CHAPTER SEVEN

Discussion of Results, Recommendations and Limitations

7.1 INTRODUCTION

The focus of the study has been on exploring resilience, cognitive emotion regulation and proactive coping in adult survivors of child sexual abuse and on exploring how these strategies and skills relate to the development of resilience over the life cycle of the participants. Based on the critical-realist paradigm, the conceptual framework of this study (Fig 3.1, p.37) has at its base the PPCT model and ecological theory because all the contexts in which the participants are active and develop are of great significance.

This study was constantly motivated by the realisation that children are exposed to many different forms of trauma at different stages of their development, of which child sexual abuse is the worst. Nonetheless, they continue to cope with the demands of daily living in some way or another. While it is true that many survivors of child sexual abuse and other forms of childhood trauma do not experience significant mental health problems, Spaccarelli and Kim (1995) acknowledge the complex interplay between developmental processes taking place prior to the abuse and the combination of positive and negative person-environment transactions that take place afterward. Whereas Spaccarelli and Kim (1995) realise that some interactions can cause development along a pathological trajectory but that survivors also have protective factors that could be strong enough to prevent that, Grossman *et al*., (1999) and Harvey (2007) have suggested that resilient survivors of trauma must have some degree of pre-trauma resilience as a prerequisite for posttraumatic development.

Researchers do not claim to understand the development of resilience, but they do concede that it develops as a result of the interaction between many factors and systems across time. This chapter concludes this study by giving an overview of the study, discussing the results in terms of the research questions and then the recommendations for future research and for practice. Finally, the limitations of the research are stipulated.

7.2 OVERVIEW

Chapter 1 provides an outline and supplies the background and rationale of this study in which the levels of resilience, cognitive emotion regulation strategies and proactive coping skills in the survivors or child sexual abuse are explored. An extended discussion about what constitutes the different constructs in this research has underlined the controversy that exists in each of the areas that are researched in this study.

Although Bonanno (2004, p. 22) claims that resilience is common and most survivors of traumatic events can function adaptively, and Dufour, Nadeau and Bertrand (2000, p. 781) have documented research that found 20% to 44% of adult survivors who were sexually abused during their childhood show no *apparent* negative outcomes (own emphasis); Cummings, Davies and Campbell (2000) and Luthar, Cicchetti and Becker (2000) have different perspectives and caution this is not necessarily true, because to date "*no* children evidenced global positive adaptation under highly adverse conditions" (Cummings, Davies and Campbell, 2000, p. 140).The data in any resilience study is only applicable to the spheres of resilience that have been clearly delineated in any particular study (Luthar, Cicchetti & Becker, 2000, p. 545).

Based on an in-depth study of emotion regulation (Gross, 1998a, 1998b, 2002; Gross & Thompson, 2007) and the nine different cognitive emotion regulation strategies as conceptualised by Garnefski, Kraaij, and Spinhoven (2002); Harvey's (1996, 2007) ecological understanding of resilience in trauma survivors; and proactive coping as defined by Greenglass *et al*. (1999), the following research sub-questions emerged:

- What cognitive emotion regulation strategies do adult survivors of childhood sexual abuse employ?
- How does proactive coping influence the cognitive emotion regulation strategies used by adult survivors of child sexual abuse?
- What constitutes resilience in adult survivors or child sexual abuse?

From these sub-questions the main question developed:
- What is the relationship between cognitive emotion regulation, proactive coping and resilience in adult survivors of childhood sexual abuse?

Consequently, an outline of the research design and methodology is given. A mixed-method approach was selected because data collection included both quantitative (CERQ and PCI questionnaires) and qualitative methods (MTRR-I) and involved the integration of the data at one or more stages of the process of research (Creswell, Plano Clark, Gutman & Hanson, 2003). One of the motivations for adopting a critical-realist paradigm is the multi-layered nature of reality that necessitates more than one way of knowing regardless of whether the external realities are ever completely known or understood (Patomäki, 2000).

In Chapter 2 sexual abuse is placed in context, defined and characterized and the symptoms are discussed. Although no significant difference is reported on the amount of psychological distress experienced across gender or ethnic groups (Newcomb, Munoz & Carmona, 2009), the political landscape has affected South African sexual abuse data negatively because, according to Pierce and Bozalek (2004), when apartheid was rife, children of colour were usually excluded from the category of abused children and even now, statistics are based on the child abuse offences reported to the Child Protection Unit only (Pierce & Bozalek, 2004).

Chapter 3 contains an analysis, conceptualisation and exploration of the research literature regarding resilience, proactive coping and cognitive emotion regulation strategies in the context of survivors or child sexual abuse. Resilience, the core variable in the current study, is conceptualised from various different researchers' theories, but mostly the ecological understanding as pioneered in Bronfenbrenner's PPCT model (Bronfenbrenner & Ceci, 1994) and later in Harvey's (1996, 2007) eight different domains of resilience incorporated into the MTRR-I. Furthermore, Gross's (1998a, 1998b, 2007) emotion regulation theory and Garnefski, Kraaij and Spinhoven's (2001) nine different cognitive emotion regulation strategies are explored in detail and integrated, together with the concepts of proactive coping (Greenglass *et al*. (1999). Through the data gathered from the CERQ and the PCI, together with the MTRR-I, it is possible to see how resilience is influenced by cognitive emotion regulation strategies and proactive coping, and how these factors, in turn, determine whether an individual displays a level of resilience.

Chapter 4 outlines the epistemological perspective of critical realism, the mixed-method approach and the ecological understanding of resilience developed by Harvey (1996, 2007). This chapter also discusses the process of selecting participants and gathering data and summarises the methods of data analysis. Various methods of recruitment were tried, but ultimately the participants were selected using the snowball sampling method. Participants had to be 25-year-old (or older) female survivors of severe child sexual abuse who considered themselves to be resilient.

The ethical considerations of the study were of the utmost importance and the eight participants were informed of their rights to withdraw from the research at any point. Informed consent, anonymity, confidentiality and privacy were dealt with in detail and safety in participation ensured. Each meeting lasted between 90 and 120 minutes in total, in which time they completed the two questionnaires (CERQ and PCI) and then took part in the MTRR-I, which is a semi-structured interview.

The interviews were all recorded digitally and then transcribed verbatim, after which they were coded line-by-line and thematically analysed, the focus being the domains of resilience (Harvey, 2007), the different cognitive emotion regulation strategies and aspects of proactive coping. Copies of the recorded interviews are included on an MP3 disc and the transcribed interviews have been included on discs. The CERQ and PCI are simple instruments in which the participants indicated their views on a five-point scale and the scores were generated through a simple straight count.

Each participant's story was abridged and included in Chapter 5. The stories covered the childhood, life events and trauma of the participants with the focus being on the way they deal with the memory of their traumatic childhood in the present and how they manage their emotions in adulthood. Although the stories are written in a third-person narrative, there are direct quotations from the participants that shed more light on their personal experiences and views. The chapter closes with a summary of the traumatic life events that each of the participants has experienced throughout her life.

Chapter 6 follows with an in-depth discussion of the data analysis of the thematically coded interviews. First the discussion of the MTRR-I explores the eight domains of resilience and how these domains contribute to the overall resilience the participant displays. The discussion of the CERQ scores, which were used to determine which cognitive emotion regulation strategies are most often used by the participants, is followed by a consideration of the MTRR-I data in light of the cognitive emotion regulation strategies. The same structure is used in the discussion of the PCI scores, which were used to determine to what extent they employed proactive coping skills. Throughout this chapter the different constructs were compared and discussed in order to be able to answer the research questions posed in Chapter 1.

In this, the final chapter of the study, the results are discussed in terms of the research questions and with that, the contributions of the study are considered andrecommendations are made as to how schools and teachers can assist girls in developing the necessary cognitive emotion regulation strategies and proactive coping skills in order to develop higher levels of resilience in adulthood. Further recommendations for research are also suggested based on these findings and the limitations that pertained to the present research are mentioned.

7.3 DISCUSSION OF THE FINDINGS IN TERMS OF THE RESEARCH QUESTIONS

7.3.1 What cognitive emotion regulation strategies do resilient survivors of child sexual abuse employ?

Garnefski, *et al.* (2002) suggest that people who display characteristics of resilience are likely to display higher scores for the adaptive cognitive emotion regulation strategies and lower scores for the less adaptive cognitive emotion regulation strategies. In an overview of the results of the CERQ, the participants generally tended to have higher scores for the adaptive cognitive emotion regulation strategies than for the less adaptive strategies.

When considering all the participants' CERQ scores (see Table 6.8, p.137, the cognitive emotion regulation strategy most often used was acceptance (CERQ score: 120) which is indicative of positive processing of traumatic events unless the participant displays low scores in the other adaptive strategies, which could mean that the acceptance is a sort of resignation to what has happened (Garnefski et al. 2002, p.32). This was evident in Jenny, Jolene and Lindi's cases. The cognitive emotion regulation strategy least employed by the participants was self-blame (CERQ score: 60) and even participants who seemed to use less adaptive cognitive emotion regulation strategies most often, used self-blame least.

When the cognitive emotion regulation strategies' scores were plotted graphically (see Fig 6.12, p. 156) it became evident that if a participant scored high on, for example, positive refocusing, all the other adaptive cognitive emotion regulation strategies had similar scores and the same tendency occurred with the less adaptive cognitive emotion regulation strategies. Also, if participants had high scores for the adaptive cognitive emotion regulation strategies, their scores for the less adaptive cognitive emotion regulation strategies were much lower. Based not only on the analysis of the results of the CERQ, but also the data that were analysed from the MTRR-I and PCI, the participants were divided into two categories, each containing four participants.

The less adaptive cognitive emotion regulation strategy that was used most often by the participants was rumination (CERQ score: 99), which is the strategy most often associated with depression and other psychopathological symptomatology (Amone-P'Olak et al., 2007; Garnefski, et al., 2004). The participants in Category 1 have very low scores for rumination, whereas the participants in Category 2 have very high scores and there seems to be a significant correlation between rumination and low self-esteem. The strategy with the second highest incidence of employment, according to the CERQ, is putting into perspective (CERQ score: 116) and this adaptive strategy also correlates with the other adaptive cognitive emotion regulation strategies (see Fig 6.5, p. 137). Although the CERQ scores for this strategy were high, the participants did not seem to express this clearly in their

interviews. The four participants whose scores for putting into perspective are lowest are in Category 2.

Positive reappraisal (CERQ score: 114), positive refocusing (CERQ score: 109) and refocus on planning (CERQ score: 107) are the other adaptive cognitive emotion regulation strategies that are frequently employed by the participants in Category 1. The strategy that came across most clearly in the interview was positive appraisal. Category 1 participants clearly stated that they realise that the abuse has made them stronger individuals and have managed to attribute positive meanings to the experience in terms of personal growth (Garnefski, et al., 2002, p. 33). Category 2 participants clearly stated that they had experienced nothing positive with regard to the child sexual abuse they suffered. The higher the scores for positive reappraisal, the lower the scores on low self-esteem were and vice versa (see Fig 6.2, p.123).

Refocus on planning is more than a cognitive emotion regulation strategy because it has to lead to action to be considered an adaptive strategy and when this strategy has a low score, there are most probably other problems too (Garnefski, et al., 2002, p. 33). Once again the Category 2 participants scored lower on refocus on planning than those from Category 1.

According to the data gathered from the CERQ, with the support of the data from the MTRR-I and PCI, the survivors of child sexual abuse who use adaptive cognitive emotion regulation strategies most often have much lower scores for the less adaptive cognitive emotion regulation strategies. As advised via personal communication by Nadia Garnefski, the author of the CERQ, the CERQ scores cannot be averaged. In the Figure 7.1 below, the adaptive scores are plotted in shades of green and the less adaptive strategies are in shades of red. The first four participants' (Category 1) scores are clearly separate and there is no overlapping between the adaptive and less adaptive strategies. However, the participants in Category 2's scores overlap and in Caron's case, almost converge. Please note that the order of the names in the graphs are no longer alphabetical, but now arranged according to the categories as discussed above.
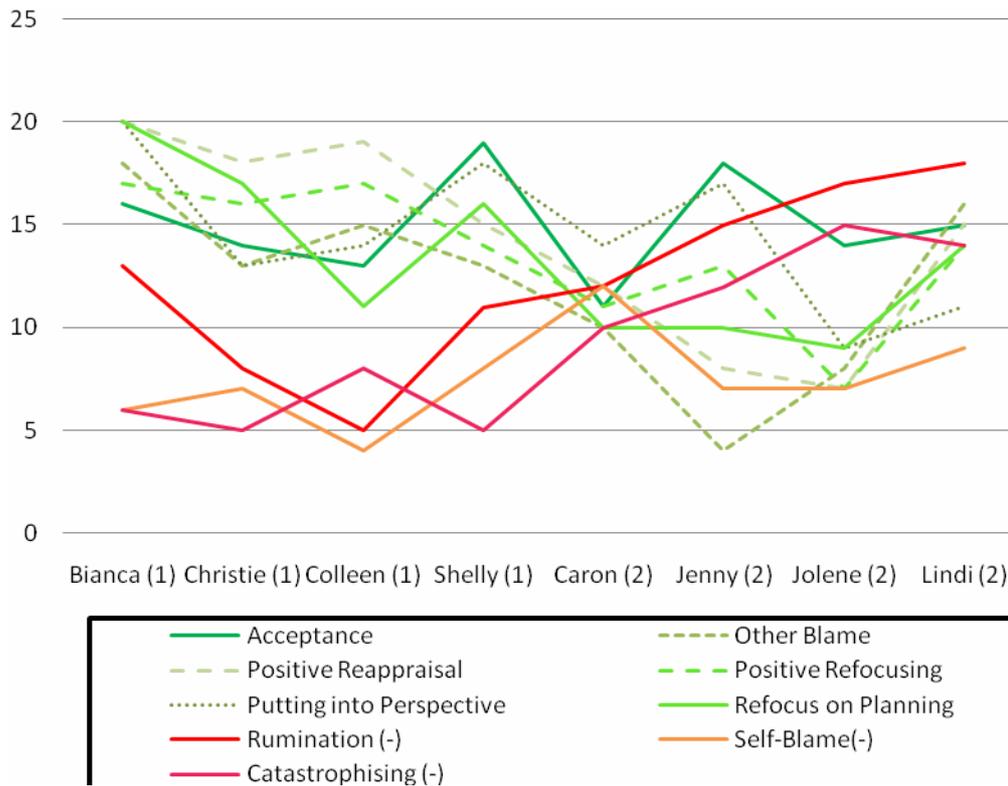
Figure 7.1. The adaptive and less adaptive cognitive emotion regulation strategies according to CERQ.

7.3.2 How does proactive coping influence the cognitive emotion regulation strategies used by adult survivors of child sexual abuse?

In an integrative review, Koole (2009) looks at emotion regulation with specific reference to the process model of emotion regulation (Gross, 2001) and proactive coping (Aspinwall & Taylor, 1997) and states that emotion regulation has multiple functions, which include the hedonic needs, facilitation of specific goals and tasks and optimisation of personality functioning. Aspinwall and Taylor (1997) state that some forms of emotion regulation occur proactively and that individuals who do cope proactively can employ suitable cognitive emotion regulation strategies to avoid an undesired emotion. Thus, it is not surprising that the participants in this study who have a higher score for the PCI are also the participants who employ adaptive cognitive emotion regulation strategies more often (Category 1 participants).

When the scores of the PCI in Table 6.7 (p. 135) are compared to the CERQ scores (Table 6.6 (p. 134) it seems that in most cases, the higher the PCI scores, the more likely the

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participants are to have high scores for the adaptive cognitive emotion regulation strategies. The average PCI score (the range being 14-56) for Category 1 is 44 and the average PCI score for Category 2 is 36.

One of the factors that Phanichrat and Townshend (2010) identify as typical proactive coping is whether the survivor has a realisitc, balanced view of who or what is to blame for the abuse and this is quite evident in this sample of participants. They did not have an unhealthy preoccupation with blaming either themselves or anyone else, and were willing to accept that they were responsible for making their lives successful or not. Gipple, Lee and Puig (2006) found that survivors of child sexual abuse are more likely to use avoidant coping instead of proactive coping, depending on the severity of the abuse. Table 7.1 below reflects the criteria of severe child sexual abuse as delineated by Arata (2002), Daigneault, Cyr and Tourigny (2007), Dufour and Nadeau (2001), Jonzon and Lindblad (2005), Merril, Guimond, Thomsen and Milner (2003), Pereda, Guilera, Forns and Gómez-Benit (2009a) and Steel, Sanna, Hammond, Whipple and Cross (2003). Although the participants were not expected to share any detail about the abuse, the detail recorded below was offered spontaneously. Where there is a question mark (?) it is because the participant did not state it directly.

Table 7.1
Severity of child sexual abuse among participants

	Bianca	Christie	Colleen	Shelly	Caron	Jenny	Jolene	Lindi
Perpetrator was a father			√	√			√	
Perpetrator was a trusted figure	√	√	√	√	√	√	√	√
More than one perpetrator			√		√			
Abuse took place over a long period	√	√	√	√	√	√	√	√
Abuse took place for more than 5 years				√	√	√	√	√
Abuse involved violence and pain			√				√	√
The child felt coerced to remain silent	√	√	√	√	√	√	√	√
Penetration (oral, vaginal)	?	?	√	√	√	√	√	?
The abuse was perceived as life-threatening			√				√	
TOTAL	**3**	**3**	**9**	**5**	**6**	**5**	**8**	**5**
PCI scores	**31**	**52**	**41**	**52**	**29**	**35**	**34**	**46**

When comparing the totals of the severe child sexual abuse to the scores for the PCI, the lower the totals are, the higher the PCI ought to be if the above statements are true. Only

Colleen, however, has a full score for the severity criteria and still shows a relatively high score for the PCI. Jolene's low PCI scores are closer to what one would expect if considering Gipple, Lee and Puig's (2006) point of view.

Referring back to the factors that threaten proactive coping (Aspinwall & Taylor, 1997) mentioned in Chapter 3 (p. 43), individuals who are exposed to constant financial difficulty, domestic discord, substance abuse, crime, overcrowding and noise will probably more easily use reactive coping skills. In this group of participants, no participant mentioned financial difficulty, reported substance abuse of any kind or described any form of crime other than the abuse that affected them seriously, and all the participants seem to have relatively settled, quiet living conditions with the possible exception of Caron, who lives with her parents who are often hosting people. Jenny and Jolene are the only two who often referred to domestic discord and marital strife; however, Jolene emphasised that her husband was her soul-mate now and that even though they had experienced discord, he had been a good husband. Jenny did not express these sentiments and even stated that her unhappy marriage had been as traumatic as the sexual abuse, if not more so. Jolene, Jenny, Caron and Bianca scored lowest on the PCI.

However, Bianca, who falls into Category 1 mentioned above, has a much lower PCI score if compared to her CERQ scores. Even though her score for proactive coping is so low, she has a zero score for low self-esteem and high scores for the adaptive cognitive emotion regulation strategies. She is also one of the participants who emphasised throughout the interview that she has dealt with the child sexual abuse and has grown as an individual because of it. What does come to the fore is the fact that Bianca also has a relatively high score for rumination if one considers her high scores for the other adaptive cognitive emotion regulation strategies. A possible reason for this is the fact that she admits to being preoccupied with the memories of the child sexual abuse until just about two years ago. It may be that, even though Bianca feels that she has dealt with the abuse and has come to terms with it to the extent that she has grown because of it, she may still have answered the questions on the CERQ and the PCI referring to how she used to deal with the abuse.

Another PCI score that stands out is Lindi's considerably higher score in comparison with the low scores she attained for the adaptive cognitive emotion regulation strategies on the CERQ. In fact, Lindi is one of the participants who fall into Category 2 because her scores for less adaptive strategies are higher than those for the adaptive cognitive emotion regulation strategies. What stood out in Lindi's interview was the fact that she has such a positive view of the future and is currently putting all her energy into her career and

relationship with her fiancé, which are possible reasons for her high score on the PCI. Lindi often indicated that she really wants to deal with the abuse and does not want it to affect the rest of her life. Lindi has relatively high scores for the adaptive cognitive emotion regulation strategies (Figure 7.1); it is just that her less adaptive strategies are also very high, her highest score being for rumination.

It would be true to say that, with the exception of these two participants, Bianca and Lindi, the scores on the PCI are related to the cognitive emotion regulation strategies employed; the higher the score for the adaptive strategies, the higher the PCI score and the inverse is also true (see Fig 7.2). The research question, however, implies that proactive coping influences the cognitive emotion regulation strategies most used in individuals and there is no indication that the inverse may not be equally relevant. That there is a relationship between cognitive emotion regulation strategies and proactive coping is evident, but that the one influences the other more, cannot be said in this study.

7.3.3 What constitutes resilience in adult survivors of child sexual abuse?

After completing this research, I can understand why there is such controversy about conceptualising and measuring resilience, because even though the instrument used to measure resilience may yield a lower score, the individual may consider herself to be resilient. As mentioned in Chapter 3, Luthar, Cicchetti and Becker (2000) and Rutter (2007) debated whether resilience is a personal trait or a complex, dynamic process and at this point I would confidently say that it is a complex, dynamic developmental process.

Although each participant considered herself to be resilient at the outset of the interview, the data gathered by the MTRR-I showed that their levels of resilience differed significantly. Because each individual experiences resilience in a different way, each one's proximal environment, individual characteristics, social context and the changes over time (Bronfenbrenner, 1995) are considered.

The answer to this question is divided into two sections – firstly a look at the development of resilience with regard to the PPCT (Bronfenbrenner, 2005), followed by an in-depth discussion of resilience with reference to the MTRR-I (Harvey, 1996, 2007).

7.3.3.1 Interpreting resilience through the PPCT model

Bronfenbrenner states (Bronfenbrenner & Morris, 1998) that the nature of proximal processes varies according to aspects of the individual and of the context. This is of great relevance in this discussion because, although Williams (2007) states that the proximal environment factors have the greatest influence on general distress and behavioural problems in adolescents who have been sexually abused, other aspects are definitely at play in the individual proximal processes in this study.

Considering the role of the proximal environment (Table 6.1, p. 115), it is only Bianca in Category 1 who seems to have positive interaction on this level. Bianca reported in her MTRR-I that she has many happy memories and the family often spent time together having fun when she was a child. She had the "engines of development" through which she could make sense of her world and understand her place in it (Tudge, Mokrova, Hatfield & Karnik, 2009). It is perhaps because of this that Bianca has indicated high levels of resilience and high scores for the adaptive cognitive emotion regulation strategies. Christie did not grow up in a happy, stable home at all, but had an exceptionally strong bond with her father and, together with her strong faith in God from a very young age, she has emerged from the child sexual abuse with high resilience, proactive coping skills and adaptive cognitive emotion regulation strategies. Although Colleen and Shelly are resilient, coping proactively and using adaptive cognitive emotion regulation strategies, their proximal environment does not have the system in which they have developed these strengths.

Jenny and Jolene in Category B, who have not yet dealt with their abuse, have effective levels of interaction with their proximal environment even in comparison with Shelly and Colleen, who clearly articulated having dealt with their childhood abuse. As reported in Chapter 5, Jolene reported a very dysfunctional childhood environment where everyone in the family experienced fear in response to different forms of abuse. Jenny reported a happy childhood home apart from the abuse. The factors in Table 6.1 are important to determine interaction with the proximal environment, but the "form, power, content and direction of the proximal processes effecting development vary systematically as a joint function of the

biopsychological characteristics of the developing person; of the environment, both immediate and more remote, in which the processes are taking place; and the nature of the developmental outcomes under consideration" (Bronfenbrenner, 1995, p. 621). The proximal processes do effect development, but in the context of many other systems.

According to Bronfenbrenner (Tudge *et al.,* 2009) the school is one of the microsystems interacting with the home; constituting "engines of development" (p. 200). These are the systems in which individuals develop their views of the world and learn how to interact within it. If children are being abused in their home as well as failed by the school microsystem, the development of resilience becomes even more remarkable.

Bronfenbrenner (1995) emphasises that proximal processes do not have the power to predict whether someone will develop certain methods of interacting with and within their different systems, but that the organism-environment behavioural interaction drives development and this, in turn, is affected by the developing person and the environmental context. In this sample it is clear that the proximal processes do not exclusively determine whether an individual will develop resilience or not.

It seems as if the participants in this study relied more on personal characteristics than on any of the other contexts. Although demand and force characteristics are always relevant (Bronfenbrenner & Ceci, 1994; Bronfenbrenner 2005), the focus in this study was on resource characteristics, namely the characteristics that relate in part to mental and emotional resources such as past experiences, skills, intelligence and access to material resources. The way the resource characteristics are defined overlaps with what are considered the necessary resources for proactive coping to take place (Aspinwall & Taylor, 1997; Schwarzer & Taubert, 2002; Hobfoll, Schwarzer & Chon, 1998). All the Category 1 participants, except Shelly, could answer positively to all the questions regarding the different resource characteristics.

In Table 6.2 (p. 116) he individual characteristics are considered from the data gathered directly from the MTRR-I. The Category 2 participants did not have as many positive answers, but their strength does seem to lie in the aspects of the person. Perhaps it is the

fact that faith plays an important role in most of their lives that they can feel optimistic about the future and can see meaning in life. Colleen is an amazing example of someone who displays incredible personal characteristics even though she reported very little positive regarding the proximal processes. Colleen's abuse was extremely severe, especially because she was abused by her biological father and four brothers and received no support from her mother.

When looking at the social context of the individual in the PPCT model (see Table 6.3,p.117), the focus is firstly the home, then the school, and then any other group in which a person spends a great deal of time (Tudge, *et al,* 2009). Most children, especially as young as five, spend most of their time in the home and school context, so the focus should be on these microsystems. What was quite significant was that participants (Bianca, Caron, Christie, Jolene) reported moving from one town to another when they were children. In fact, Caron's parents were missionaries and moved often. Shelly's father died when she was two and after that she remembers moving often and even living in people's back quarters at some stage. Colleen also did not know stable living conditions, as her mother and father divorced and remarried each other three times and the eight children were removed by the welfare and placed back with their parents when conditions were more stable again. Only Jenny and Bianca were not abused by someone within the microsystem of the home. Lindi was abused by her grandfather, who is classified as a primary care-giver, but she did not indicate how often they would spend time there.

Bronfenbrenner's theory (2005) is first and foremost a theory of development, and in this study the development of resilience, proactive coping skills and cognitive emotion regulation strategies cannot be discussed without considering the final element of the PPCT model: time. As discussed in the previous chapter, there are many elements of time that need to be considered and although I acknowledge the importance of the role of time and timing, it is an element that deserves much more research with regard to these concepts.

Jenny and Jolene, for example, are in their mid-50s and seem be struggling more than most of the others to deal with the abuse and to portray the characteristics of resilience. Williams (2007) quotes two studies (Putnam, 2003; Kendall-Tackett, 1993) that state that survivors of child sexual abuse report deterioration in daily functioning behaviours as time passes – some even escalating into destructive behaviours if not treated.

The aspect of time in this study emphasises the importance of the PPCT theory, because it illustrates just how important every aspect or context is in the process of human development, the development of psychopathology or the development of cognitive emotion regulation strategies.

7.3.3.2 The MTRR-I interpretation of resilience

Although it is not possible here to say that all resilient survivors of child sexual abuse, or any other form of trauma, demonstrate the presence of all eight domains of resilience, the likelihood is strengthened that the more they display the presence of these domains, the more likely they are to be resilient.

Table 6.7 (p. 135) is a summary of the levels of resilience of each participant using the eight domains. The totals are plotted in Figure 7.2 below and Category 1 and 2 participants are grouped together to illustrate the tendencies that have emerged. The line graph is the number of times participants mentioned in their individual interviews that they had dealt with and 'got over' their child sexual abuse.   Feeling certain that they had dealt with the abuse correlates with the level of resilience.

Legend:
- ■ Totals indicating levels of resilience (see Table 6.7, p. 139)
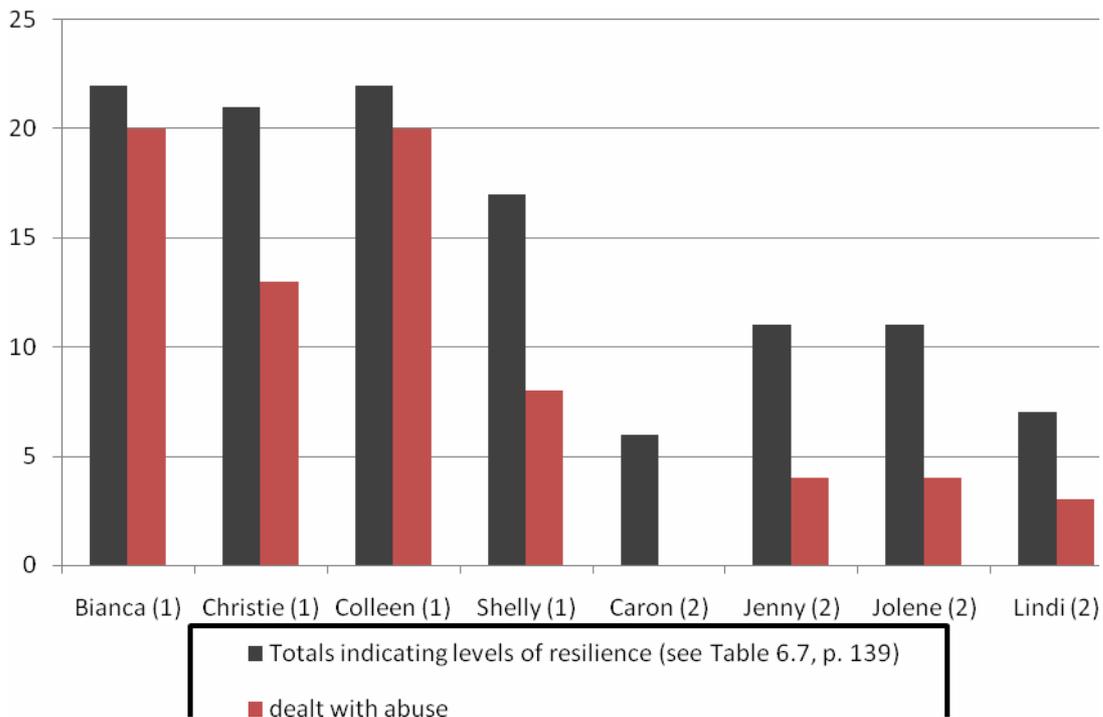- ■ dealt with abuse

Figure 7.2.   Summary of totals indicating the levels of resilience and number of times the participant indicated having dealt with abuse

Therefore, in order to answer the question of what constitutes resilience in survivors of child sexual abuse, resilience in a survivor of child sexual abuse enables an individual to:

- use proactive coping skills;

- make use of adaptive cognitive emotion regulation strategies more than less adaptive strategies;

- demonstrate the tenets of the eight domains as defined by Harvey, *et al.,* (2003) by:

  - being able to recall the past, as well as the traumatic experience of child sexual abuse;

  - being able to remember and verbalise the emotions experienced at the time of the abuse and being able to know how these emotions have changed;

  - being able to experience a whole range of emotions in a controlled and appropriate way;

  - being able to anticipate and manage the symptoms of posttraumatic arousal using positive coping skills;

  - having a healthy self-esteem;

  - experiencing self-cohesion;

  - being able to trust others enough to have healthy, rewarding relationships; and

  - seeing life as meaningful, having hope for the future and leaning on spiritual strength.

7.3.4   New considerations in the light of these data

7.3.4.1 Resilience from a developmental psychopathological perspective

Developmental psychopathology not only focuses on trait continuities over time, but also on the growing psychological cohesion that may extend across traits and the changes that take place with the altered circumstances (Rutter, 2008). Developmental psychopathologists

argue for a lifespan perspective and stresses links between early life experiences and later psychopathology cannot be expected to be simple or direct. The importance of individual patterns that need to be integrated with the most important experiences of a specific developmental period, prior adaptation, maturational change and environmental challenges, must be emphasised

When considering the profiles of Jenny and Jolene who are both in their mid-50s, they are struggling to deal with their abuse more now than what Colleen is in her mid-20s. They are at different points in their maturational cycle and a longitudinal study would best be able to comment on the development of resilience. The more one looks at the profiles of the participants, the more one realises that they have many more differences than similarities in their experiences, stresses, environmental challenges and individual patterns.

Rutter (2008) emphasises the ways in which the topic of resilience goes beyond risk and protective factors but that the study of the development of resilience shares the same focus on individual differences in developmental functioning as in developmental psychopathology.

7.3.4.2 A family resilience framework

Walsh (2002) proposes that a family resilience framework can serve as a valuable conceptual map to guide prevention and intervention efforts in supporting families who are managing stressful conditions. Many researchers quoted by Walsh (2002) conclude that resilience is to be viewed in terms of an interplay of risk and protective processes over time, involving individual, family, and larger sociocultural influences. A family resilience framework also adopts a developmental perspective in the context of the multigenerational system as it moves forward over time (Walsh, 2002).

Many events take place without the family realising that it could be connected to certain symptoms. Each family has a different set of risk and protective factors, their ways of coping with or reacting, as well as their 'survival' skills. The family resilience framework focuses on family strengths, acknowledges that no single model fits all families or their situations and, most importantly, that the well-being and the optimal functioning of family members vary over time as challenges unfold and families evolve across the life cycle (Walsh, 2002).

What one person would consider being a functional family may not be so for another. What is most important is that an individual has a caring, significant relationship with an adult who believes in their potential and encourages them to make the most of their lives (Walsh, 2002). Christie considered the emotional abuse she experienced at the hand of her mother as more traumatic, in some ways, than the sexual abuse of her brother. What anchored her was the relationship she experienced with her father. Bianca describes a very close relationship with her parents and when she disclosed the abuse to them, they were immediately supportive of her. Jenny came from a fairly stable family although she was born when her mother was over 40 and her siblings a lot older. Her relationship with her mother was one she cherished, but she died when Jenny was only 18. Jolene comes from a big family where all the children were abused by the father in some way or another; nonetheless, she shared that she had a very close relationship with her mother and siblings. Christie and Bianca are in Category A that used adaptive cognitive emotion regulation strategies and reported having dealt with the abuse. Jenny and Jolene are in Category B and did not display high levels of proactive coping or adaptive cognitive emotion regulation strategies.

Conversely, Shelly, Colleen, Lindi and Caron did not at any point indicate a significant adult in their childhood and all commented on how disjoint their families were and that they were not supported by anyone in particular. These four participants are also in both categories. Of course a family resilience framework can shed new light on how individuals develop resilience, but just as in the case of individual resilience, there are so many variables to consider.

7.3.5 What is the relationship between cognitive emotion regulation, proactive coping and resilience in adult survivors of childhood sexual abuse?

If the answers to the above three questions are synthesised, it becomes clear that these three variables are all inter-linked. Of course there is no way to know on the basis of these data to which extent cognitive emotion regulation strategies will affect proactive coping or what the effect of proactive coping is on resilience.

If all the results and the discussions are taken into consideration, Caron could be perceived as the participant who has the lowest level of resilience, uses adaptive cognitive emotion regulation strategies least often and has the lowest score for proactive coping. Phanichrat

and Townshend (2010) report a high incidence of self-mutilation in survivors of child sexual abuse, which is also very prominent in Caron's life. The way in which this method is used as a coping mechanism to divert painful emotion and reclaim a locus of control. It also allows the individual to feel the shame and the worthlessness they have always lived with (Gladstone, Parker, Mitchell, Malhi, Wilhelm & Austin, 2004). Regardless of this, Caron is a theatre sister in a prestigious hospital and has been allowed by social welfare to adopt a child regardless of the fact that she is a single mother. Caron is an example of someone whose scores and data match the profile of someone who is not as resilient as the rest, yet it does not prevent her from living a meaningful life that does portray resilience in a very unique, individual way.

Individuals who were most resilient with regard to the data gained in the MTRR-I were also the ones who employed adaptive cognitive emotion regulation strategies more often and had higher PCI scores (Bianca, Christie, Colleen and Shelly). Those who clearly stated that they had not dealt with the child sexual abuse tended to use less adaptive cognitive emotion regulation strategies more often and also tended to have lower scores on the PCI and in the MTRR-I (Caron, Jenny, Jolene and Lindi). It is important to reiterate that each individual considers herself to be resilient regardless of the outcome of this study. These findings cannot prove that these individuals are not resilient, because they live relatively successful lives on certain levels. The research does, however; add knowledge to what affects resilience and the importance of cognitive emotion regulation strategies and proactive coping in the development of resilience.

7.4 CONTRIBUTION OF THE STUDY

7.4.1 Consistency with other studies

Few adults do not hold the scars of childhood trauma and these survivors have valuable lessons of resilience and inner strength that can, and must, be captured and incorporated into formal curricula so that the trauma and abuse of the past can be transformed into resilience in the future.

This study has confirmed much of the existing research regarding cognitive emotion regulation strategies (Garnefski, *et al.,* 2003), proactive coping (Greenglass, *et al.,* 1999) and resilience (Harvey, 2007), but their interaction in survivors of child sexual abuse has indicated, on a small scale, that these are powerful tools in the process of dealing with childhood trauma.

The questions set at the outset of the research have been answered. From the data, clear relationships between cognitive emotion regulation, proactive coping and resilience. Although causality cannot be determined, it seems that the more adaptive the cognitive emotion regulation strategy, the more likely an individual is to cope proactively and be at a higher level of resilience. Many variables were considered in this study and yet there is no way any can be isolated to predict any outcomes.

7.4.2 Contributions to existing knowledge

First and foremost it is important to emphasise, as has been done repeatedly throughout the discussions, that the participants were included in the study because they considered themselves to be resilient. Although there is great value in the knowledge that emerged from the data, what the individual considers to be resilient cannot be disregarded or downplayed.

What emerged unexpectedly from the data gathered from these participants is the emphasis they placed on spiritual strength and faith in God. All of them acknowledge the importance of spirituality in their lives (see section 3.2.2.6, p. 34); and not merely the presence of religion. Three of the women clearly stated that they only started dealing with their painful traumatic past after a spiritual conversion. This is confirmed by the research done by Glicken (2006) and Grossman *et al.,* (1999).

It is important to define religion and spirituality in order to differentiate between the two concepts. Religion is a 'system of beliefs with either an institutionalised or a defined pattern of ceremony' (Reber, 1985). This will include the services and rituals practised by a group of people who are members of a religion or a certain culture. Glicken (2006) mentions that individuals who are members of a church or religious affiliation benefit by being part of a group that supports and adds meaningfulness to their lives. Spirituality, however, is more than religiosity. As spirituality is as difficult to define as resilience, I have chosen Delgado's (2005) definition as one that best encapsulates the essence of spirituality: "spirituality may manifest in various degrees influenced inpart by the social and cultural environment. Spirituality for many involvesfaith or the willingness to believe, asearch for meaning and purpose in life,a sense of connection with others, and atranscendence of the self, resulting in asense of inner peace and well-being. Astrong spiritual connection may improve one's sense of satisfaction withlife, or enable accommodation to disability. It may be a powerful resourcefor holistic care" (p. 157).

New research done in Ireland by Fitzpatrick, Carr, Dooley, Flanagan, Tierney, White, Daly, Shevlin and Egan (2010) investigated the different profiles of survivors of severe emotional,

physical and sexual abuse during childhood and determined that survivors of severe child sexual abuse had the most abnormal profile, higher rates of post-traumatic stress disorder, alcohol and substance abuse, antisocial personality disorder and exceptional life problems. Not one of the participants in this study reported any form of substance abuse and this, according to Glicken (2006) and Grossman *et al.,*(1999) (see section 3.2.2.6 on p. 34) is more prevalent in individual who report to have spiritual strength and exercise faith.

Although it has been discussed in Chapter 3, it is important to emphasise here that Glicken (2006) and Grossman *et al.,* (1999) who studied resilience in survivors of child sexual abuse, state that people who are religious, better understand their role in the universe, the purpose of life and develop the courage to endure suffering. They are also less likely to engage in risky sexual behaviour as easily as people who have no religious affiliation. Individuals who are involved in church activities and attend services regularly report that they experience better physical and mental health, not only because of certain prohibitions, but because of their larger social networks and relying on others for help.

McLaughlin and Clarke (2010) used the definition of mental health as used by the British Mental Health Foundation (1999) in their investigating the role of the school in developing the individual holistically: "Mental health is a person's ability to develop psychologically, emotionally, intellectually and spiritually; have a sense of personal well-being; sustain satisfying personal relationships; develop a sense of right and wrong and resolve problems as well as learn from them". This research shows evidence that teacher support can have a significant effect on the mental health development of children.

The Life Orientation curriculum is very intensive and across the twelve years of school, covers very detailed areas of health promotion, social development, personal development, physical development and movement as well as an orientation to the world of work in the senior phases. According to a study done by Rooth (2005) in which the status and practice of Life Orientation in two provinces in South Africa was investigated, . many educators were equating Life Orientation with HIV/Aids education. Although they acknowledge the importance of all the learning areas of Life Orientation, they do not subscribe to the curricula as set out in the National Curriculum statement.

If the Department of Education is placing the responsibility for spiritual development at the parents' door, it is worrying to consider that Bronfenbrenner (2005) observed that the responsibility for the upbringing of children has moved away from the family to other settings

in society. If the school is not responsible for spiritual development, and parents are not doing the job, this is an important aspect that is not being developed.

The message that emerged clearly for educational psychologists to consider is the importance of spirituality, finding meaning in life and having an optimistic view of the future and how these constructs play an important role in developing resilience that all survivors of trauma need to cope. The number of victims of childhood trauma currently still in the education system is astounding; but through timely intervention, many of them can still be taught the valuable skills they need to live fulfilling, successful lives.

7.5 RECOMMENDATIONS

7.5.1 Recommendations for research

1) Although this present study focused on different coping and regulation strategies that influence the development of resilience despite the presence of child sexual abuse, it is recommended that more research be done on different forms of trauma that occur during childhood to investigate whether survivors of other childhood trauma would employ different cognitive emotion regulation strategies and to what extent they also display proactive coping strategies.

2) The role of external factors and other traumatic life events is very significant. More research is needed to explore whether these external factors do not, in fact, play a larger role in the development of resilience than cognitive emotion regulation strategies and proactive coping.

3) How would the conclusions based on this data be different if the focus was   physical abuse? How do other forms of childhood trauma, abuse excluded, affect the development of proactive coping strategies and adaptive cognitive emotion regulation strategies differently.

4) Considering the bio-ecological theory of human development, the role of time and timing in the development of resilience, proactive coping and cognitive emotion regulation strategies is relevant. However, it would require longitudinal study which is often a challenge.

4) A great need in this field is lack of research involving male participants. This should not be limited to male survivors of child sexual abuse, but also investigate the role that childhood trauma has played in the development of cognitive emotion regulation strategies and proactive coping strategies in males. Few adults are not survivors of

some form of childhood trauma and more research can only increase the awareness of how prevalent childhood trauma is and the far-reaching effects it will have.

7.5.2 Recommendations for practice

For research such as this to have any impact, it will need to be made applicable so that children who are currently undergoing these traumatic childhood experiences can be assisted, mentored and coached to develop the necessary skills to develop healthy levels of resilience.

1) First and foremost, the lack of reference by the participants to the role of schools is disturbing. None of the participants in this research ever mentioned confiding in or gaining any help from the school system in any way. As Bronfenbrenner (2005) indicates, the school is a microsystem that is an 'engine of development' where children come to make sense of their world (Trudge *et al*., 2009). "De facto responsibility for upbringing has shifted away from the family to other settings in society. While the family still has the primary moral and legal responsibility for developing character in children, the power or opportunity to do the job is lacking" (Bronfenbrenner, 2005, p. 201). In the same chapter, Bronfenbrenner (2005) states that society has become reluctant to assume responsibility for supporting parents and the community is paying the price in crime, neglected children, fractured families and relationships and because of that, the values that we cherish are being weakened. He continues to say that scholars can do something about this by sharing their knowledge with policy makers and by conducting research, new policies and practices can be assessed and put into place (p. 198).

(2) Three of the themes that were emphasised in the research of Harvey (2007) and Grossman *et al*. (1999) are meaningfulness of life, spiritual strength and optimism and hope for the future. Meaningfulness of life is also seen in whether the individual feels that they have significant work and fulfilling relationships.

3) Educators should be aware that at any given time more than half the children in front of them are undergoing some form of abuse. The rate of sexual abuse among girls alone is one in three, and that is not even considering the other forms of abuse or other traumatic life events that could be affecting the child adversely for life. From pre-school to secondary school, teachers should constantly be reminded to be aware and to act proactively themselves in the context of their classes. It would be ideal if teachers could be held responsible in some way if they were aware of abuse and let it pass unreported.

4) Proactive coping skills need to be taught formally at all ages and to both genders. To be able to cope proactively, individuals need to understand what their resources are and how to access them when they are in a crisis situation. Another important aspect of proactive coping is to teach individuals that they are responsible for their own lives and that things do not happen automatically. They must realise the importance of making things happen for themselves. With this comes the teaching of goal-setting and helping individuals with self-regulatory goal attainment and understanding what motivates them to strive for ambitious goals and to learn how to commit themselves to personal quality management (Schwarzer, 1999a).

7.6 LIMITATIONS

When considering the limitation of the sample size in the current research, Phanichrat and Townshend (2010)Panepinto (2004) and Radan (2007) researched the coping strategies of seven, three and thirty survivors of child sexual abuse respectively. Grossman, et al., (1999) stated that it is worth sacrificing the benefits of quantitative research so that the individual voices of participants can emerge; her study included only 10 women who were survivors of child sexual abuse. When considering the rich data that emerged from the 8 participants in this research, the limitation is not so much the size, but the fact that the sample is not a demographic representation of the country's population. Because American culture is mainly Westernised, whether the participants are Caucasian or African American, it does not make it multi-cultural. South African demographics differ remarkably from American in that race in South African often implies different culture, where it is not so in American research.

Due to the small sample size, generalisability of the data cannot be claimed. However, the data will contain sufficient detail that will include the relevant data to validate that the data of the individual cases are representative. To compensate for this however, the data has to contain sufficient detail to include all relevant categories and ensure coverage of situations and events to validate that within the data of the individual cases is representative. Transferability also includes generalisability of findings, which in this research design, is a limitation of the design.

Grossman, et al. (1999) states that their study had to sacrifice the benefits of quantitative research so that the holistic description that emanates from the individual voices of the participants in qualitative research can emerge. Both the instruments that are to be employed in this study have been successfully used in quantitative studies, but because the sample is small, the data will not produce valid statistical projections or conclusions.

7.7 RESEARCHER'S REFLECTION

Firstly, I have to confess that I am not a survivor or child sexual abuse and at the end of this process, I almost feel a sense of guilt that I have been able to do this study as one unaffected by this personal pain. I shared this with a few of my participants. My motivation was not anger or resentment, but the admiration I felt for the girls that I had encountered during my teaching career who had been, and were being so badly hurt, and were yet so strong. From the outset, I believed that survivors of child sexual abuse were exceedingly resilient regardless of whether they had been exposed to therapy or counselling.

For the first two years of the study, while I was busy with the literature study and the proposal, I was drawn into the research process, methodologies and paradigms to the extent that what I was busy with, had become theoretical. If I can quote my own answer when asked how I experienced the first interview: "I was overwhelmed during the first interview when I realised that the many terrible stories I had read in the previous two years belonged to real people like the small, fragile-looking woman in front of me. It was as if the people climbed out of the pages of research and became real women."

What struck me most was the fact that all the women, with the exception of one, did not display any sign of being overwhelmed by any emotion. They could calmly talk about their lives – some even adding the odd humorous line.

I do not know how a researcher can remain unaffected by such stories of survival. I have grown as an individual and have maintained contact with all the women who were part of the study. Two of the participants were known to me before the research and offered to be part of the research after what started as a rather matter-of-fact conversation about what I was busy with.

I have known Jolene all my life and when I was a child she attended the same church I did. I remember attending a concert in which her musical family performed. When I was young adult, she and her family returned to America, her original home. Married to a South African man meant that they would come to South Africa every fifth year or so to visit his family and they would attend their 'home' church. This is where, after not seeing each other for many years she asked about what I was busy with. After a brief, surface explanation she contacted me during the week and offered to be part of the research. I was dumbfounded. I had never suspected any of the horror she had experienced. She was enthusiastic to share her story and saw it as the opportunity she had waited for so that the pain in her past could eventually become meaningful. Jolene found two other participants for the study.

I think the fact that she was the first participant I interviewed, the reality of the way in which people live 'normal' yet secret lives dawned on me. I was not prepared for what I was about to hear and I am convinced that no debriefing could prepare a researcher. I was aware from the outset how incredibly vulnerable the participants were and that I was not just a recorder of data, or a finder of facts, but that I was part of a story. I felt in awe of their strength and remain indebted to them all. After each interview, my respect for each participant grew.

Part of my ethical agreement with the participants was that the research was about resilience and coping and not about the actual abuse and that I would not ask any questions regarding the details of the abuse. I did not ask even one participant who the perpetrator was and yet within the first ten minutes of the interview, very little remained hidden regarding the painful details of their lives. I was not prepared for that because most of my reading entailed the coping and the resilience and not the abuse. It was hard to know how to react to the shocking details because the participants seemed to believe that you know all about the phenomenon. Is it appropriate to sit coldly and ask the next question while the recorder runs? Is it appropriate to respond with interjections of shock or disbelief? That was difficult but each participant's way of sharing her story had a calmness and a comfort of its own.

As I started this thesis with a special word of thanks to these exceptional women, so I end it!

Thank you!