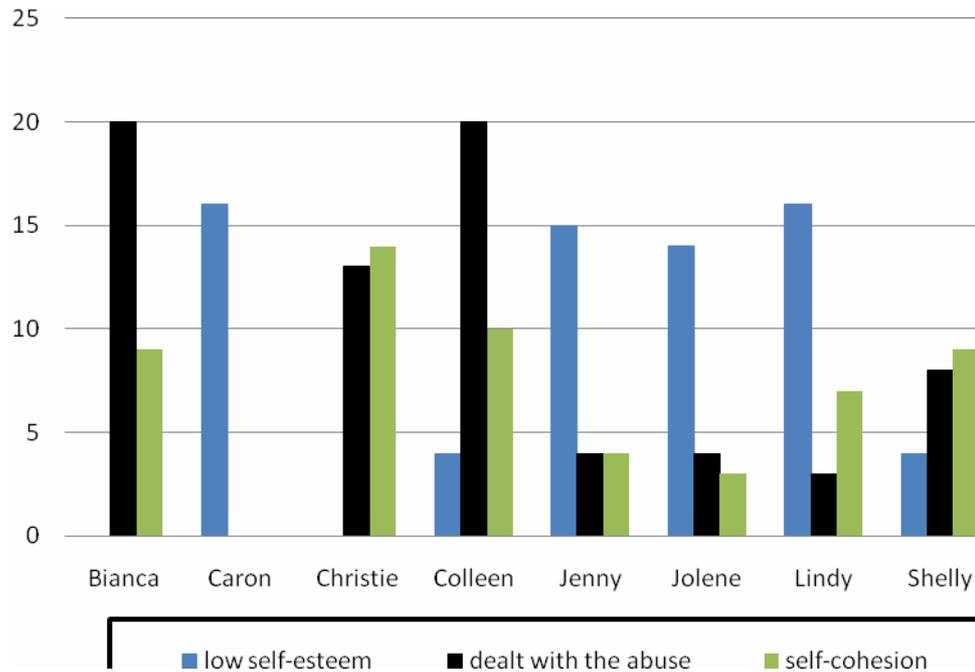


Figure 6.3. Relationship between low self-esteem, self-cohesion and participants who have dealt with their abuse

Suicide, suicide attempts and self-abuse are also signs of low self-esteem. It is interesting that only Bianca, Jenny and Shelly never attempted suicide, with Colleen having tried it more times than she was willing to admit. She relates it this way:

There was not a day that I didn't think about committing suicide. Every single day of my life! It was horrible! ... I don't even know how to explain it, but ja, every single day of my life I used to think about committing suicide (COL: 486-493). Going through the divorce that was the time that I always wanted to kill myself – that was terrible! (COL: 524-525). The times when I used to have those ideas every day to kill myself, and I did used to try a few times, failing, I am not going to tell you what I did, horrible [laugh] but there was a stage that I said this time if I am going to do it I must do it right! ... And that was the time that I said this time I am not going to try and kill myself, I am going to do it, like I am going to do it. It's not like I am maybe going to do it or try and do it, I am definitely going to do it! But umm... no, I am luckily not in that mode ... (COL: 927-935).

Being comfortable in a sexual orientation is also an element of self-esteem, according to Harvey *et al.* (2003), and although all the participants appreciated being women, Caron is the only one who decided never to be involved with a man in a relationship and has kept to that decision. Caron admits to serious self-mutilation in the form of cutting, which she only

started doing when she was 31, before which she used to burn herself. This is how she describes it:

Some days it is a battle just to not cut or drive at 180 km into a wall, other days it is fine (CAR: 175-176). Sometimes I get a flashback then I'll have, which is not that often, usually it's just, I get an anger. Or I get scared or something that is followed by anger. And then I cut and then I feel better (CAR: 184-186). The feeling of the blood on your skin that makes you feel like: I am alive. I think most of my teenage years I was dead. That's when I started to burn just to know I had feelings (CAR: 299-301).

The other participants report trying to cut themselves once or twice and then not finding any form of release in it. Christie reports that she pulls out her eyelashes and eyebrows when she experiences stress or trauma. Jolene and Christie attempted suicide twice by taking an overdose of tablets, but the difference was the ages at which this was done. Jolene was a married woman whereas Christie was a primary school girl. Lindi attempted to shoot herself but 'lost courage' as she put it and shot the wall instead. Colleen, however, reports frequent suicidal thoughts and many attempts before she experienced a spiritual conversion. Grossman *et al.* (1999) and Glicken (2006) confirmed in their resilience research that individuals with higher levels of resilience also displayed higher levels of spirituality and religiosity. Colleen, Bianca and Shelly all underwent radical conversion experiences in which they relate the difference they experienced in their own lives. Here are some of their thoughts:

Up until now everything has changed. Again I feel that, I don't want to sound like ... for me, when you bring God in, it really changes everything – it does! - and makes things easier (COL: 373-375). It's gone! I cannot explain to you! I said to my friend the other day: it's something that you just can't put into words! Umm ... since I really really met with the Lord, since I really opened myself up for that, umm ... I've got this peace in my soul – I don't know – I can't explain it to people (COL: 937-940).

En ek dink uit my eie ervaring weet ek die geestelike benadering die enigste, enigste, enigste manier is om hierdie ding so te verander sodat dit nie die res van jou lewe negatief hoef te beïnvloed nie en dat jy al die goeie dinge daaruit kan trek en jy 'n punt kan bereik en dat jy 'n punt kan bereik dat jy kan sê, Dankie God dat dit gebeur het want dit het 'n life changing positiewe effek op jou lewe indien jy die berading kry (BIA: 352-357). En dan het ek ook agtergekom, want soos ek praat baie daarvoor juis nou om te getuig van hoe God my lewe verander het, is dit vir my skrikwekkend om te sien hoeveel mense dit wel mee gebeur het

en hoeveel volwasse mense daar buite rondloop wat nog die scars dra wat nie hulp kry daarvoor nie (BIA: 630-634)³⁵.

I still am, umm ... but you can't be an island specially if you're a mom and you're married and you know, you have [Name] who needs you umm ... and also God... my relationship with the Lord is strengthened so much where because of my childhood and upbringing I tended to rely on me only – nobody else I didn't allow anyone to help me and so naturally God will not be able to help me either because Shelly wouldn't have to do everything for Shelly, but now I give it to Him ... [giggle] you understand ... so that is good for me, because when I need help I am able to reach out now. Unlike before I would never, I would do it for myself (SHE: 220-227).

Although the other participants did not undergo radical conversion, they all said that they would not be where they are today if it were not for the spiritual strength they relied on. Below are four extracts in which the other participants acknowledge that they rely on God and their spiritual strength:

I have been trying to stop [the cutting] and it's not been easy to stop. And I had like this feeling of depression over me, this darkness that was suffocating me, I wanted to cut, and I asked a few of the girls at work just to pray for me. Within five minutes of the prayer the feeling just left. So I just said there I am so amazed at the awesomeness of God's ... prayer, how God answers prayer and then people asked why so I decided well, maybe it's a good thing to tell them what God has done for me. Since then I have only thought to cut once and that was about two or three weeks ago, and the feeling is also a lot less (CAR: 282-288).

Ek glo nie aan selfbeeld en self nie, dit gaan oor die waarde wat die Here in jou het. En ek dink toe ek dit begin vertsaan het, kan ek redelik, um, ontspan by mense, (CHR: 487-489) Ek dink ek het, umm ... tot 'n punt gekom dat ek gun myself die seerkry maar jy kan nie te lank daarop talm nie, jy moet dit omdraai en dan sê: Weet jy wat, um ... ek het soveel meer om voor dankbaar te wees. Ek het so wonderlike gesin en die Here is net elke dag by my en so dis minors, dit maak nie saak wat met my gaan gebeur nie, die Here gaan my daardeur dra (CHR: 640-645)³⁶.

³⁵I think from my own experience I know the spiritual approach is the only, only, only way to change things so much that it does not have to affect the rest of your life negatively and that you can now draw all the good things from it and you can reach a point that you can say, Thank you God that it did happen because it changed my life positively because of the pastoral counselling. And then I also realised, because I talk about it a lot because I want to testify to how God changed my life. It is frightening to see how many people out there it has happened to and how many adults are walking around who still carry the scars and who don't have help for that.

³⁶I don't believe in self-image, it is about the value that I have in the Lord. I think when I started to understand that, I can be relaxed around people. I think I came to a point that I allowed myself the hurt but I cannot brood on

It didn't work. I ran away once, I didn't get very far. A good thing. Um .. As an adult, twice I took too many pills. The second time I got closer then I thought ... I was really scared. I didn't wake up for ... and I had little kids. That was the scary one. I am so glad the Lord woke me up. I slept well into the next day. I just slept it off. I think the Lord was very merciful. [laugh] (JOL: 1010-1015).

Well, I just ... at one stage ... I was quite emotional and they wanted to give me anti-depressants. And I thought: What is wrong with my life? It is actually fine. We were going through a dip we were going through quite a financial ... last year ... like everybody else. And I actually have got a lot to live for! I mean, I have a God that loves me and I find it difficult to understand why He does, but I know He does, and I have a good relationship with the Lord ... (JEN: 1055-1061).

6.2.2.6 Domain VI of MTRR-I: Self-cohesion

According to the definition given by Harvey et al., (2003, p. 91), self-cohesion gives an indication of the extent to which survivors experience themselves as whole beings or as fragmented or disjointed. A resilient individual who has recovered from childhood trauma can understand and control the dissociative adaptations that may have occurred earlier. Jolene, Caron and Lindi reported dissociation as a method of coping, especially during childhood. Jolene explains it like this:

My life was threatened. I was never allowed to tell anybody. It was a secret. I know this sounds horrible to say out loud, but I am going to tell you because even as a small child, I remember, being able to watch myself from the ceiling. I could see what was happening to whoever that was on the bed, from the ceiling – I was up there (JOL: 131-135).

She says that she never experiences anything like that any more because she has no need to distance herself from her emotions any more. Caron keeps referring to herself as a 'stupid little girl' and referred to herself in the third person a few times. Lindi also refers to dissociation on quite a few occasions, for example:

die grond gaan net aan en dis partytjies en dis dit en dis dat ... en sy leef in hierdie magical wêreld hier onder umm ... dit is nie vir my ... baie keer is dit vir my negatief omdat mense ek dink my as sosiaal onaanvaarbaar sien, ek weet nie ... umm ... want dit is kind of my happy place waarnatoe ek escape so dis vir my baie Dit was asof ek 'n show kyk van myself. Ek

it for a long time, You must turn around and say: You know what, I have so much more to be thankful for. I have a wonderful family and the Lord is with me every day and the the rest is minors, it doesn't matter what happens to me, the Lord will carry me through it.

onthou stukke van BAD scenes. Umm, ja, dit is ... baie is blurry. Ek dink baie van die goed het ek begin om bietjie uit te blok dat my mind nie te veel goed het om aan te dink as ek oor hierdie ding dink nie (LIN: 103-106). Partykeer dink ek vir myself: Almal is hier [shows a high level with her hands] en hulle gaan hulle gang en doen hulle ding en ek's Alice in Wonderland ... Almal bo meer positief as negatief (LIN: 807-814).³⁷

High counts for self-cohesion (plotted on the graph in Figure 6.4) correlate with high counts for feeling that they had dealt with the abuse and with low scores for low self-esteem; the inverse is also true. Caron has a zero score for self-cohesion and explains how she feels about herself:

I often think of myself in a negative way because I think other people are of more value than me. Suppose. That other people are more important than me. If I had to choose between myself and someone else I would choose the other person (CAR: 575-577). There are two Carons in my head. The good one and the bad one (CAR: line 590).

Christie, who has the highest score for self-cohesion and a zero score for low self-esteem, says the following about who she is:

Ek is fine met myself, dit ... dit ... die Here het my geskape (CHR: line 926). Ek, ek glo nie in 'n selfbeeld in die sin van die self - dit gaan nie oor my nie. Ek glo ek is 'n Koningskind en daai waarde in die Here en dat ek 'n dienaar is as gevolg van die Here (CHR: lines 953-955)³⁸.

6.2.2.7 Domain VII of MTRR-I: Safe attachment

This is a crucial domain for survivors of child sexual abuse because it is about levels of trust and enduring connection in relationship with others. When a child is sexually abused, the violation of interpersonal trust is the crux of the abuse because often individuals only realise much later that what happened to them was abuse because the perpetrators often deceive their victims into believing that what they are doing is something special between them (Roberts, O'Connor, Dunn & Golding, 2004; Spaccarelli & Kim, 1995; Trickett, Noll, Reiffman

³⁷It is as if I am watching a show of myself. I remember pieces of the bad scenes. Yes, it is... very blurry. I think, many of the things I have started to block out so that my mind does not have too much to think about. Sometimes I think to myself: Everyone is up here [shows a high level with her hands] and they are going on with their lives and doing their thing, and I am Alice in Wonderland... Everyone above the ground just goes on and it's parties and it's this and that... and I live in this magical world under her, ummm, it is as if ... many times it is negative because I think people see me as socially unacceptable, I don't know, ummm, because it is kind of my happy place where I escape to so it's more positive than negative for me.

³⁸I am fine with myself, it... it's the Lord that created me. I don't believe in self-esteem in the sense of self – it's not all about me. I believe I am the child of a King and that value I have in God and I am a servant of others because of Him.

& Putnam, 2001). When these individuals realise later that they have been deceived and abused, it is even more traumatic. 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 the survivors' ability to secure and negotiate personal safety within a relational context (Harvey *et al.* 2003, p. 91).

Below in Table 6.5 the elements of safe attachment as stipulated by Liang, Tummala-Narra, Bradley and Harvey (2007) are listed and then the answer of each individual participant gave an indication of whether the participant had mastered the elements of safe attachment.

Table 6.5
Elements of safe attachment – Domain VII of MTRR-I

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Does she have a good relationship with her family of origin?	√	√			√	√		
Can she maintain a relationship with an intimate partner?	√		√	√		√	√	√
Does she get along well with men?	√		√	√		√		√
Does she enjoy a healthy sexual relationship?	√		√	√			√	√
Does she have a healthy, realistic trust of individuals?				√		√	√	
Does she have a healthy perspective of control in relationships?	√		√	√				
Does she form and maintain satisfying friendships?	√	√	√	√	√		√	√
TOTAL	6	2	5	6	2	4	4	4

When examining these totals, it is clear that Caron and Jenny struggle most with safe attachment – the main difference being that Jenny says that she would really like to have a more fulfilling relationship with her husband but his abusiveness has kept her from enjoying her marriage and feeling any safety in it. She repeatedly makes statements such as this:

He'd compare me to his secretary for instance. Those kind of things, where he would say: Look at her, she wears this or wears that and you always wearing your uniform or your tracksuit and I think all I am trying to do is keep, financially keep us going and, you know? Can't you even see that I'm supportive of you. Having supporting him through whatever I have gone through with him, I still support him. Then he'll turn and, sort of say to me you are a useless wife! You're useless (JEN: 560-566).

Bianca used to experience extreme dissatisfaction in her sexual relationship with her husband before she underwent a life-changing conversion and pastoral therapy. Colleen also struggled to engage in a meaningful sexual relationship with her first husband but after the change she underwent, she too has experienced complete change in her sexual relationship. Bianca has the following to say:

Voor die berading was dit vir my torture gewees en nou het ek geleer ummmm ... en ek geniet dit nou geweldig en dit is vir my nou 'n bewys van liefde waar dit vir my voor die tyd vir my 'n plig was, as ek dit so kan stel, en nou's dit vir my net nog 'n manier om liefde te bewys (BIA: 505-508). ... en dis nou vir my so spesiaal want dit is die enigste ding wat jou liefde vir jou man rêrig onderskei van liefde vir 'n vriend of 'n vriendin. So dis daai spesiale ietsie wat jy het, maar dit was baie moeilik gewees voor die berading. Dit het vir my gevoel of ek ja sê vir molestering om weer en weer en weer te gebeur (BIA: 512-517). ... So ek het doelbewus gemaak of dit my geensins pla nie, maar na die tyd sal ek gaan huil in die badkamer elke keer, of ek sal terwyl ons besig was gehuil het, en sulke goed (BIA: 597-599).³⁹

Below in Figure 6.4 is a graph of the number of positive responses to the elements of Domain IV (symptom mastery and positive coping) and Domain VII (safe attachment) that gives an indication of the participants' resilience pattern with regard to these two domains.

³⁹ Before the counselling it was torture for me and now I have learned umm ... and I enjoy it incredibly and it is now a token of love where before it was a duty, if I can put it like that, and now it is another way to show my love... and now it is so special because it is the only thing that distinguishes your love for your husband from love for a friend. So it's that special something that you have, but it was very difficult before the counselling... It felt as if I was saying yes to the abuse to happen over and over and over... So I deliberately pretended that it didn't worry me, but afterwards I would cry in the bathroom every time or even cry while we were busy, and things like that.

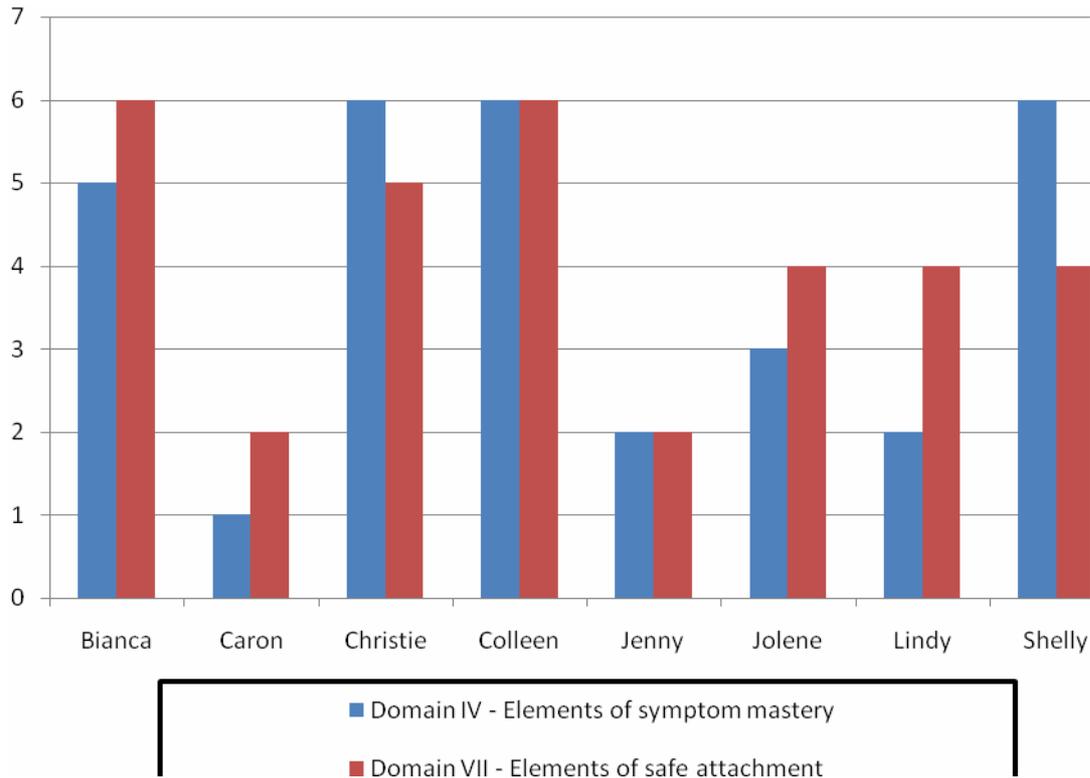


Figure 6.4. Comparing the elements of symptom mastery and safe attachment

6.2.2.8 Domain VIII of MTRR-I: Meaning making

Resilient survivors who have recovered do not have to set aside and try to forget the past, but rather search for understanding, hope and optimism about the self, others and the world in which they currently live. Meaning making refers to the process by which a survivor struggles to understand and make sense of the impact and legacy of a traumatic past (Harvey *et al.* 2003, p.91). Throughout the MTRR-I, individuals spontaneously mentioned things that are meaningful to them and the way in which they have developed as individuals. Table 6.6 below contains the elements that Liang *et al.*, (2007) mention as contributing to meaning making for resilient survivors in one way or another. As will become evident in the next sections of this chapter, there is a great deal of overlapping between these elements of resilience and the different characteristics of cognitive emotion regulation strategies (CERQ) and proactive coping (PCI). Instead of repeating what the data revealed regarding the elements of meaning making, the discussion of these elements will be done with the relevant aspects of cognitive emotion regulation and proactive coping in the sections indicated.

Table 6.6

Elements of meaning making (MTRR-I) in context of CERQ and PCI

Elements of *meaning making	Also an element in:
<ul style="list-style-type: none"> • Preoccupation with abuse (rumination) 	CERQ (see section 6.3.2.8 on p. 152)
<ul style="list-style-type: none"> • Unreasonable self-blame 	CERQ (see section 6.3.2.7 on p. 149)
<ul style="list-style-type: none"> • Understanding painful past and how it fits into reality (putting into perspective) 	CERQ (see section 6.3.2.5 on p. 146)
<ul style="list-style-type: none"> • *Having a coherent set of spiritual, moral values 	Proactive coping – Accumulating resources (see section 6.4.2.2 on p. 159)
<ul style="list-style-type: none"> • **Feeling part of the larger community 	Proactive coping – Accumulating resources (see section 6.4.2.2 on p. 159)
<ul style="list-style-type: none"> • *Having a realistic sense of optimism and hope for the future; 	Proactive coping - Taking responsibility for the future by fulfilling personal goals (see section 6.4.2.3 on p. 163)
<ul style="list-style-type: none"> • Apparently coming to terms with the painful traumatic experiences of the past (acceptance) 	CERQ (see section 6.3.2.1 on p. 138)

* Characteristics of the individual (person) in PPCT (Bronfenbrenner) (see section 6.2.1 on p. 114)

** Characteristics of the social context of the individual (context) in PPCT (Bronfenbrenner) (see section 6.2.1 on p. 114)

6.2.3 Summary

In view of the data analysis in this chapter, it has become evident that there is a great deal of common ground between the domains of resilience and the different cognitive emotion regulation strategies and proactive coping, which will be discussed in the remaining sections of the chapter.

The MTRR-I data have been summarised below in Table 6.7 by taking the basic premises of each of the domains, considering the themes and then making conclusions based on whether these themes were indicative of resilience or not.

Table 6.7

Summary of participants' levels of resilience based on data from MTRR-I

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
DOMAIN I: Authority over memory								
Does she report NO gaps in childhood memory?	√			√	√			
Does she report having clear memories of the abuse?	√	√	√	√	√	√	√	√
Does she report to having suppressed memories?*		√	√			√	√	√
DOMAIN II: Integration of memory and affect								
Does she report being able to feel in the present emotions of childhood trauma?	√	√	√	√		√	√	√
Does she have different emotions now when recalling the past emotions?	√	√	√	√				
Does she often think about the way she felt as a child?*	√	√			√	√	√	√
DOMAIN III: Affect tolerance and regulation								
Does she experience a wide range of emotions?	√		√	√		√	√	√
Are the emotions experienced with differing intensities?	√		√	√		√		√
Does she report feeling numb/nothing at times?*		√			√	√	√	
DOMAIN IV: Symptom mastery & positive coping								
Does she report being able to deal with stress	√		√	√	√			√
Does she feel that she is coping with the effects of the childhood sexual abuse?	√		√	√				√
Can she manage and prevent emotional disruption that arises from memories of abuse?	√		√	√	√	√		√
DOMAIN V: Self-esteem								
Does she have a positive sense of self-worth?	√		√	√				√
Does she report having a level of self-confidence?	√		√	√				√
Does she display self-abusive behaviour? (Including suicide attempts)*		√	√	√		√	√	
DOMAIN VI: Self-cohesion								
Does she experience herself as a whole being now?	√		√	√		√		
Can she put into perspective feelings of dissociation experienced as a child?	√		√	√	√	√		√
Has she forgiven the perpetrator/s for the abuse?	√		√	√				
DOMAIN VII: Safe attachment								
Can she trust people?			√			√		
Does she enjoy her intimate sexual relationship?	√		√	√			√	√
Does she form and maintain friendships?	√	√	√	√	√		√	√
DOMAIN VIII: Meaning making								
Does faith play an important role in her life?	√	√	√	√	√	√		√
Is life meaningful for her?	√	√	√	√	√	√	√	√
Is she optimistic and hopeful about her future?	√		√	√	√	√	√	√
TOTALS	22	6	21	22	11	11	7	17

*reverse items

From the totals which indicate the levels of resilience of the participants, it seems that Bianca, Christie, Colleen and Shelly are more resilient in terms of the eight domains of the

MTRR-I than Caron, Jenny, Jolene and Lindi. In the discussion of resilience in the last chapter the participants will be categorised according as follows:

Category 1: Bianca, Christie, Colleen and Shelly are participants who employ adaptive cognitive emotion regulation strategies more often; have higher scores for the PCI and tend to have higher levels of resilience based on the discussions of the MTRR-I.

Category 2: Caron, Jenny, Jolene and Lindi are participants who employ less adaptive cognitive emotion regulation strategies more often or equally, have lower scores for the PCI and tend to have lower levels of resilience, based on the discussions of the MTRR-I.

Regardless of this categorisation, it is important to be aware that the participants still considered themselves to be resilient and that this study cannot make any final assertions regarding them. These are the tendencies that emerged from the instruments used at the time at which the interview took place.

6.3 COGNITIVE EMOTION REGULATION STRATEGIES (CERQ)

6.3.1 Data analysis

In order to address one of subquestions in the study and determine which cognitive emotion regulation strategies survivors of child sexual abuse employ (see section 7.3.2), the participants in the present study were requested to complete the CERQ questionnaires with reference to how they deal with their emotions with regard to life trauma, including the child sexual abuse, but questions were not limited specifically to the abuse. All the participants experienced various other traumatic experiences in their lives, as was set out in Table 5.1 of the previous chapter.

The focus remains the cognitive emotion regulation strategies that survivors of child sexual abuse use to cope with *all* traumatic life experiences. In Table 6.8 the scores of the CERQ are recorded (see section 4.4.5.2 for how scores are calculated) and in Figure 6.5 the pattern of total CERQ scores is depicted graphically. The highest attainable score on the CERQ is 20; therefore a score of 20 means that the participant always uses that strategy, 10 is an average score and the lowest recordable score is 4 because the CERQ asks four questions pertaining to each of the nine strategies. In order to see which of the cognitive

emotion regulation strategies are most and least frequently used, the totals were added and presented in Figure 6.5 below.

Table 6.8
*Cognitive emotion regulation strategies (scores)**

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly	Total CERQ
ADAPTIVE STRATEGIES									
Acceptance	16	11	14	13	18	14	15	19	120
Other-blame	18	10	13	15	04	08	16	13	97
Positive reappraisal	20	12	18	19	08	07	15	15	114
Positive refocusing	17	11	16	17	13	07	14	14	109
Putting into perspective	20	14	13	14	17	09	11	18	116
Refocus on planning	20	10	17	11	10	09	14	16	107
LESS ADAPTIVE STRATEGIES									
Self-blame	06	12	07	04	07	07	09	08	60
Rumination	13	12	08	05	15	17	18	11	99
Catastrophising	06	10	05	08	12	15	14	05	75

*Range of scores: 04-20

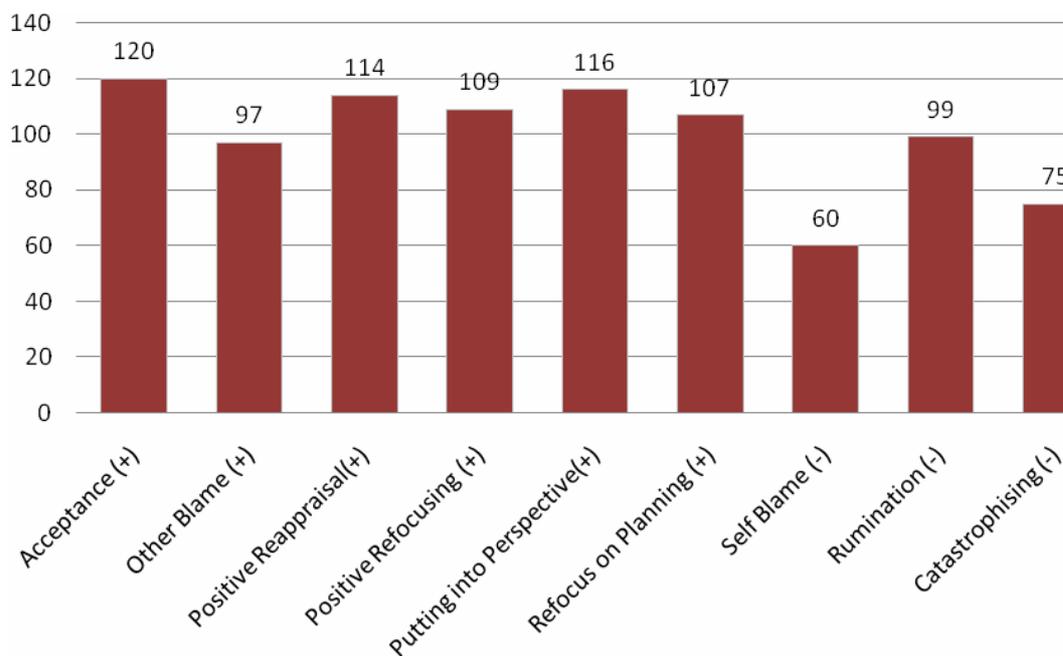


Figure 6.5 Pattern of total scores for all participants of the different cognitive emotion regulation strategies on the CERQ

In this graph it is clear that, on the whole, these participants tend to use adaptive cognitive emotion regulation strategies more frequently than less adaptive cognitive emotion

regulation strategies. Although rumination scores are high in comparison to the other two less adaptive cognitive emotion regulation strategies, the totals for the adaptive cognitive emotion regulation strategies are generally much higher.

If Colleen's scores for self-blame are considered, it is noted that she scored 04 and that she scored 19 for positive reappraisal. These scores therefore indicate the strategies that Colleen uses least and most often respectively. According to personal communication with the author of the CERQ, Nadia Garnefski, it is advisable to avoid labelling a score as high or low without looking at the context. Some adaptive scores may look high, for example Jolene and Christie's scores for acceptance (see Table 6.8) are 14. Jolene, however, has high scores for the less adaptive strategies (rumination – 17 and catastrophising – 15), which could be indicative of resignation to what happened and therefore acceptance is not adaptive in her case. Looking at Christie's low scores for the less adaptive strategies (rumination – 08 and catastrophising – 05) will then indicate that in her case the high score for acceptance shows an adaptive strategy. Thus it is advisable when labelling a score as high or low that the holistic CERQ profile of the participant should be taken into account.

A discussion of each one of the nine strategies will follow with the results of the CERQ first and then the inclusion of the interview data regarding the specific cognitive emotion regulation strategy in question.

6.3.2 Cognitive emotion regulation strategies (CERQ) as observed in the interview data

6.3.2.1 Acceptance

Acceptance refers to thoughts of acknowledging what has taken place and realising that life goes on regardless of the events. High scores for acceptance are indicative of positive processing of traumatic events *unless* there is evidence that the acceptance is a sort of helpless resignation to what has happened (Garnefski et al. 2002, p. 32). If it is the case that a high acceptance score is indicative of resignation to what happened, and therefore acceptance is a less adaptive strategy, then it will be evident in the low scores for the other adaptive strategies, as well as the presence of certain forms of psychopathology (Garnefski, et al. 2002, p. 32).

Acceptance is the strategy that has the highest score (120) but as is mentioned above, it is not necessarily an indication that acceptance is adaptive in all cases. In Figure 6.6 the

CERQ scores of the different adaptive strategies are compared to the scores for acceptance (bold blue line) and, in most cases, there seems to be a clear relationship between the regulation strategies. Although Bianca only disclosed her child sexual abuse to her mother two years ago, she has a high score (16) for acceptance. Her acceptance of the abuse she endured is very recent, as she has also undergone radical change in her spiritual life and believes that her ability to accept what happened to her as a child is a direct result of her new-found faith in God. She also received the complete support of her mother, father and husband.

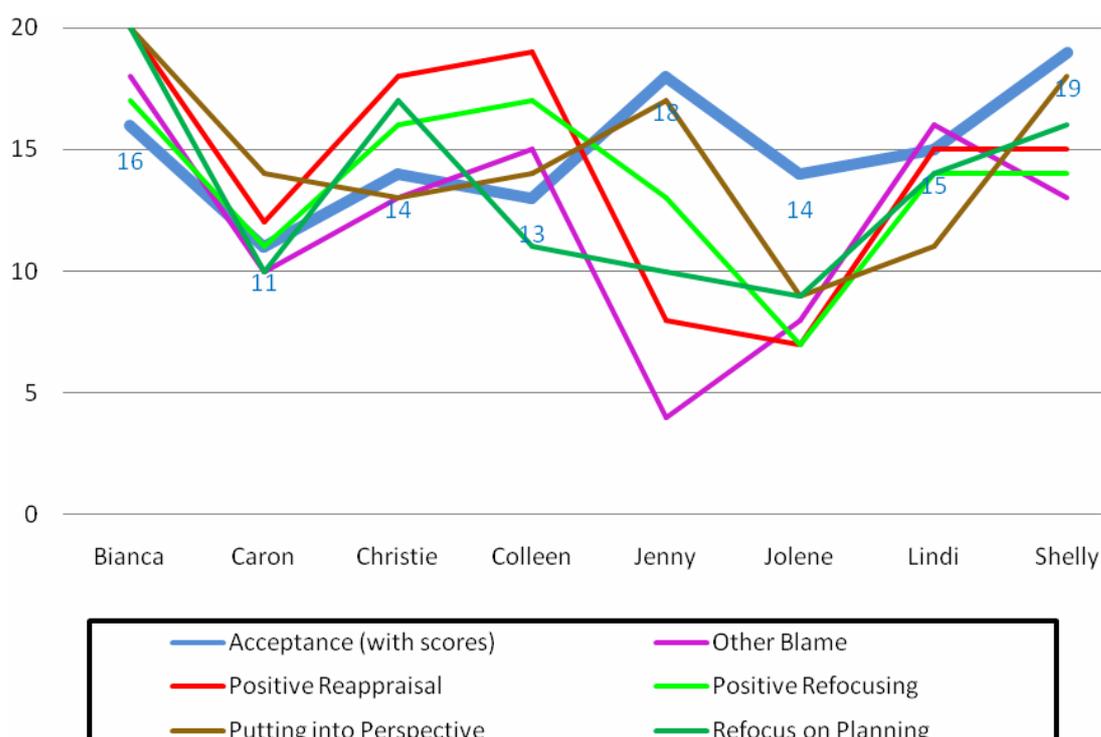


Figure 6.6 Comparison of the CERQ scores for the different adaptive strategies, especially acceptance

This is one of the statements in which Bianca indicates that she has accepted the trauma of her child sexual abuse:

Dit was beslis nie ek nie. Ek was die victim gewees maar die manier waarop ek gereageer het daarop was nie altyd so wys gewees nie en ummm die regte manier gewees nie, en ek glo nog steeds dat selfs al was ek 'n kind toe ek groter word het ek nog steeds die verstand en die keuse gehad hoe om te reageer daarop en daar het ek foutief opgetree en ummm, en dis iets waarvoor ek myself blameer nie, of laat ek my

skuld daaraan ontken nie, maar aan die molestering het ek beslis geen aandeel gehad nie (BIA: 1490-1498)⁴⁰.

Colleen is also a participant who attained relatively high scores on the adaptive cognitive emotion regulation strategies. Although she was abused by all four her brothers and her father, who was arrested and imprisoned for the abuse for seven years; she has also shown remarkable acceptance of this trauma. She says:

I think if you sit and wonder – and I have done that as well – and that’s the time that you feel like you are falling into a hole and really because you cannot ask why because there is no answer for that. Nobody is really going to tell you this is the reason I did that – there is no answer for that! Even if people say sorry, it is not going to take it away. It happened and the big thing for you is to focus on the now and the future (COL: 1054-1059).

Colleen has also undergone a recent conversion and believes that her ability to accept the emotions and memories of the past is purely a result of her faith in God.

If I have to motivate a person, it is to really focus on God and their relationship with God and they’ll be able to deal with it on their own, in their own way, because nobody can really really help you with that except - except if you have a relationship with God because that is where all the answers are. That’s what I think ... (COL: 438-443).

Jenny has never disclosed her sexual abuse to her husband, as the perpetrator is her brother-in-law who is 26 years older than she. The abuse started when she was five years old and continued until she got married, although the intensity did decrease. She never disclosed it to her sister as she was fighting cancer, from which she eventually died, and she did not want to add to the devastation. Jenny has never confronted the perpetrator either and still has to face him at family get-togethers. Although Jenny has a very high score for acceptance, this high score does not seem to correlate with the other adaptive strategy scores and high scores for the less adaptive strategies (see Table 6.8, p. 137):

We’ve just had his 80th birthday actually the other day – we all had a party and I don’t know what goes on in his life now. But he has had two daughters, the one I am very worried about. She is not married and I

⁴⁰ It was definitely not me. I was the victim but the way in which I reacted to it was not always wise or the right way and I still believe that even though I was a child, when I grew up I still had a mind and the choice to react – and there I reacted wrongly. It’s not something I blame myself for, and I don’t make myself blameless either, but I definitely had no part in the molestation.

just don't know. I have a feeling that something is there. Whether it's still like that, whether ...? (JEN: 419-423).

Later in the interview she said:

I suppose [I'm] damaged in a way. 'Cause it's something that has happened to you that's just ... It has had an effect on you and it has definitely done something to you that can never be undone. I think you do bring it with you! (JEN: 797-799).

Considering the other CERQ scores and the information disclosed in the MTRR-I, Bianca, Christie, Colleen and Shelly have acknowledged that they have accepted what happened to them. Caron, Jenny, Jolene and Lindi, however, even openly admit that they cannot accept what happened to them, in spite of some of the high CERQ scores.

6.3.2.2 Other-blame

Garnefski, et al. (2002) refer to other-blame as thoughts of putting the blame for what you have experienced on others. Although most of the participants acknowledge now, as adults, that the child sexual abuse that they experienced was definitely the fault of the perpetrator, they can all clearly recall a time when they dealt with the guilt of what was happening to them and blamed themselves. Caron, however, has a very different view:

I think 80% of what I used to believe was that it was me. Now I know it was not me, although I still often get the feeling it was me and that I was the bad one and most of the anger is towards myself. I don't know if I actually ever blamed anyone. I know it sounds weird but it makes sense to me (CAR: 678-683).

Caron indicated that she is a religious person and finds her strength in her knowledge of God but she insists on *not* placing the blame on others and when asked if she has ever wondered why God allowed something like this to happen to her, she replied:

I knew in the back of my head I had a lot of His knowledge, it didn't always make sense, but I knew I had to stick to it and keep to it. I don't know how I quite logically figured that out, but it made sense in my head, so I knew that, I have never blamed God for what happened to me ... If God could have stopped it, but He would have to take away my free will as well to be fair. Otherwise He wouldn't be a fair God. So He could have stopped the people hurting me, but to be a fair God he would have to stop me doing things as well. And we each got our free will ... (CAR: 660-667).

As other-blame and self-blame both deal with the issue of assigning blame, it is of interest to observe whether there is a relationship between the two types of blame. Considering

Caron’s approach to blame, it is not surprising that her scores do not differ much. Looking at Table 6.8, it seems that only Caron and Jenny blame themselves more than they would blame someone else.

Because Colleen’s father spent time in prison for the sexual abuse, it also helped her to realise that the blame was on him even though her mother blamed her for his arrest and forbade her to disclose her brothers’ abuse in fear that they too would be removed from the home. She also blames her mother for allowing the abuse and encouraging her to keep quiet. She recalls:

My mom was well aware of it. I told her and she knew about each one of them, even though she knew about it, I told her. Umm ... when I was bigger, I said to her: You know that all of them did it! You know that my dad did it. You knew it all and you never did anything! That’s where that conversation ended! (COL: 54-58).

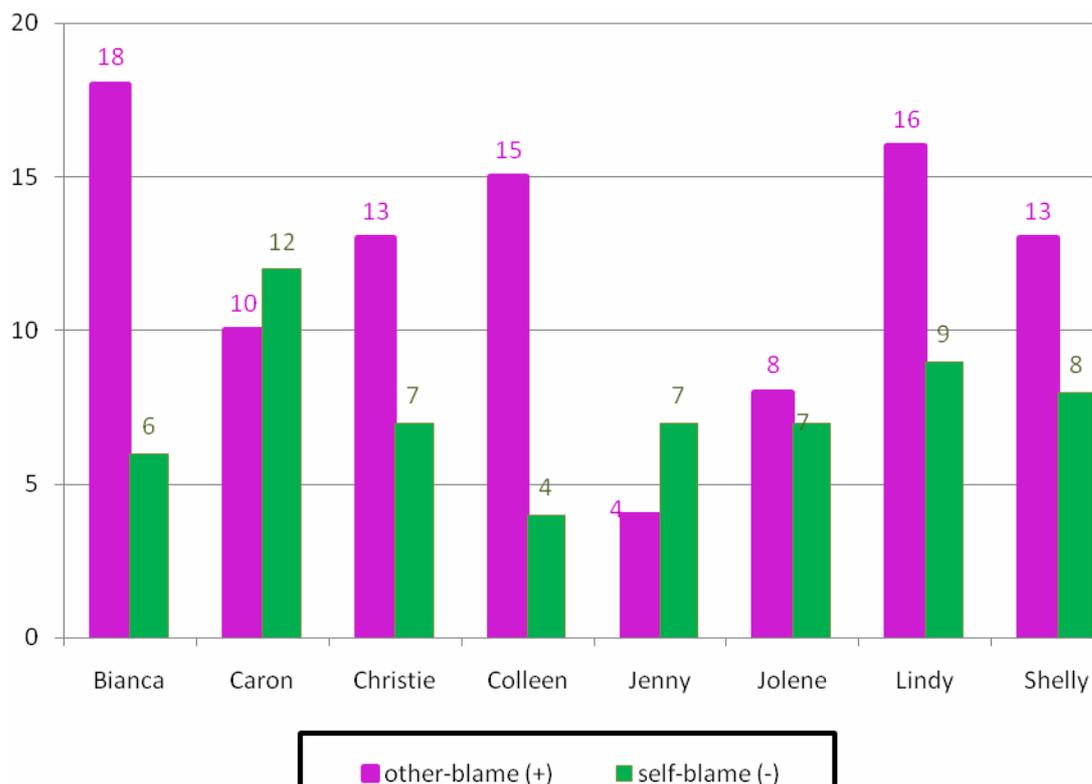


Figure 6.7. CERQ scores comparing other-blame to self-blame

It is noted that Caron, Jenny and Jolene, who have higher or equal scores for self- and other-blame, also reported using less adaptive strategies as often as or more often than adaptive strategies in Table 6.8.

6.3.2.3 Positive reappraisal

Positive reappraisal occurs when positive meanings are attributed to the abuse in terms of personal growth and admitting that the event made them stronger in any way (Garnefski *et al.* 2002, p. 33). Jenny (08) and Jolene (07) scored very low on positive reappraisal on the CERQ and also only referred to positive reappraisal once during their interviews. They struggle to see any positive side to the child sexual abuse as well as the other traumatic events in their lives. This is Jenny's only response that could be coded as positive reappraisal:

I think you ... I have just developed coping skills. Coping with situations as they are. So I don't ... I kind of build up a wall against things that hurt you. Ja, I can't think that my life has not had meaning all along. I've ... It's been fine. I have enjoyed my work, I have enjoyed my family (JEN: 1116-1118).

Bianca, who had the highest score (20) for positive reappraisal, reports that after her recent conversion and pastoral therapy, her view of life has changed completely. She remembers being constantly preoccupied with memories of the abuse (which could explain the high scores for rumination) but can now reappraise her experience as follows:

Ek dink dit vat bo-natuurlike, geestelike krag van God om dit moontlik te maak en dit heeltemaal, volkome, nie van tyd tot tyd dat jy dit onderdruk en jousef dwing om aan ander goed te dink nie. Laat jy daarna kan kyk en dankbaar wees dat dit met jou gebeur het want die positiewe wat uit die sleg uit gekom het, is soveel meer as wat die sleg ooit in jou lewe kon doen (BIA: 1408-1412)⁴¹.

⁴¹ I think it takes supernatural, spiritual power from God to make it completely and wholly possible and not to have to suppress it from time to time and force yourself to think about other things. That you can look at it and be grateful that it happened to you because the positive that came out of the bad is so much more than the bad could ever do in your life.

Bianca quite comfortably uses positive reappraisal and often mentions that she has been able to see the positive that has come from the abuse:

dat hierdie 'n duidelike ervaring was maar dat ek daaruit kon leer en dat dit my lewe, die dinge wat ek daaruit kon leer, my lewe positief beïnvloed het (BIA: 766-767)⁴².

To identify the positive side of trauma is challenging, but it is especially difficult to see how child sexual abuse has led to personal growth because, as adults, the participants have to deal with their memories and appraisals of the trauma. 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. These themes were identified in the MTRR-I and will also be relevant in the discussion of proactive coping in the next section (section 6.4.3).

6.3.2.4 Positive refocusing

Positive refocusing refers to thinking about other, more pleasant things instead of the event in question and a low score could also be related to a low sense of emotional well-being (Garnefski *et al.* 2002, p. 33). As will be discussed in section 6.3.2.8 of this chapter, rumination is the opposite of positive refocusing where an individual would constantly be thinking about the event in question. In Figure 6.8 positive refocusing is plotted against the scores of rumination and, if the definition of positive refocusing is considered, Bianca, Christie, Colleen and Shelly use positive refocusing more frequently than rumination. However, Caron, Jenny, Jolene and Lindy use rumination more often than positive refocusing and if the graph of the adaptive cognitive emotion regulation strategies is considered in Fig. 6.6, these women tend to have a generally lower score for the adaptive cognitive emotion regulation strategies. It is significant that most times Caron's scores are very close to each other and this is also clear in the graph in Figure 6.6.

⁴²This was a prominent experience but that I can learn from it and that it influenced my life positively.

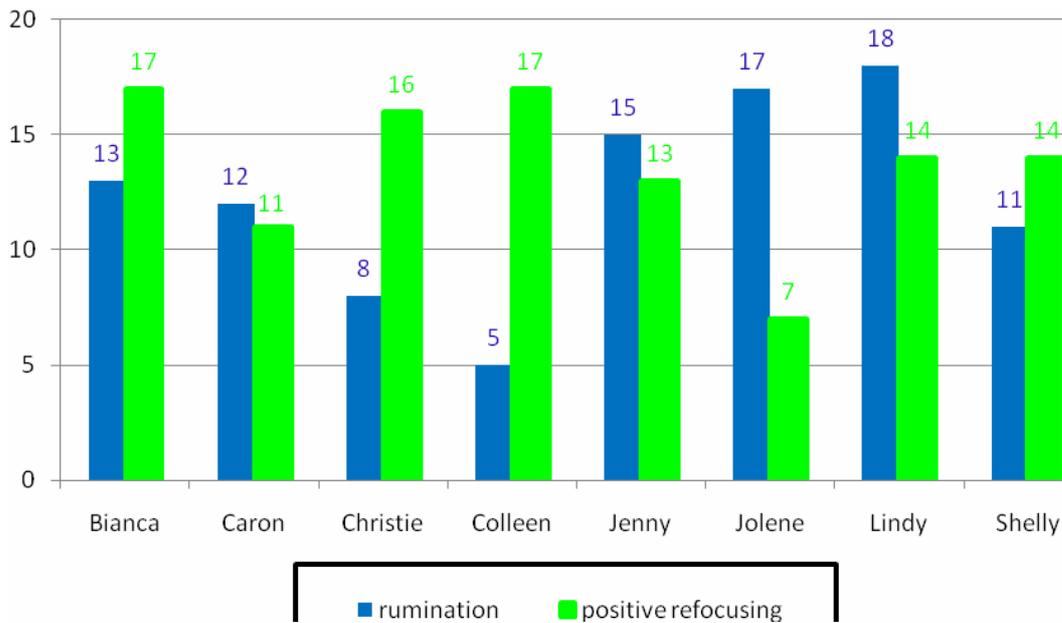


Figure 6.8. CERQ scores comparing rumination and positive refocusing

Colleen, whose score for positive refocusing is high, said the following:

I think if you sit and wonder - and I have done that as well - and that's the time that you feel like you are falling into a hole and really because you cannot ask why because there is no answer for that. Nobody is really going to tell you this is the reason I did that - there is not answer for that! Even if people say sorry it is not going to take it away. It happened and the big thing for you is to focus on the now and the future (COL: 976-981).

Bianca explained how her positive refocusing has changed over time as follows:

Ek dink waar ek voorheen juis probeer het, soos ek jou vertel het, het ek in my kop hierdie ding gehad het daar is 'n kamer met 'n deur en dan gaan ek daar in dan's daar nog 'n kamer en deur waar ek probeer weghardloop daarvan, sal ek liewers nou sit en evalueer en verstaan wat ek voel en wat ek sien en die positief daaruit haal van wat ek ervaar. Ummmm ... kan ek myself sê dat dit is verby maar die goeie daaruit is dat ek by die Here uitgekom het en dat ek 'n toekoms het en 'n ewige toekoms het (BIA: 759-764)⁴³.

⁴³I think that where I previously tried, as I told you, I had this thing in my head where I see this room with a door and I go in there and then there is another room and a door where I try to run away from it, instead now I will rather sit and evaluate and understand what I am feeling and seeing and try to take the positive out of the experience. Umm, I can tell myself that it is over but the good that came out of this is that I found the Lord and that I have a future and an eternal future.

Christie, who also has a high score for positive refocusing, said that she consciously decides to change her thinking at times:

Ek dink ek het, umm ... tot 'n punt gekom dat ek gun myself die seerkry maar jy kan nie te lank daarop talm nie, jy moet dit omdraai en dan sê: Weet jy wat, umm ... ek het soveel meer om voor dankbaar te wees. Ek het so wonderlike gesin en die Here is net elke dag by my en so dis minors (CHR: 640-643)⁴⁴.

6.3.2.5 Putting into Perspective

Garnefski *et al.* (2002, p. 33) defines putting into perspective as admitting that the experience could have been worse or that other people experience things that are far worse in life. The total CERQ score (116) was the second highest adaptive cognitive emotion regulation strategy score but when the participants related their stories in the interviews, they did not blatantly admit this. When the participants were directly confronted with the questions in the CERQ, e.g. I think that other people go through much worse experiences, they seemed more objective about their own abuse than during the interview.

When looking at this strategy, it became clear that the number of years the abuse took place, the number of perpetrators and the relationship to the perpetrator did not predict a difference in the way the participant put their experience into perspective. Colleen, whose father and four brothers abused her over an eight-year period, scored 14 for this strategy, and Christie, whose other adaptive scores are generally higher than this, scored 13. According to the severity indicators, Christie's abuse may be seen as less severe, but that does not mean that she experienced it as such.

The way the participants put their experiences into perspective is often very subtle, as Jenny states:

I just ... at one stage ... I was quite emotional and they wanted to give me anti-depressants. And I thought: What is wrong with my life? It is actually fine. We were going through a dip we were going through quite a financial ... last year ... like everybody else. And I actually have got a lot to live for! I mean, I have a God that loves me and I find it difficult to understand why He does, but I know He does, and I have a good relationship with the Lord ... and my kids, ja! (JEN: 1055-1061).

⁴⁴I think I reached the point that I grant myself the hurt but you cannot focus on it. You must turn it around and say: you know what, I have so much more to be thankful about. I have a wonderful family and the Lord is with me all day and so it is a minor

Christie was sexually abused by a brother who was much older than she was and she puts it into perspective in the form of an excuse for his behaviour to play down the seriousness of the event:

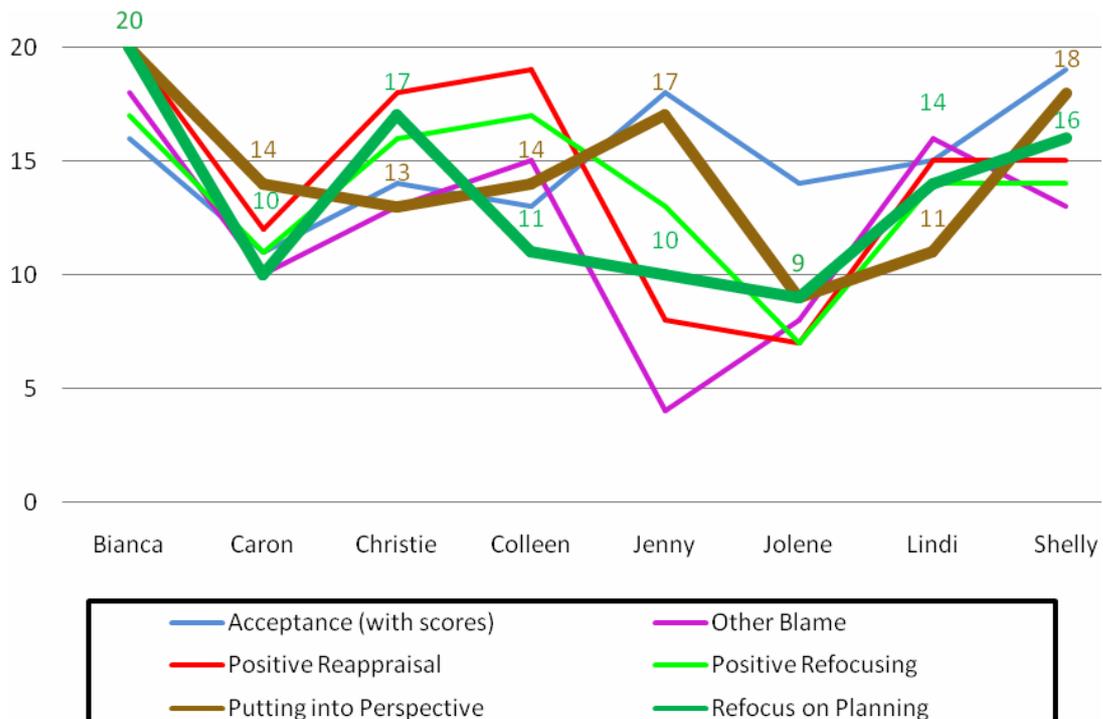


Figure 6.9 Comparison of the CERQ scores for the adaptive strategies, especially putting into perspective and refocus on planning

En ek glo ook, want ons het verskillende persoonlikhede dat hy dalk ook ... want hy was die bitter stout ene [laugh]. Hy't rêrig alles gedoen wat hy nie moes nie. En, vir hom was dit tien teen een net nog 'n speletjie, maar vir my was dit, wel ... ok, ek hoef seker nie daaroor te praat nie, maar ... (CHR: 173-177).⁴⁵

As can be seen above in Figure 6.9, with the exception of Jenny's score for positive reappraisal and Jolene's score for acceptance, the other participants' scores for positive reappraisal and acceptance compare with the scores for putting into perspective.

⁴⁵ I believe too, because we have different personalities that he maybe also...because he was the very naughty one (laugh). He really did everything that he should not have done. For him it was probably all just another one of his games, but for me it was, well... ok, I don't need to talk about that ...

6.3.2.6 Refocus on Planning

This strategy is defined as thinking about which steps to take in order to deal with the event or thinking up a plan to change the situation (Garnefski et al., 2002, p. 33). This can, however, only be considered an adaptive cognitive emotion regulation strategy if the problem is actually dealt with. If the individual scores high on this strategy and does not act or follow the steps, a high score for refocus on planning could be related to emotional problems. A low score for this strategy “is most certainly related to the presence of problems” (Garnefski et al., 2002, p.33).

In Figure 6.10 above, the scores for refocus on planning are plotted with the scores of the other adaptive cognitive emotion regulation strategies and seem to follow the same general tendency for each of the participants as the other adaptive strategies. Caron, Jenny and Jolene’s scores on the CERQ are generally low for refocus on planning and Colleen, who generally has high adaptive scores, has the lowest score (11) for refocus on planning. This is unexpected because Colleen reported in her interview that she decided, when her sister died in an accident, she needed to resolve things with her brothers. She then followed through on her decision and went to each one, confronted him and gave him the opportunity to “ask me for forgiveness” (COL: 44). She said that she did it for herself to get closure because she realised if something happened to one of them, she would never be able to have closure and she would “still ponder upon it” (COL: 46).

Closure through confronting the perpetrator is an important factor with regard to refocus on planning. Jolene and Lindi’s perpetrators died before they could confront them and find some form of closure, but although Jolene’s scores are low for refocus on planning, Lindi’s are not. Jolene has always struggled with seeing something through to completion because of the lack of support from her family. She constantly deals with obstacles and explains it like this:

I think I'm too changeable. I don't set high goals because I guess I have always needed support. When you don't have support, then you let go of whatever thing you were hoping for because it's not going to happen (JOL: 1088-1090).

Christie, on the other hand, has an internal locus on control, social skills, positive self-perceptions, assertiveness, independence and a high level of spirituality and religiosity, all of which Glicken (2006) lists as factors that seem to be associated with higher levels of resilience. When she confronted her brother with the abuse to attain closure, this is what happened:

Maar jy't my 'n onreg aangedoen, en elke keer as ek dink ek is oor dit, dan kom dit weer, jy weet. En ,... um ... en hy het net vir my gesê: Get over it! En ek was so kwaad. Wie's hy om dit vir my te sê? [laugh] En hy bly vir my sê, GET OVER IT! En weet jy, ironies genoeg, dis wat ek moes hoor. Ek kan nie vashou aan die goed, ek moet oor dit kom. Dit het gebeur en dit is nou wat ek daarvan maak ... (CHR: 193-196)⁴⁶.

Refocus on planning is more than a cognitive emotion regulation strategy; it has to lead to action to be considered an adaptive strategy. Participants who have low scores for this strategy also tend to report a higher incidence of helplessness and lack of control in relationships.

6.3.2.7 Self-blame

Most of the research done by Garnefski and other co-researchers have focused on the less adaptive cognitive emotion regulation strategies (Garnefski et al., 2002; 2004; 2006). Prior research has demonstrated that self-blame is predictive of more posttraumatic PTSD symptoms and poorer recovery (Najdowski & Ullman, 2009). Self-blame is a complex strategy in the present research because the participants recall strong memories of self-blame as children whereas they have realised in adulthood that they were not responsible for their own abuse. Self-blame was the strategy that scored lowest among all the participants and could be a contributing factor as to why all the participants considered themselves resilient in some way or another. Only Caron does not blame anyone specific for her child sexual abuse, and she admits that she knows it was probably not her, but she still refers to herself in this dissociative way with regard to blame:

Then I am thinking: I often hear: You stupid little girl. Why [did] she allow it? She is just stupid. And that's what I think when I cut myself. Stupid girl! (CAR: 78-79) ... Ja, because I am a stupid girl. It's my fault (CAR: line 525).

In the following extracts, the participants express the fact that, although they realise they are not to blame for their child sexual abuse, they did blame themselves for a long time:

⁴⁶ But you disgraced me and every time I think I am over it, then it comes back, you know. And he just said to me: Get over it! I was so angry. Who is he to say that to me? {laugh} And he kept saying: GET OVER IT! You know, ironically, that is what I needed to hear. I cannot hold onto things, I must get over it! It happened and now it is what I make of it!

I carried a lot of guilt for a long time. Then I realised a lot of it was not mine to carry. (JOL: 965-966)

Interviewer: Wie is verantwoordelik vir jou pyn?

Lindi: My oupa! [sigh]

Interviewer: Nie jy nie?

Lindi: Nee [sigh/cry] Ek weet ek is, maar ek is eerder om dit op hom te blameer (LIN: 1006-1009)⁴⁷.

Beslis nie ek nie! Dit was die familielid. Hy was 'n volwasse man gewees, gewee wat hy doen. En dit is beslis nie ek nie. Alhoewel ek altyd gedink het dit was ek. Ek weet ek was nie die een wat die misdaad gepleeg het nie. Dit was beslis nie ek nie (BIA: 1327-1332).⁴⁸

Ons almal maak foute. Ons het ons goed wat ons verkeerd doen en dit het gevolge en, umm ... ek moes op 'n punt kom waar ek beseft het, weet jy dis afgehandel, dat, dit was 'n fout vir my, nee ok net ... nie vir my, ek dink, ek het gewee ek is stout, umm, dis wat ek voel my aandeel was ... so ... umm, ek moes dalk soet gewees as dogtertjie om dit nie toe te laat nie ... maar dis, nie in die sin dat ek voel skuldig, ek het. .. dit was ultimately hy wat abusive ... (CHR: 1245-1253).⁴⁹

When Shelly was asked if she felt guilty as a child she replied:

Yesss ... I did! My fault. Umm ... [perpetrator's name] ... my fault ... I shouldn't have let him ... I should've told my mom, or I shouldn't have let him into my room. But hello, I didn't let him into my room, he just walked into my room (SHE: 721-723).

But now Shelly has a different view of self-blame and she expresses as follows:

Initially the person that hurts you is there to blame, but if you hold onto it you've got yourself to blame, but long-term, if you hold onto it you've got yourself to blame (SHE: 1062-1064).

⁴⁷ Who is responsible for your pain? My grandfather [sigh] Not you? No [sigh/cry] I know it is me, but I would prefer to blame him.

⁴⁸ Definitely not me! It was a family member. He was an adult man and knew what he was doing. And it was definitely not me. Although I always thought it was me. I know I was not the one that committed the crime. It was definitely not me.

⁴⁹We all make mistakes. We do wrong things that have consequences and, umm... I had to reach a point where I realised that it was over, that it was a mistake for me, no, only just... not for me, I think, I knew I was naughty, umm, that I feel was my contribution...so, umm, I should have been good as a little girl and not allowed it, but it's... not in the sense that I feel guilty, I did... it was ultimately he that was abusive.

Bianca says that she only realised as an adult that there are two reasons why children feel so guilty and blame themselves for the sexual abuse they are experiencing: firstly, it is that they are told to keep quiet because it is a secret that could get them into trouble and, secondly, the physical sensations produced by the sexual stimulation are pleasurable and it makes the child feel guilty for ‘enjoying’ the feelings produced by something wrong (BIA: 1339-1359).

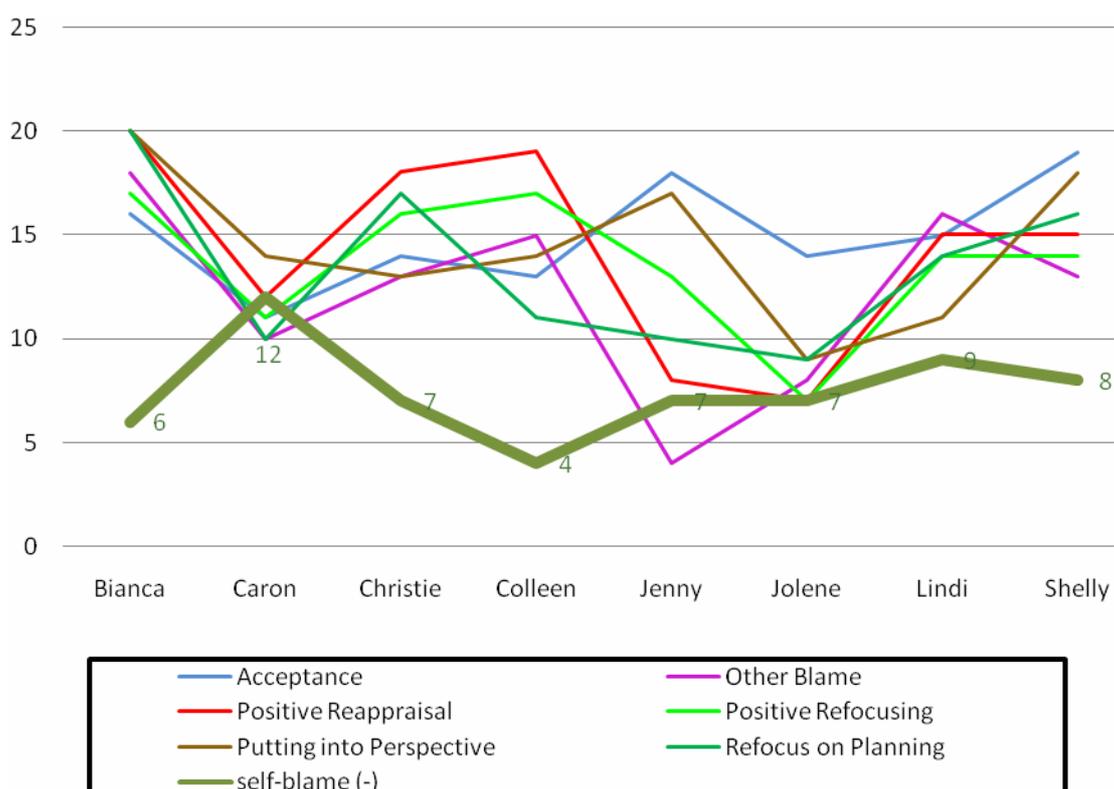


Figure 6.10. CERQ scores comparing adaptive cognitive emotion regulation strategies to self-blame

In Figure 6.10 above, the CERQ scores for self-blame are plotted against the backdrop of the average scores of the adaptive cognitive emotion regulation strategies presented in Table 6.8. From this graph it seems evident that some of the participants (Bianca, Christie, Colleen, Lindi and Shelly) with higher scores for the adaptive cognitive emotion regulation strategies have noticeably lower scores for self-blame. There seems to be a different dynamic involved with the scores of Caron, Jenny and Jolene because their self-blame scores are either more or less equal to or higher than the adaptive scores. Colleen, who got the lowest score (04) of all for any of the strategies, said that she went through a phase

where she would blame everyone for what happened to her, but mostly she blamed her parents for not being responsible.

6.3.2.8 Ruminatation

Ruminatation is one of the most researched and discussed of the nine cognitive emotion regulation strategies and it is most often associated with depression and other psychopathological symptomatology (Amone-P'Olak *et al.*, 2007; Garnefski *et al.*, 2004). Symptoms of depression include an inability to enjoy life and lowered self-esteem (Garnefski *et al.*, 2004) with ruminatation being the preoccupation with the feelings and thoughts associated with the negative event (Garnefski *et al.*, 2002, p. 33). In Figure 6.11 below the pattern that emerged in Figure 6.10 above is similar for Caron, Christie, Colleen and Shelly. However, the other participants' ruminatation scores differ significantly from their scores on self-blame. It is also important to note that in the case of Caron, Jenny, Jolene and Lindi, ruminatation is even higher than their adaptive scores and in Jolene and Lindi's case, it is their highest scores. Lindi reports not being able to remember large parts of her childhood, especially parts of the abuse where she believes she has blocked those memories to protect herself from pain. When asked if she would like to recover those memories she replied:

Ja, ek sal wil. Ek sal wil. Umm ... Want ek dink op 'n stadium as jy so surrounded is met soveel bad memories, dan maak dit jou negatief en jy tend to forget everything good (LIN: 245-247).⁵⁰

Most of the participants in the present research study not only deal with the trauma of child sexual abuse, but also with many other experiences and situations that could also be considered traumatic and stressful. Jenny has been in an abusive marriage for over 30 years and she admitted that her marriage has caused her as much pain as the 15 years of abuse she endured as a child and teenager. Self-blame and ruminatation are Jenny's most frequently used cognitive emotion regulation strategies even though she admits that her CERQ scores were based more on the child sexual abuse and she referred more to the

⁵⁰ Yes, I would like to. I would like to. Umm... because I think at a stage you are so surrounded by so many bad memories and then it makes you negative and you tend to forget everything good.

traumatic marriage in the MTRR-I. Jenny's thoughts are often expressed as recorded below during the interview:

I get very angry in myself, I think. You know, and then I get the mutters [giggle] because you don't know what to do with your anger so you kind of live in this little ... And I kind of think what am I achieving by being so angry with him? Especially with my husband and then I get ... you know - I think of all the things and the hurts of the past and I ... think - let it go. It's not going to help you to go back and relive all the times he said things to you that hurt you. I have to let it go. So ja, I get a bit ... but I don't take it out on anyone - I get angry with myself (JEN: 252-232).

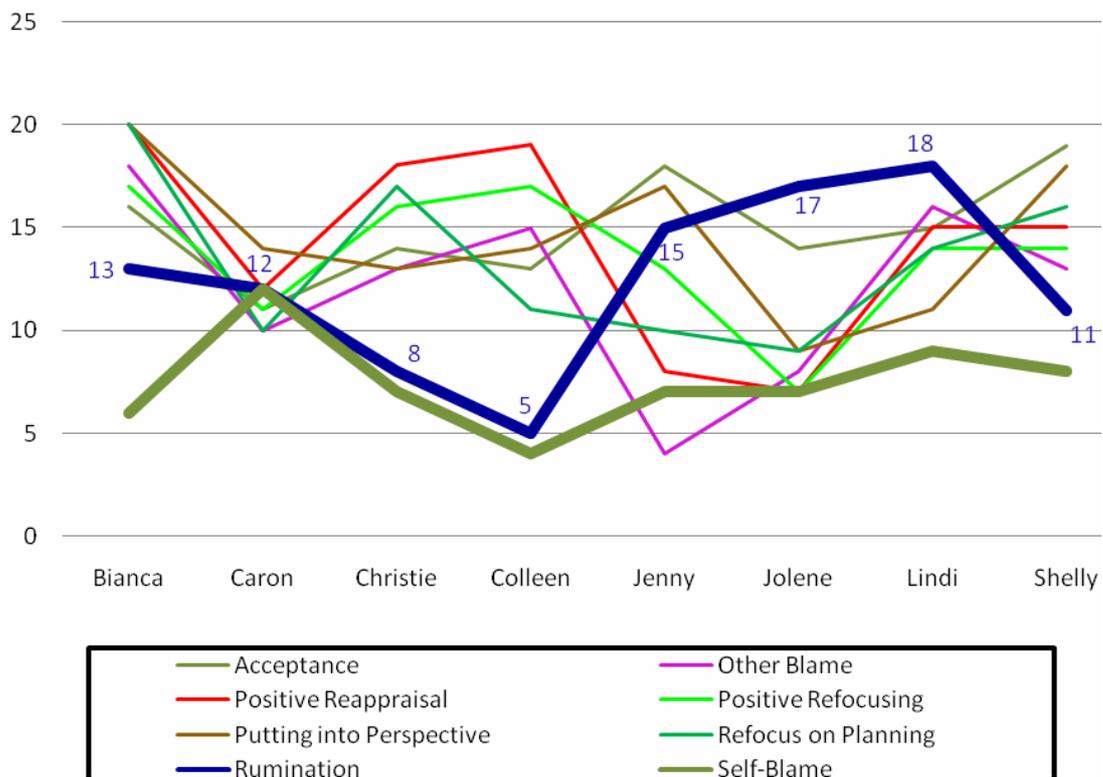


Figure 6.11. CERQ scores comparing adaptive cognitive emotion regulation strategies to self-blame and rumination

Jolene, Lindi and Jenny had high scores for low self-esteem and none of them feels that she have dealt with, or come to terms with her child sexual abuse in some way or another. One thing that these three women have in common is the fact that not one of them have ever confronted the perpetrators for various reasons. Jolene and Jenny experienced abuse for 15 years; Jolene also having been physically abused by her father.

When Jolene was asked to discuss whether her memories of the child sexual abuse have changed over the years she answered:

The same memory comes back. When I have a certain memory, it's the same memory every time. I, I don't know how to explain that to you. Like with being on the ceiling... I was little and ... it's the same, it's the same memory. And when I am telling you about the green dress with the sash, with the pin missing, it's the same memory. No they're not different (JOL: 741-745).*

*Jolene relates how she used to dissociate herself and watch what was happening to the little girl (herself) from the ceiling above.

Bianca generally has high scores for adaptive cognitive emotion regulation strategies and low scores for less adaptive cognitive emotion regulation strategies, except in the case of rumination. Bianca reports that she has dealt with her child sexual abuse completely and has been able to change the way she sees herself altogether; yet she does recall how the thoughts of the abuse used to preoccupy her life prior to her disclosure, confrontation of the perpetrator and her spiritual counselling. However, she did confess that the way she used to deal with things is not the way she deals with them now – hence an explanation for some of the discrepancies. She explains it as follows:

Somtyds bring dit nog emosies. Ek dink dit sal altyd, maar ek kan nou my emosies beheer of ek kan dit vir my logies uitklaar of vir myself sê maar dit het gebeur en jy mag dit voel ... Waar dit my lewe en my denkwysse, alles wat ek gedoen het was deur dit bepaal en hoe ek daaroor gevoel het, het bepaal hoe ek nou iets doen en dit is nie meer die geval nie. Ek kan daaraan terugdink en ek is nie meer hartseer daaroor altyd nie (BIA: 291-296).⁵¹

6.3.2.9 Catastrophising

Catastrophising refers to recurring thoughts about the intensity of the traumatic event and how terrible it has been and what you have gone through being the worst thing to happen to a person, even worse than what others experience (Garnefski *et al.*, 2002, p.33). If the graphs of catastrophising and rumination are compared, there is a close correlation for all the participants. Lindi and Jolene have high scores for catastrophising in comparison with the other participants (See Figure 6.12). The reasons for this could be that they openly

⁵¹Sometimes it still evokes emotions. It think it always will, but I can control my emotions better now or I can explain it to myself logically and say it has happened and you may feel this way... Where in my life and my thinking, everything that I did was determined by it and how I felt about it, determined what I did and it is no longer the case. I can think back and I am not sad about it all the time.

admit that they have not dealt with the abuse at all and they not only dealt with the trauma of child sexual abuse, but with multiple traumas. Lindi recalls:

Ek onthou toe my ouma-hulle vermoor is, toe my pa-hulle laat die aand terugkom en sê hulle is dood, en wat ookal, het ek – ek onthou - toe my oupa** die deur oopmaak, het ek uitgegaan om vir my pa-hulle hello te sê, het ek na my pa toe gegaan en hy't net so weggedraai van my af en dit was vir my, partykeer in 'n mate, afhangende van hoe ek voel, vir my erger as die een van my oupa[†] (LIN: 147-155).⁵²*

*The grandparents who were responsible for the sexual abuse

** The other grandfather where she was left for the day

†The memory of the sexual abuse

Her grandparents were burned alive in their farmhouse and when Lindi related her emotions regarding their murder, especially of her grandfather and the perpetrator of her child sexual abuse, she expressed it this way:

Ek was bly! [sigh] Ek het baie keer gedink as hy nog geleef het, het ek hom self gaan doodmaak. Maar ek was baie hartseer oor my ouma, want my ouma was ... aaaag sy was 'n sweetheart ... So my hart was baie stukkend oor my ouma. Ek dink nie, I have given any thought about my oupa. My hart was net seer vir my ouma (LIN: 173-177)⁵³.

Colleen mentioned twice that things were so bad before she underwent the conversion that has changed her life, that she thought of suicide on a daily basis and even attempted it on numerous occasions. Although she has low catastrophising scores on both instruments and has high scores for all the adaptive cognitive emotion regulation strategies, she relates these fears as being constant and real:

I do however think that my menstrual pains are not normal pains. Umm ... I have never really been to a gynaecologist to check up on myself, and I know I must, but umm ... ja, that specifically I think ... I am scared. I know as a child, the gynaecologist that I went to with my dad's thing is that I have so much hurt that I will most probably not be able to have children. But I don't believe him now. [laugh] Some part of my being believes it, but I don't want to believe it! I don't know - I think that's why I don't want to go to a gynaecologist I think I don't want to hear any bad news and things like that (COL: 874-881).

⁵² I remember when my grandparents were murdered, when my parents came back late that night to tell us they were dead, and whatever, I can remember when my grandfather opened the door, I went out to say hello to my parents and I went to my dad and he just turned away from me and that was for me, sometimes in a sense, depending on how I feel, worse than the abuse of my grandfather

⁵³ I was glad! [sigh] I had often thought that if he had still been alive, I would have killed him myself. But my heart was very sore about my grandma, because she was a sweetheart. So my heart was very broken about her. I don't think I have given any thought to my grandfather. My heart was just sore for my grandma.

In Figure 6.12 it is clear that rumination and catastrophising tend to follow the same curves on the graph. The higher adaptive cognitive emotion regulation strategies tend to indicate lower scores for less adaptive cognitive emotion regulation strategies and vice versa, except in the case of Caron, where her scores all seem to converge.

What is significant in this final graph is that the distribution of the range of adaptive and less adaptive scores do not overlap for Bianca, Christie, Colleen and Shelly. The circles indicate the groupings of these scores. Caron has a very narrow range for all the strategies, with most of her scores converging to a point in the middle of the range. Jenny, Jolene and Lindi have a very wide range of scores with a great deal of overlapping between the adaptive and less adaptive strategies. What is also noteworthy is that both Jolene and Lindi's highest scores are less adaptive.

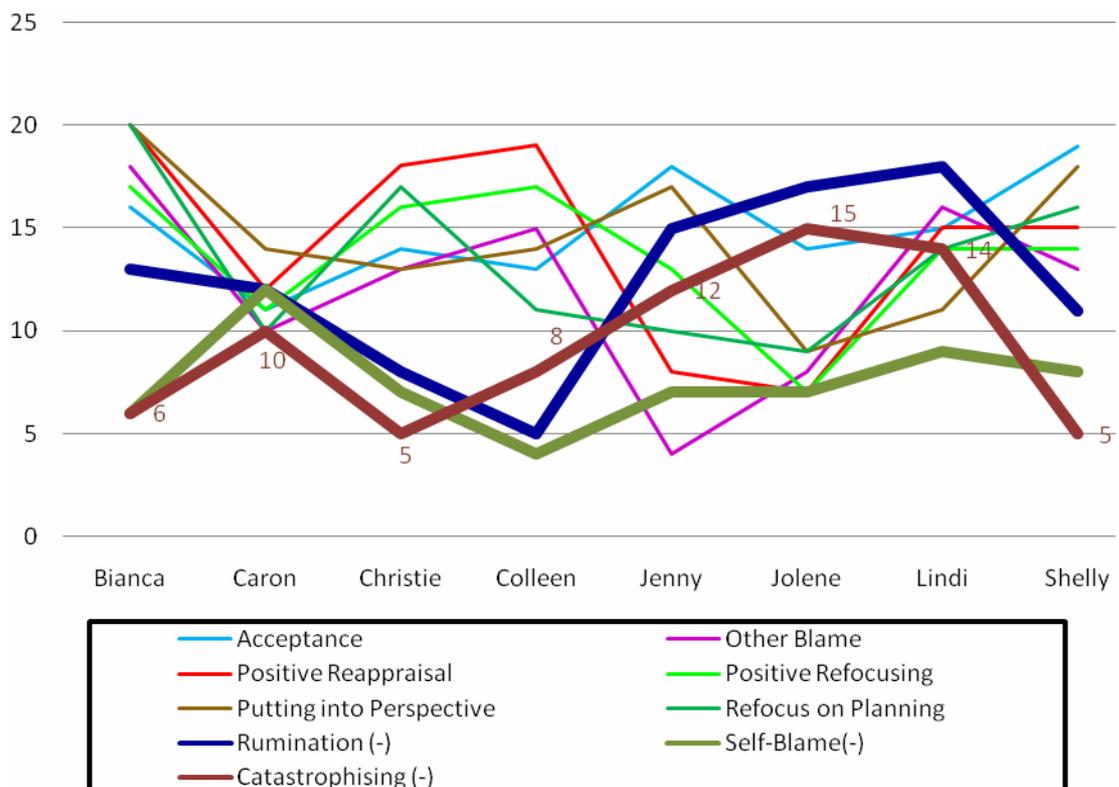


Figure 6.12. CERQ scores comparing adaptive cognitive emotion regulation strategies to less adaptive cognitive emotion regulation strategies (scores for catastrophising)

6.3.3 Conclusions

Bianca, Christie, Colleen and Shelly generally make use of adaptive cognitive emotion regulation strategies more frequently than less adaptive cognitive emotion regulation strategies. The opposite is true of Caron, Jenny, Jolene and Lindi, and when comparing the cognitive emotion regulation strategies to the domains of resilience discussed in the previous section, there seems to be a similar pattern for these participants. Compare Figures 6.2 and 6.3 to note the lower scores for the various domains for Caron, Jenny, Jolene and Lindi. It was also these four participants who openly admitted to *not* having dealt with the abuse and having low self-esteem.

Bianca, Christie, Colleen and Shelly, on the other hand, had the reverse tendencies and even openly admitting to having dealt with the abuse, having healthy self-esteem and experiencing a high sense of self-cohesion. From the data analysed from the MTRR-I and the CERQ, cognitive emotion regulation strategies seem to play a role in the development of resilience.

6.4 PROACTIVE COPING (PCI)

6.4.1 Data analysis

When the CERQ had been completed the participants completed the PCI, which took an additional 10 minutes. Once again the participants did not limit their answers to how they cope or deal with the child sexual abuse, but how they deal with traumatic experiences now in adulthood. In Table 6.9 the scores of the PCI are recorded and the pattern of these scores is plotted in Figure 6.13.

Table 6.9
The PCI scores:

	PCI scores *
Bianca	31
Caron	29
Christie	52
Colleen	41
Jenny	35
Jolene	34
Lindi	46
Shelly	52
TOTAL AVERAGE	40

*Total Range of Scores: 14-56

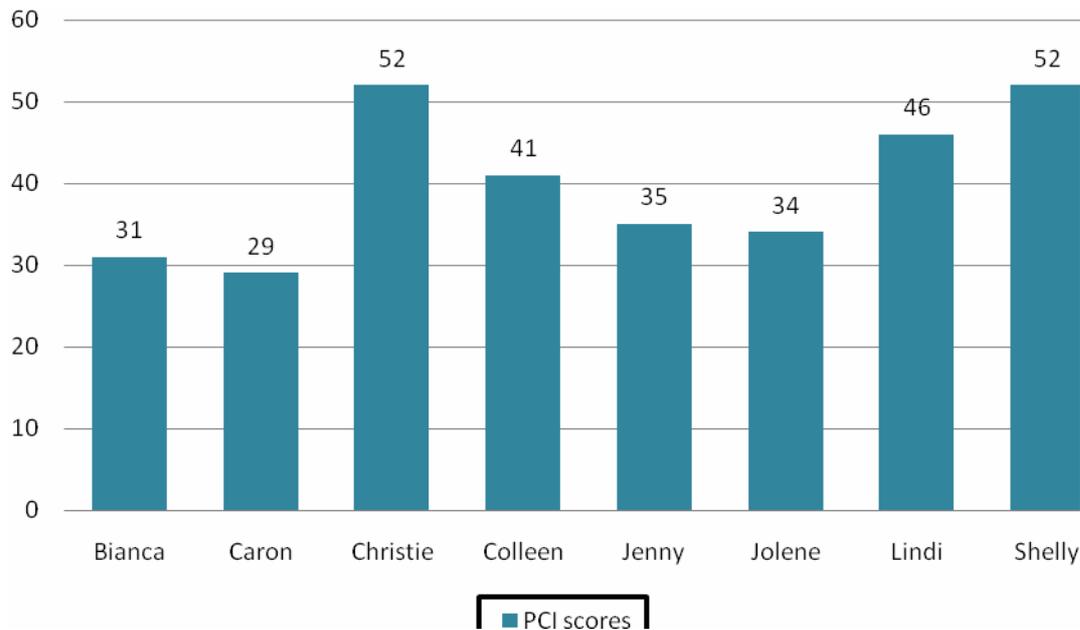


Figure 6.13. Proactive Coping Inventory scores

6.4.2 Discussion of elements of proactive coping (PCI)

6.4.2.1 Background

The main tenets of proactive coping as conceptualised by Greenglass *et al.*, (1999) and Aspinwall and Taylor (1997), are outlined in the two essential elements of proactive coping and will also be discussed separately with regard to the data:

- (1) The proactive person realises that life is full of abundant **resources** and takes the necessary steps to prevent their depletion and is also capable of utilising the resources they do have when needed.
- (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 in the future by fulfilling **personal goals** (Greenglass *et al.*, 1999, p. 5).

In the discussion of the data pertaining to proactive coping, the scores of the PCI will be compared to the two main tenets of proactive coping mentioned above and then data from the interview will be incorporated.

6.4.2.2 Resources

Proactive coping means being prepared at any time for a challenge by accumulating and preventing the depletion of available resources. These resources include time, money, planning and organisational skills, competencies, commitments, beliefs, social support, a network system that can assist an individual in making more effective appraisals, health and psychological well-being. Having interpersonal strength and relational skills are also considered positive coping strengths and resources (Aspinwall & Taylor, 1997; Greenglass *et al.*, 1999).

Based on what are classified as resources by Aspinwall and Taylor (1997) and Greenglass *et al.* (1999), I selected the following from the thematic analysis of the MTRR-I that indicate whether an individual is accumulating and preventing the depletion of available resources:

- (1) positive support,
- (2) spiritual strength,
- (3) maintaining a steady intimate relationship with a partner,
- (4) whether the individual admits that he or she is coping; and
- (5) whether he or she has a sense of psychological well-being in self-cohesion.

Whether the participant is accumulating resources is recorded in the form of questions in Table 6.10 below.

Table 6.10
Summary of whether the participant is accumulating available resources

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Did she indicate that she has adequate positive support in her life?	√		√	√		√		
Did she state that one of her main resources is spiritual strength?	√	√	√	√	√	√		√
Has she been able to maintain a steady intimate relationship with a partner?	√		√	√	√	√	√	√
Did she indicate that she feels she is coping most of the time?	√	√	√	√	√	√		√
Did she indicate that she had a sense of psychological well-being in self-cohesion?	√		√	√				√
TOTAL	5	2	5	5	3	3	1	4

Christie and Shelly have equally high scores on the PCI (52) and also tend to make use of adaptive cognitive emotion regulation strategies more regularly than less adaptive cognitive

emotion regulation strategies (see Table 6.8). Consider the extracts below from Christie's interview in which she demonstrated the recognition of these resources:

Wel, ek het gegroei ... my geloof in God het definitief op 'n ander vlak ... Dis die Here se probleem! [laugh] Om iewers op daai punt te kom in jou hart en in jou kop is nogal, dis meer as net, jy kan dit nie vir jouself uitmaak nie, dit kom van bo af, en umm, elke sekond te kan vertrou. En dan ek werk nou saam met my man in een kantoor, wat totaal en al... hy's hierdie deurmekaar ... ek's hierdie stiptelike, ordelike ... jy kan sien die tafel is ... ek is maar netjies; na elke ding wat ek doen en hy het papiere en papiere, en ons is altwee bestuurders, so ons baklei en stry nogal, maar ons werk baie lekker saam, want ek is die operasionele een, kry goed gedoen ... en hulle is die "schemers" [laugh] en hy is finansies. (CHR: 355-367)⁵⁴

Christie has always had a lot of drive and ambition and left home early to get away from a very emotionally abusive mother. It is clear that Christie has always known what she wanted and has pursued it in her own way. Since she was a little girl she used to rely on the support of her father in dealing with her mother's abuse. Now she has the strong support of her husband, children, friends and church people. In the next extract she shows her interpersonal strength:

O ja, en my man het altyd vir my gesê, um ek kan nie kritiek hanteer nie, wat waar is, want ek moet reg wees. Ek moet, ek's 'n A-tipe, ek moet goed reg kry, en so. En ek dink nog dalk dit is nog dalk nog 'n issue, alhoewel ek kan nou, dat ek weet wat's die probleem, kan ek half dalk daaraan werk en sê ok wag, dis jou opinie, ek vat dit dalk van wie dit kom en as dit waar is moet ek daaraan werk (CHR: 500-505).⁵⁵

Caron has the lowest PCI score, and has also shown that her adaptive cognitive emotion regulation strategies are used less often than those of most of the participants who took part in this research. Caron says that she vowed and declared after an attempted rape that she

⁵⁴ Well, I have grown... my faith in God is definitely on a new level... It's the Lord's problem! [laugh] To sometime come to that point in your heart and in your head is quite, it is more than, you cannot explain it to yourself. It comes from above to be able to trust every second. And then I also work with my husband in one office, which is totally.. he is this untidy.. and I am this organised, punctual.. you can see the table is... and I am tidy; after everything I do – and he just has papers and papers and we are both managers, so we fight and argue quite often, but we enjoy working together because I am the operational one that gets things done and they are the 'schemers' and he does the finances.

⁵⁵ Oh yes, and my husband always says to me that I cannot handle criticism, which is true because I want to be right. I must! I am an A-type, I must get things right, and so... I think it is still an issue but I can now, that I know what the problem is, I can work on it and say: Ok, wait – this is your opinion. I take it from whom it comes and if it is true, I must work on it.

would never let a man touch her again and she has kept to this and never been in any relationship. When asked about her relationship dynamics she responded:

If there are a lot of people, I don't talk ... I step down ... I would rather keep quiet 'cause just now I upset things or get them upset at me or something (CAR: 268-272).

Jolene and Jenny have low PCI scores and also both reported that they have no control in their relationships. In these relationships they don't seem to have the support systems that are present for Christie. Both these participants also had low scores for adaptive cognitive emotion regulation strategies and higher ones for less adaptive cognitive emotion regulation strategies. This is how Jenny comments on the relationship resource she has:

I think my husband is very much, I can't say a control freak, but if you say: Can we do this? Then he'd say: No! It's not going to happen. So you kind of always back off because I can't control him. He sort of decides for everyone what so I kind of ... I don't get involved. When he says no then I just leave it and I don't make an issue of anything (JEN: 464-469).

After more than 30 years of marriage, Jolene recalls that her husband has been her support all these years, but marital problems were mentioned 19 times during the interview. She explains her relationship with her husband as follows:

There were a lot of years when he really was not that approachable. Let me put it that way. No matter what the situation I would always be too afraid to broach the subject. I really think that comes partly from the way I had to deal with my dad, just you're not allowed to bring up anything, not allowed to question anything. So to try to broach the subject for me was almost impossible. So for me coping would be to avoid confrontation at all costs. And that's the way I was dealing with my marriage. We're only now getting to the point where we can discuss things (JOL: 348-354) I think I'm too changeable. I don't set high goals because I guess I have always needed support. When you don't have support, then you let go of whatever thing you were hoping for because it's not going to happen. (JOL: 956-958).

Bianca has always had the support of her parents and her husband in dealing with the sexual abuse. Although she only disclosed it to her parents a few years ago, they were immediately supportive and confronted the perpetrator. Bianca has explained that she feels that there has been closure for her in the way that the abuse was dealt with by her significant others. Not only does Bianca have a solid support network, but she has a very strong

spiritual faith that she considers her resource in dealing with the child sexual abuse and other issues in her life. Bianca does struggle with organisational and planning skills and in setting specific goals for the future:

Dit verander elke dag. Ek is glad nie 'n ambisieuse ... Daar is dinge wat ek definitief lang termyn en waarvoor ek sterk baklei en waaraan ek hard werk en wat vir my prioriteite, soos my geloofslewe, my kind en my man maar daar is dae wat ek nie eers meer lus is om te probeer nie [laugh]. Maar ummmm ... dan is daar dinge, soos ek sê gister wou ... ek dink ek moet 'n verpleegster word, en dan wil ek 'n kunstenaar word, en dan wil ek 'n juffrou word, maar die hele Bybelse berader ding en met kinders werk is vir my – eventually sal ek daar uitkom en ek voel in elk geval ek doen alreeds met my kind (BIA: 1193-1200).⁵⁶

One of the challenges of proactive coping is to be able to deal with change in order to be able to know how to deploy the necessary resources. Bianca fears change and related:

Ek is 'n vreeslike control freak en ek hou nie daarvan dat goed verander sonder dat jy my laat weet nie. [giggle] Soos my man moenie mense genooi het en my nie 'n week voor die tyd gesê het waar ek die spyskaart en alles kan uitwerk nie. Moenie nou sê ons ry nou plaas toe na my skoonfamilie toe nie want ek moet myself mentally voorberei daarvoor [laugh]. En ek hou nie van verandering nie. Ek ek hou nie van verandering nie! (BIA: 838-846)⁵⁷.

Shelly, on the other hand, has a very high PCI score, but her profile on the elements of proactive coping is different from Christie's, who shares the same score as Shelly on the PCI. Shelly is very independent and has been since her childhood when she realised she could not count on anyone to be there for her. Shelly has a zero score for positive support on the MTRR-I and the following extract is typical of how she referred to any relationship:

Ja, well it wouldn't make a difference. We didn't have, we didn't have a good relationship. Umm ... I can't say we didn't have a bad relationship

⁵⁶ It (goals) changes every day. I am not ambitious at all! There are things that I would definitely do long term, and things that I would fight strongly for and on which I would work hard and that is also a priority like my faith, my child and my husband, but there are days that I don't feel like trying any more [laugh]. Then there are things, like yesterday I thought I should be a nurse, and then I want to be an artist and then I want to be a teacher, but the whole Bible counsellor things and to work with children – eventually I will get there and I feel that I am in any case already doing that with my own child.

⁵⁷ I am an exceptional control freak and I don't like it when things change without my being informed [giggle]. My husband must not invite people without a week's notice so that I can work on the menu and everything else. Don't tell me now that we are going to the farm to my in-laws because I have to prepare myself mentally for that. I don't like change. I don't like change.

either. She was my mom and I was her daughter and that's it. So, whatever went on in my life was, SO WHAT? I don't know whether she'd actually listen, because I never really tried, you know, but, ja ... (SHE: 439-443).

In Fig. 6.14 (p. 165) the totals that comment on the way the participants accumulate and preserve their resources (see Table 6.10) are plotted together with the totals of the second tenet (see Table 6.11) in the discussion of proactive coping so that a possible relationship can be seen between these tenets and the PCI scores.

6.4.2.3 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 and that it is up to them to make things happen. 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 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).

In the thematic analysis of the MTRR-I, four themes contribute to personal quality management and goal attainment:

- (1) optimism about the future,
- (2) meaningfulness of life,
- (3) refocus on planning; and
- (4) personal development.

To determine to what extent the participant felt that they were taking responsibility for the future by fulfilling goals, the following four questions in Table 6.11 below are answered by referring to the data in the MTRR-I and thematic analysis (see Appendix A).

Table 6.11
Summary of participants' taking responsibility for the future by fulfilling personal goals

	Bianca	Caron	Christie	Colleen	Jenny	Jolene	Lindi	Shelly
Does she indicate optimism about the future?	√		√	√		√	√	√
Does she find life meaningful?	√	√	√	√	√	√	√	√
Is she determined to set and achieve goals in her life?	√		√	√		√	√	√
Does she feel that through her trauma she has undergone a form of personal development?	√	√	√	√	√	√		√
TOTAL	4	2	4	4	2	4	3	4

In Figure 6.14 one notices that the tenets of proactive coping do follow the general pattern of the PCI scores, but there seem to be discrepancies in Bianca's scores. Bianca's scores on the CERQ and in the MTRR-I have compared with those of Christie, Colleen and Shelly. Even here the scores from the tables do not correspond with her score on the PCI. It is also significant that Lindi has a very high score on the PCI and yet has a very low score for her resources. Christie's scores are consistently high in each of the instruments and across the data. She took responsibility for her life even as a young girl who had just finished school when she decided that she did not want to live with her abusive mother anymore. She recalls:

Ek het in matriek uit die huis uit ... ek wou nie verder nie. Ek het alleen basies in Pretoria kom werk. Ek wou nie gaan swot nie – ek wou nie meer afhanklik wees van my ouers nie. Dit was rêrig moeilik onder my ma. Emosioneel op en af en as sy rêrig kwaad raak, was ek bang, so ... [deep breath] toe het ek 'n woonstel opgesit en ek begin werk by, daai tyd was dit mos die Departement van Pos en Telekommunikasie en toe's dit Telkom, toe hulle skuif, toe's ek Telkom toe en het ek myself opgewerk. Ek het getrou – jonk – ek was nog nie 21 nie, ek was 20, toe's ek getroud. Nou nog gelukkig getroud ... (CHR: 86-94)⁵⁸.

⁵⁸ I left home after matric – I didn't want to carry on any more. I basically came to work in Pretoria on my own. I didn't want to go and study because I didn't want to be dependent on my parents anymore. It was really difficult under my mother's moods. Emotionally up and down and when she was really angry, I was afraid, so ... then I got a flat and started working at the old Department of Post and Telecommunication and later Telkom. When the change took place that is when I started to work my way up in Telkom. I got married – young – I was not 21 yet – I was 20 when I got married. I'm still happily married.

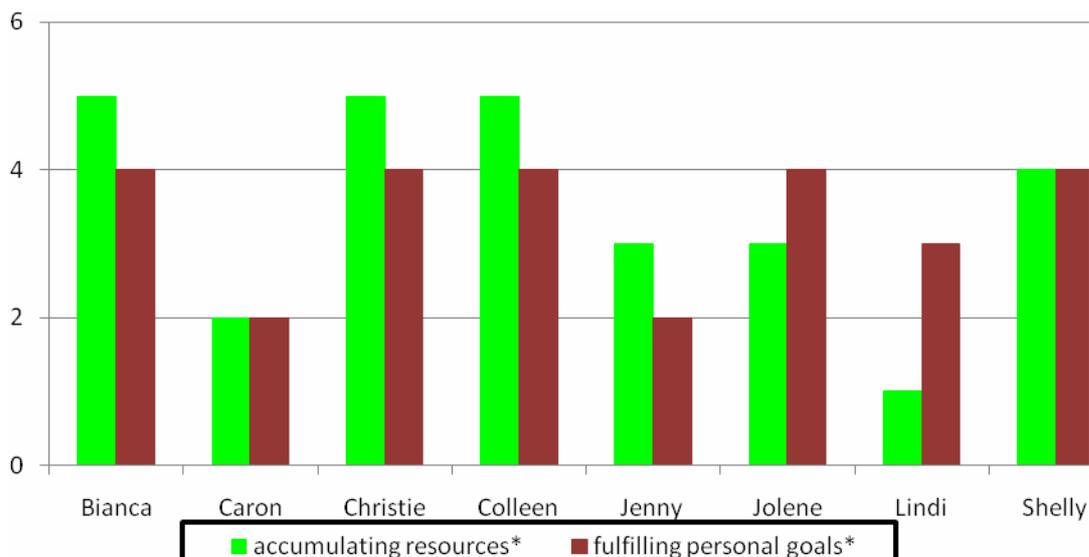


Figure 6.14. Comparison of the different proactive coping tenets against the PCI scores

Christie has taken responsibility for her life and has made things happen for herself and she is still striving for improvement in her life and realises her goals.

Ek het toe die, um ... beradings ding ook gedoen, um ... dit is by Potchefstroom se universiteit gewees: Umm ... Perspektief Beradingskursus. Ek het my redelik opgewerk. Ek was op 30 reeds 'n bestuurder in Telkom, so ... toe's ek daar vir [pause] vyf jaar bestuurder ... en toe's ek nie baie bereid om aan te gaan met ... Ek het gevoel ek begin my siel verkoop om opgang ... en ek was deel van 'n groep wat, umm, vir executives en hoër vlak sou, sou gaan en ek sou al hoe minder tyd met my kinders spandeer het en dis nie waar my prioriteite lê nie en toe besluit ek gaan af gaan. Ek het 'n besigheid oopgemaak maar ek het van werk ... Ek wou regtig in 'n bediening gaan vir die Here, (CHR: 108-116).⁵⁹

Shelly left home at 18 because she no longer wanted her life to be controlled by external forces, but she decided that she would make things happen for herself by improving her

⁵⁹ I did the counselling thing at the University of Potchefstroom. Perspective Counselling course. I worked myself up and at 30 I was already a manager at Telkom and I was a manager there for five years and then I was not willing to carry on with... if felt like I was selling my soul for advancement and I was part of a group that were applying for executive and higher positions and I would have spent less time with my children and that was not where my priorities lay, so I decided to go off. I opened a business where I can work – I really wanted to go into ministry for the Lord.

environment. Whether the decision was responsible in the long term is not the question, but Shelly acted proactively in a way that she thought would improve her life.

I left home, ran away – not ran away just – I got ... I'll tell you what happened. My mom called on my birthday and reminded me to clean the cupboards and do my brother's nappies and not even a happy birthday or anything. And I thought, well, That's it! I don't have to put up with this anymore and I left home. Umm ... A cousin of mine stayed in Johannesburg and I lived with her ... started waitressing and my objective was to join SAA and waited till I turned 21. So I waitressed and worked as a sales consultant wherever I could find work. Then I joined SAA and I was there for 10 years as a flight attendant. But I know why I joined SAA as well. I wanted to run ... (SHE: 184-191).

Lindi, who scored a relatively high 31 on the PCI, may have a very high score on low self-esteem (see section 6.2.2.5, Figure 6.3) and her rumination score is her highest CERQ score (see section 6.3.2.8, Figure 6.11), but she is determined to improve her environment and to make things happen for herself. She has admitted that she has undergone a great deal of self-development and sets high goals and is determined to reach them – even though she realises that they may sometimes be a bit unrealistic. Throughout her life she has felt that she was living in her brother's shadow and because he was academically so strong, her parents did not think she would be successful. She told it this way:

Ek voel ... [very emotional] ek is 'n slegte mens. Stupid! Dom! Ek voel INCREDIBLY dom! Umm ... Ek het eenkeer vir iemand gesê: As iemand weet hulle is dom gaan hulle weet hulle is dom? En hulle het gesê ja. En ek weet ek is dom! Umm ... Ek is baie verleë daaroor umm ... en ek voel ek is 'n slegte mens en ek voel net dat die Here dink ek is self below sy koningkryk ... Ek voel baie sensitief daaroor! Toe ek hare gaan swot het, toe hoor ek na die tyd, want ek moes vir myself betaal het, het my ma-hulle gesê hulle wou nie vir my betaal nie want hulle het nie gedink ek sal dit kan doen nie. So ... en my boetie is rêrig ... hy is geniaal slim. Hy is ongelooflike slim (LIN: 790-803).⁶⁰

It is as if she has taken the negative energy that she grew up with and is starting to apply it proactively to changing her life.

⁶⁰ I feel I am a bad person. Stupid! Dumb! I feel incredibly stupid. Umm, I once asked someone: If someone knows they are stupid are they going to know they are stupid and they said yes. And I know I am stupid. I feel very embarrassed about it and I feel like a bad person and I feel that the Lord thinks I am even below His kingdom. I am very sensitive about it. When I went to study hairstyling, I heard afterwards, because I had to pay for myself, that my parents said that they didn't want to pay for me because they did not think I could do it. And my brother was very clever – he is incredibly clever.

Ek het op 'n punt gekom waar ek besef het ek gaan down en down en down ... en ek gaan nooit gelukkig wees of enige iets achieve as ek daar bly sit nie. So ek het baie slowly but surely bietjie begin op te staan en te loop en partykeer het die Here my net krag gegee om deur te gaan en ek kan regtig eerlik sê ja. Ek is baie aktief. En ek geniet dit baie (LIN: 192-198).⁶¹

Dat ek my salon oopgemaak het ... en uh, ek het 'n baie groot hairshow wat ek beplan vir die 30ste Oktober. 13th Floor gaan daar optree ... Dit is 'n baie groot ding. Dit is een van my grootste drome. So, umm ... ek is besig met die beplanning en ek maak die props en die dinge, so die hele experience kan ek iets doen ... en ek [is] goed daarmee, umm dit is vir my my happiest ... (LIN: 236-241).⁶²

Not only did Lindi have a relatively high score for low self-esteem and low scores for many of the attributes that are associated with proactive coping and resilience; she also openly admitted to *not* having dealt with the abuse. Nevertheless she wants to get rid of the pain and move forward and wants to determine her own life's course and not sit back and watch how it is affected by external forces like her child sexual abuse. When she was asked if she would want to remember what are currently gaps in her memory she replied:

Ja, ek sal wil. Ek sal wil. Umm ... Want ek dink op 'n stadium as jy so surrounded is met soveel bad memories, dan maak dit jou negatief en jy tend to forget everything good. So ek sal wil, miskien sal dit my laat besef daar was goeie dele ook. I'll better understand some things, so ek sal wil, ek sal baie graag wil, ja ... (LIN: 245-250).⁶³

When Lindi was asked whether she is optimistic and hopeful for the future she said:

⁶¹ I got to the point where I realised that I am going down and down and down and I was never going to be happy or achieve anything if I stayed sitting there. So I very slowly but surely have started getting up and started walking and sometimes the Lord has given me strength to go through and I can honestly say I am very active and I am enjoying it very much.

⁶² That I opened my own salon and I have a very big hairshow coming up on the 30th of October. 13th floor will be the guest artists. It is a very big thing and it is one of my biggest dreams. So I am busy with the planning and making the props and the things so the whole experience is something I can do, and I am good at it and my happiest ...

⁶³ Yes I would want to. I would want to. Umm, because I think that at a stage when you are so surrounded by so many bad memories, it makes you negative and you tend to forget everything good. So I will want to, maybe it will make me realise there were good parts too. I will have a better understanding of some things, so I would want to, I would really badly want to.

Ek het baie hoop vir die toekoms umm ... omdat ek 'n groot dromer is. So ek kan sê ek is baie excited oor die toekoms. Ek hoop dit is more or less umm ... soos wat ek dit wil hê. Baie keer wens ek dat ek is nou ewe skielik 60 wees en kyk (LIN: 1032-1035).⁶⁴

Caron, whose PCI score is the lowest, also has the lowest scores for the factors contributing to personal quality management and goal attainment. In fact, she had a zero score for optimism for the future in the MTRR-I and said numerous times in the interview that she did not think about the future, neither did she have hope for the future:

I just am who I am. I just get by from day to day. I don't think about the future. Now and then I think a bit about tomorrow but that is about as far as we get (CAR: 168-170).

When Caron was asked what made life meaningful to her, she said:

At the moment my child, before that there was no meaning. I think God knew that I needed the child. He sent her to me more than what she needed me I needed her. She has done a lot of good for me. I have something to fight for (CAR: 644-646).

6.4.3 Conclusions

After looking at the scores of the PCI and the MTRR-I data, Christie, Colleen, Lindi and Shelly's scores are the highest. Caron, Jenny and Jolene had the lower scores for the PCI, with Bianca's score for the actual PCI not corresponding to her data regarding accumulation of resources and fulfilling personal goals (see Figure 6.14 above).

6.5 SUMMARY

Even if all the data analysed in this chapter could be assimilated and integrated, it can never give an absolute description of the participants; however, it has given a clearer indication of whether cognitive emotion regulation strategies and proactive coping skills influence the levels of resilience. Even so, there is no indication of causality between these variables.

⁶⁴ I have a lot of hope for the future, umm, because I am a dreamer. So I can say I am very excited about the future. I hope that it is more or less, umm, the way I would want it. Many times I wish that I was suddenly 60 so I can see...

Because each participant considered herself to be a resilient survivor of child sexual abuse, these data can never attempt to show otherwise, but perhaps it is safe to say that some of the participants do have a higher level of resilience and that the level is affected by the cognitive emotion regulation strategies and proactive coping skills. It became evident that participants who made more frequent use of adaptive cognitive emotion regulation strategies also had higher scores on the PCI and consequently also seemed to have more of the domains of resilience as found in the MTRR-I.