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# Female Adolescent Trauma Survivors Worldviews: Is This a Defining Moment in My Life or Does This Moment Now Define My Life?

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by

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ABSTRACT

FEMALE ADOLESCENT TRAUMA SURVIVORS WORLDVIEWS: IS THIS A DEFINING MOMENT IN MY LIFE OR DOES THIS MOMENT NOW DEFINE MY LIFE?

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What is your life experience? Do you feel you have taken an active role in your life experiences or do you feel as though life "just happens to you"? Trauma is an event that comes into one's life, without invitation, and can alter the meaning and value of every event thereafter. Many times, exposure to trauma can leave one feeling like he or she is a passive participant in life and that his or her efforts are fruitless.

This researcher tapped into the worldview of sixteen adolescent trauma survivors by conducting qualitative interviews to gain an understanding of how their lives have been affected and shaped by trauma. Qualitative research was utilized as it provided the opportunity for rich information to emerge facilitated by open-ended discussions. The results speak to the relevance and importance of conducting research in this style. The conclusions provide an understanding of trauma through the participants' perspective. This includes a discussion of the overarching similarities that exist across interviews, while illuminating the unique differences that occur within each individual interview.

TABLE OF CONTENTS

ACKNOWLEDGMENTS

This dissertation is dedicated to the sixteen valiant females who told their stories; may it inspire many more to tell theirs.

My thanksgiving starts and ends with God, without whom I am nothing, but through him I am everything. You are the branch and I am the vine, you are my giving tree. This dissertation is a testament of the miracles you have worked in my life. You have provided me with the most wonderful support system, both here and gone; they have taught me that no matter what happens, tomorrow still comes, and to not worry about tomorrow, because tomorrow has enough worries of its own. My husband is my saving grace, he is my balance and my brace, he shows me how to be a better me and motivates me towards accomplishment. My son is my motivation, his ability to wake up each morning with a zest for life, and to live each day with compassion, like he has never been hurt, is an inspiration. My mom is my warmth; every ounce of her presence reassures me that everything will be okay, no matter what the outcome. My dad is my passion, showing me every day the value of commitment and conviction. My three sisters are my compass, each one a different direction, uniquely guiding me through life reminding me that if God leads me to it, he will lead me through it. And thank you to my family-in-law; you have stood by me as if I was your own daughter, your care and support endless.

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Chapter I

## Introduction

It has been estimated that around seventy percent of our population will encounter some type of trauma in their lifetimes (The National Institutes of Health, 2010). Initially, one may view this percentage as just another statistic, casting it off as not pertinent or applicable to them. However, this statistic declares more. It provides verification that much of our population will experience some level of trauma at some point in their lives. It substantiates that trauma is prevalent in our society and deserves more recognition and attention. Orcutt, Pickett, and Pope (2005) expand on this percentage by demonstrating that approximately thirty percent of individuals who have a traumatic experience will suffer from posttraumatic stress disorder (PTSD). Not only is exposure to trauma prevalent, its effects are compounding. The data above provides ample evidence to support further inquiry. This analysis is a way to support commentary on this phenomenon, and subsequent consequences, thus providing a more comprehensive and accurate understanding.

Lending understanding to trauma and the subsequent consequences of trauma needs to move far beyond gathering definitional and criterion specifications. It is well established that to obtain a diagnosis of PTSD, one must demonstrate a specified criterion of symptoms for at least six months; but what happens before, during, and after that six-month period (American Psychiatric Association [DSM-5], 2013)? What are the affected individuals' lives like before trauma, during the interim period after trauma but before diagnosis, and after diagnosis? Additionally, do the affected individuals feel like long-term consequences could be lessened or avoided if proper support groups, treatments, or

coping techniques were utilized in that six-month time? Briere (1997) began to answer these questions by indicating that unresolved PTSD could cause other serious long-term issues. The list includes, but is not limited to, substance and drug abuse, anxiety disorders, conduct disorders, and problems with interpersonal functioning. So what do we know? We know that trauma is not prejudicial, no one is immune, and it carries serious long-term consequences that can present in drastically different ways in each individual. Now what do we do with this? When the statistics, questions, and facts are consolidated and considered, it becomes obvious that more knowledge about the consequences of trauma and the healing process need to be gathered at an individualized level. Research conducted to this extent will help ensure that one's individual account of trauma is not merely viewed as a statistic.

Kessler, Sonnega, Bromet, Hughes, and Nelson (1995) estimated that 51.2% of females between the ages of fifteen to twenty-four will be exposed to one or more forms of trauma. The current study aimed to initiate the process of telling this population's story through numerous individual interviews. This research provided thoughtful consideration for the ways that trauma shapes and affects the lives (and psychological state) of female adolescents and investigated what role, if any, forgiveness plays in the healing process. Numerous articles have dedicated time and effort to studying the link between trauma and the development of mental health issues, particularly related to PTSD in adult populations. However, a limited amount of research exists that gathers qualitative information from the trauma survivor's perspective, particularly relating to how exposure to trauma initially impacts and transpires in female adolescent populations. Further, even less research has looked at if, and how, forgiveness could be impactful in this process.

This research is relevant and important to society, for all the aforementioned reasons, and because childhood trauma is known to have intense, lasting consequences due to the underdeveloped nature of the child's central nervous system (Copping, Warling, Benner, & Woodside, 2002). This may leave this population more vulnerable to developing forms of mental illness, particularly PTSD, and suffering from other detrimental mental health issues into adulthood (Pfefferbaum, 1997).

When the adolescent population is viewed binarily by gender, it is found that female adolescents report experiencing some form of trauma, physical punishments, sexual abuse, and/or psychological distress, at significantly higher levels than their male counterparts (Wood, 2002). There is evidence to support that over twenty percent of adult females are subjected to trauma in the form of sexual abuse before the age of eighteen (Gold, 1986). Further, this type of trauma exposure has been found to generate more psychological issues such as depression, anxiety, self-blame, and guilt. In essence, this equates to one in five females suffering from additive psychological distress due to only one form of trauma exposure.

Cauffman, Feldman, Watherman, and Steiner (1998) demonstrated in their research that within a population of female juvenile offenders, seventy percent had experienced some type of trauma, and that this population was fifty percent more likely to be suffering from current PTSD symptoms than their male counterparts. Moreover, of the female offenders that reported trauma exposure, 65.3 percent also reported PTSD symptoms in the past, and 48.9 percent reported that they were currently experiencing PTSD symptoms. This sample is clearly not representative of all female adolescents; however, it provides an understanding that trauma and PTSD are very real issues that

many female adolescents are experiencing. In addition, female adolescents reported suffering additional long-term consequences particularly related to the development of PTSD; concerning gender differences, female adolescents were less likely to seek out revenge than males (Chiaramello, et al., 2008).

Therefore, if we know that twenty percent of the entire female population will experience psychological issues due to sexual abuse alone, and seventy percent of female adolescents will experience some form of trauma, it is reasonable to infer that this population is not only in great need of additive resources and support, but possibly more open to the option of forgiveness due to fewer revenge-seeking behaviors. Since the link between trauma and the development of mental health issues can be clearly drawn, it is our responsibility to delve into the developmental course this process takes in order to fully understand how to best represent and help this population.

Currently, there exists a lack of adequate counseling services available for these populations. Until recently, research has been largely concerned with identifying the negative psychological effects caused by trauma, rather than distinguishing approaches to clinically address the consequences (Freedman & Enright, 1996). Generally, when trauma occurs within these populations it is often overlooked, undertreated, and lacks recourse. This is area where further attention is needed because research supports that early intervention may diminish symptoms (NIMH, 2001). This is where the discussion of forgiveness becomes extremely pertinent. According to Hargrave (1994), forgiveness is associated with psychological healing. Moreover, Enright (2001) documents incidences where forgiveness therapy increased healing for patients suffering from depression, intense anger, paranoia, and emotional distress. Enright also notes that forgiveness leads

to decreases in fear, guilt, impulsiveness, violence, and an increase in emotional control and physical well-being. All these aforementioned issues were found to relate to trauma exposure in a study by Amir, Kaplan, and Kolter (1996). This study found that PTSD, depression, anxiety, interpersonal sensitivity, and somatization are all issues associated with various types of trauma exposure. Amir, Kaplan, and Kolter demonstrate the great need to pay immediate attention when a trauma occurs and Enright (2001) demonstrates how forgiveness may be beneficial. These findings are in harmony with Orcutt, Pickett, and Pope's (2005) conclusion that forgiveness reduces the relationship between PTSD and interpersonal trauma exposure by fourteen percent. They also solidify the idea that it is reasonable to assume that detrimental effects from trauma exposure may have the potential to be lessened and/or avoided if forgiveness is applied.

The current study provided tools for analysis of this potential relevance, through interviewing female adolescent trauma survivors about their perceptions and experiences with trauma, mental illness, forgiveness, and the convergence of the three. In particular, this research is an invaluable way of giving voice to the underrepresented group of female adolescent trauma survivors who are subjected to such misfortunes at disproportionately high rates.

The purpose of conducting the following literature review is to provide a deeper understanding of the psychological effects of trauma and identify how forgiveness impacts the healing process for traumatized adolescents. When these three topics are investigated individually, there is a fair amount of literature available; however, when the convergence of these concepts is analyzed, the amount of literature is sparse. It appears

that one of the main reasons that the literature may be lacking in this area is that forgiveness is a newer concept of interest in the field of psychology, beginning to gain ground in 1985 (Lloyd & Enright, 2010). Overall, research involving adolescents can be hard to attain and trauma is a unique, multidimensional experience that many times goes unrecognized within the adolescent population. This information was gathered through hearing the stories and perceptions of female adolescent trauma survivors. These individuals provided firsthand accounts about what it is like to be a female adolescent who has withstood trauma, whereupon the participant elaborated upon life after trauma, the consequences of trauma, and the additional issues that have enhanced or hindered the healing process.

# Chapter II

## Literature Review

An initial review of the literature was conducted through an independent search of three main areas: *forgiveness, trauma,* and *adolescents.* The articles obtained through this search were synthesized to begin to develop a broad sense of what comprises the basic understanding of each of these areas. To begin to acquire a deeper, more detailed understanding of how each of these concepts affect one another, a more specific search was conducted to analyze the intersection of *forgiveness* and *trauma, forgiveness* and *adolescents,* and *forgiveness, trauma,* and *adolescents.* The studies that were the most relevant were those that allowed analysis of the interaction of *forgiveness, trauma,* and *adolescents,* as this is the convergence focused on in this study.

Unfortunately, the amount of research that exists in this area is extremely limited. To expand on the literature gathered, the next area considered was *forgiveness, trauma,* and *adults*. This search helped to reveal how the concepts of *forgiveness* and *trauma* affect the lives of individuals in general, even if it was not in the population intended. The literature gathered from the three main areas of *forgiveness* and *adolescents, forgiveness* and *trauma,* and *forgiveness, adolescents,* and *trauma* was dissected and analyzed in an effort to discuss what research exists and the quality of the research. The literature review was broken up in this manner to cover forgiveness, as it pertains to trauma and adolescents independently and collectively. The literature review identified gaps and limitations present in research. Specifically, it provided information about the normalcy of trauma exposure in adolescents' lives and the lack of surrounding research and clinical understanding, which supported the need for the current study.

Based on the literature reviewed, trauma was defined as "one or more deep interpersonal hurt or hurts" (Enright, 2001) specified as "intense, overriding the individuals ability to cope, and having lasting effects" (Munson, 1995). Trauma was defined in an open-ended manner because adolescents are often exposed to multifarious trauma. Specifically, due to the high levels of chronic, diverse trauma exposure that female adolescents commonly fall victim to, it was crucial to keep this definition open and all-inclusive. The only limitation was that the trauma needed to be interpersonal in nature, which excluded non-interpersonal traumas such as a natural disaster. Non-interpersonal traumas would have been included if they had co-occurred with an interpersonal trauma.

It has been documented in past research that the younger the individual, the more prevalent the effects of trauma are (NIMH, 2001). However, the adolescent period was defined as ranging from ages thirteen to seventeen years old; no breakdown in the classification system existed within this period. This was appropriate because the general consensus among trauma research is that no significant differences in response patterns exist between the ages of twelve and seventeen years old (NIMH, 2001).

Regarding the section on forgiveness and trauma, adult populations were included; as research in this area relating to adolescents is relatively "non-existent" (Van Dyke & Elias, 2007) and research on the response patterns for adults are similar to adolescents within this age group (NIHM, 2001). Forgiveness is defined as an individual process involving the development of positive feelings, thoughts, and behaviors towards the offender (Enright, 2001). It requires giving up anger and resentment and offering the

offender compassion, benevolence, and love. Forgiveness does not equate to reconciliation and it is not merely accepting what happened, ceasing to be angry, or condoning or forgetting the wrongdoing (Enright, 2001).

## Research Rationale

**A qualitative approach to trauma.** Studying trauma from the qualitative perspective allows for the nuances of the phenomena to unfold and spans far beyond a cursory understanding (Creswell, 1998). When researching a phenomenon as complex and subjective in nature as trauma, it could be considered fruitless and underrepresentative to merely conceptualize it quantitatively. This is not to say that we cannot measure aspects of trauma, numbers of exposures, types, et cetera; however, the purpose of this study was to attempt to represent more than just numerical values and typology. The goal of conducting this research was to capture a life perspective viewed through a trauma lens, which is not attainable without participation and effort from the researcher. When the researcher becomes involved in the research process through interaction and dialogue, it allows for a meaningful narrative about the participant's life to emerge (Polkinghorne, 2005). According to Polkinghorne, the narrative that emerges is laden with emotional content conveyed through the exchange of verbal and nonverbal communication patterns. These interactional exchanges simply cannot occur through the utilization of research methods that do not cultivate this opportunity, e.g., surveys or observation (Strauss & Corbin, 1990). Research formats employed to allow the participant to elaborate on her experiences will undoubtedly provide a more comprehensive understanding of the phenomena of interest and tap into a richness that is

worthwhile (Strauss & Corbin, 1990).

**A qualitative approach with adolescents.** Realizing the adolescent experience through an "emic" perspective (the individual experience with the phenomenon) provides description and clarification about personal experiences and knowledge by targeting a specific population (Polkinghorne, 2005). The level of investigatory specificity through interpersonal interactions allows for the emergence of "complex processes and illustrates the multifaceted nature of human phenomena" (Morrow, 2011, p. 211). Creswell (1998) indicated that when attempting to answer questions related to "how" or "what", rather than "why", that qualitative research is a valuable and viable tool. The aim of this study is to obtain the "how" and "what" perspective of trauma, by beginning to cultivate an understanding of the beliefs that emerge and meanings that are derived when an adolescent encounters one or more traumas. The "why" is already understood, which is the traumatic experience or experiences. To gain comprehensive knowledge about trauma researchers must move far beyond the "why". This process can begin by tapping into individual perspectives on *how* trauma does *what* trauma does when it interrupts life. More important than description and specificity, the use of this format facilitates a meaningful interaction between participant and researcher, which allows for trust and rapport to be established, providing an opportunity for the adolescent to begin to explore their experiences and possibly experience a cathartic reaction.

**Implications for practice.** The desire to obtain a comprehensive understanding, and the requirement for this understanding, is simple. Counseling psychologists attempt to develop methods and approaches that best meet the needs of clientele. This is why

conducting research that aligns with the practicalities of practice should be a priority (Morrow, 2007). If our counseling philosophy is that research should inform practice, then it is safe to conclude that practice should inform research. Applying qualitative methods is an attempt to align with this ideology (Morrow, 2007). Altmaier (2011) surmised that when clients were interviewed about counseling experiences, a significant change agent was the alliance with the counselor, not the techniques applied. Altmaier adds that more than any other change factor, the client's level of involvement in the process and commitment to the alliance was essential. This demonstrates the importance of the role of the client in counseling sessions, and begs researchers to begin to analyze the participant's level of involvement in the research process.

If we know that the client's role and investment in the therapeutic process is essential for change to occur, it stands to reason that the same weight should be given to the participant's role in research. Qualitative research is based on the client's perspective and understanding of the presenting circumstances. It is a more in-depth, intimate research style that provides a thoughtful synopsis of the participant's worldview when compared to quantitative research (Morrow, 2011). If research is used to gain individualized conceptualizations of experiences, then more holistic research of psychological issues needs to be conducted. Additionally, based on Altmaier's (2011) research on the therapeutic benefits of counselor-client interactions, one may conjecture that the qualitative investigational approach, provided an alliance is attained, may not only contribute to future research, but also may indirectly initiate the change process and support healing properties.

## Adolescents

**Defined.** Adolescence is a stage in life where numerous developmental milestones occur (DeNigris, 2007). It is a complicated and formative time. When a traumatic event occurs in an adolescent's life, numerous areas of development can be affected. It was once suspected that children were the least affected by trauma; however, new research demonstrates that the younger the child, the more complicated and detrimental the effects (Perry, 2004). Additionally, it is reported that approximately four million children are exposed to trauma each year (Perry, Pollard, Blakely, Baker, Vigilante, 1995). There are five key areas in which this particular population struggles: difficulty trusting the predictability of life, lack of a sense of control, lack of close interpersonal relationships and a sense of belongingness, doubt that the world is safe, and inconsistent self-image (DeNigris, 2007). In sum, everything that adolescent once knew can be altered, the core aspects of her understanding challenged.

**Factors of change.** An area of extreme importance when treating the adolescent population is the consideration of the role models that were present in the adolescent's life at the time of trauma exposure (DeNigris, 2007). The level of support perceived by or offered to the child pre- and post-trauma can significantly alter the outcome. It has been demonstrated that actual or perceived levels of social support can protect against and potentially ameliorate additive psychological consequences (Altmaier, 2011). Wang and Heppner (2011) add to this understanding, based on research with Taiwanese and Chinese adolescent trauma survivors; the caveat that social support is beneficial only if the victim perceives the support to be appropriate for his or her individual needs. Wang and Heppner (2011) provide the understanding that social support is not merely as simple

as “having interpersonal relationships”, but rather a complex process intertwined with numerous person-specific variances. The differences in social support perceptions are important to consider when working with trauma survivors due to notable variations in perceptions of support and the important role support plays in the healing process. The importance of social support in the healing process provides a rationale for increased levels of involvement by the researcher, to ensure that the participant feels authentically supported and perceives the process as beneficial and voluntary, rather than intrusive and mandatory.

## Trauma

**Defined.** Is trauma a single, sudden, unpredictable event, or not? One would like to conclude that trauma could be summarized so succinctly and gracefully; however, trauma is anything but orderly and considerate. Unfortunately, more times than not, trauma is chronic and repeated, its effects myriad and confounded. This knowledge has led to the construct termed “polytraumatization” by Finkelhor (2007). This is described as instances where an individual is exposed to multiple traumatic experiences, potentially from multiple different sources. Polytraumatization is an important phenomenon to consider when conceptualizing trauma, because studies that include analysis of one specific type of trauma often exclude evidence that demonstrates the complexities associated with trauma exposure by classifying multiple, chronic accounts of trauma exposure into a single account (Gustafsson, Nilsson, & Svedin, 2009). This can be detrimental to obtaining a comprehensive understanding of trauma and lead to misguided interpretations and unrepresentative conclusions. Less well-known research supports the view that frequently trauma exposure is multidimensional and long-standing, can

override the individual's ability to cope, and consequently leads to significant impairments in functioning (Herman, 1992). Briere and Spinazzola (2005) offer a more inclusive understanding of trauma. Rather than isolating trauma exposure into a single event, it is viewed on a spectrum where, at one end, there is adult exposure to a single traumatic event, and at the opposing end is childhood onset exposure to multiple and chronic, sometimes extremely invasive, types of trauma. According to Gustafsson, Nilsson, & Svedin (2009), this spectrum allows for the pervasiveness of trauma exposure to be recognized and acknowledged, more likely preventing an underestimation of trauma levels; thus an individualized, holistic investigation can begin.

**Trauma and quantitative research.** The effects of traumas are well understood and defined in the quantitative and conceptual sense. Several articles provide an understanding of trauma in the statistical, descriptive, demographical, proximal, and biological sense. Overall, this encompasses an elemental understanding of the meaning of trauma. Certainly, there is reason to reduce trauma in a definitional sense; if we failed to do this we would lack the ability to recognize and label trauma in the general sense. However, due to the nature of trauma, defined by Wheeler (2007) as an inescapable, multidimensional experience that can completely redefine one's existence in a matter of seconds, coupled with Perry, et al's, (1995) summary of trauma as "an experience", it becomes apparent that although similar themes may exist among incidents of trauma they may carry various meanings for each individual within different contexts. To represent and provide appropriate attention to that multidimensional experience and the various consequences, it is essential to spend time with a survivor and listen to her very personal

perception, rather than reducing her experience down to one word, broadly defined, which attempts to categorize the experience of many.

This is, however, a digression, because every story needs a foundation, a rudimentary structure; therefore, it is inherently necessary to begin by breaking down what trauma means in the theoretical sense. Statistically, it is estimated, based on research by Kessler, Sonnegam, Bromet, Hughes, Nelson, & Breslau, (1999) that trauma could inflict itself upon 60.7 percent of men and 51.2 percent of women in our society. Bride (2004) found that eighty-two to ninety-four percent of individuals participating in counseling within community centers have survived trauma. Generally, trauma can occur anytime, anywhere, with little or no warning or time to prepare (DeNigris, 2007). When trauma supervenes it can completely disconnect the individual from oneself and others on a cognitive, emotional, physiological, and spiritual level (Wheeler, 2007). DeNigris specifically discusses two elements of the traumatic experience as "suddenness" and "unpredictability", which are key factors in the response pattern elicited from the event. In essence, this means that the more unexpected the trauma, the more serious the effects tend to be. Demographically and proximally, the "population exposure model" allows one to surmise how trauma may affect an individual based on closeness and preexisting vulnerabilities (DeNigris, 2007). This model provides support for the hypothesis that the individual closest to the trauma will be affected the most. However, a caveat to this statement is that: An individual further away from the traumatic event may be more vulnerable to the expression of symptomatology if she had higher levels of initial pathology (DeWolfe, 2002). DeWolfe posits that although the level of exposure may be a large predictor of trauma response, it is not the sole predictor. Statistical, descriptive,

demographical, and proximal descriptions of trauma provide an externalized conceptualization of what elements recapitulate trauma, whereas consideration for one's preexisting vulnerabilities and/or current pathology levels provide an internalized understanding of trauma.

DeWolfe's (2002) model expressed the value in posing the question, "What is at the core of one's response to trauma?" Creeden (2009) echoed the value by theorizing that trauma responses are embedded in three areas: the structure and function of the brain (pg. 21) and one's age and environmental surroundings in terms of support structures available (pg. 17). Schwartz and Perry (1994) analyzed the intersection between DeWolfe and Creeden's proposed significant factors, age and neurobiology, and documented that childhood trauma exposure bears the greatest possible consequences to younger populations due to the brain being exposed to voluminous and rapid changes in neurochemicals. Meaning that when a child is exposed to trauma there is less opportunity for the natural progression of development to occur, yielding an entire reconstruction of this developmental cognitive process (Perry, 2004).

**Trauma and biology.** Neurobiological functioning is rewired and rerouted during exposure to a traumatic experience, leaving the individual particularly vulnerable and open to additional negative effects (Bremner, 2002). Areas particularly relevant to and affected by trauma are the cerebellum, limbic system, amygdala, hippocampus, thalamus, hypothalamus, and the prefrontal cortex (Creeden, 2009). In descending order, the function of each area is as follows: coordination of movement in terms of social, emotional, and cognitive functioning; control of urges and emotions; monitoring location for past, present, and current threats; memory and learning storage; stimuli relay portal;

maintaining homeostasis; thinking and cognition; conflict management; decision making; and finally, monitoring of outlooks for the future (Creeden, 2009).

Due to the overwhelming nature of trauma, the event is not properly processed, subsequently leading to improper manifestations of cognition and behavior (Shapiro, 2001, 2002). Differently stated, the cognitions and behaviors that may have been adaptive at the time of the trauma can become maladaptive and compromise future cognitions and behaviors (Wheeler, 2007).

Description and discussion of these brain regions are relevant to this study because these areas in the brain are heavily affected when an individual is exposed to trauma. Additionally, the development and functioning of these areas are particularly compromised when the individual is young. Since the focus of this study is adolescent reactions to trauma exposure, a baseline understanding of brain functioning and its associated corresponding processes is important. When the functionality of each area is delineated, it illuminates the vast internal effects associated with trauma. Essentially, the whole of the brain's integrity is compromised and the resulting consequences are widespread and can be detrimental. This is particularly relevant in younger populations because a mature brain is *influenced by* experiences and a developing brain is *constructed around* experiences (Perry, et al., 1995). Providing an examination of neurobiology function pre- and post-trauma provides the closest understanding of why and how trauma can internally affect an individual. This is due to the connection between brain regions and global levels of functioning. Examining which areas of the brain are affected provides a foundational understanding of the varying degrees in functionality that may exist post-trauma.

When these areas are discussed it becomes easier to understand how trauma does not merely affect the individual externally; it heavily affects them internally. Discussing personal experiences with trauma is a crucial element to understanding variations among individual response patterns and developing feasible approaches to initiate individualized interventions. Trauma is not merely a fleeting event in one's life; it is an event that can redefine an individual's entire existence. Exposure-related and intrapersonal factors such as unexpectedness, proximity, neurobiology, and age contribute to the extreme variations in response patterns. Looking at the large proportion of society that is affected by trauma and trauma's lasting, unpredictable, and diverse effects, it becomes extremely obvious that treatments need to focus on understanding the individual's unique experience with trauma, thereby beginning to reintegrate the trauma experience and the individual together (Creeden, 2007). This will help empower the survivor and facilitate growth and healing by helping the individual confront memories that she fears (DeNigris, 2007). This holds the possibility of allowing the survivor to begin to view the experience as a defining moment in her life, rather than letting the experience define her life.

## Forgiveness Interventions

**Resiliency.** Resiliency is an ability to face adversities and adeptly cope with stress (Richardson, 2002). Forgiveness is a proposed coping component of resiliency (Connor, Davidson, & Lee, 2003). The ability to cope through forgiveness may increase an individual's level of resiliency. Resiliency is a concept that has been linked to discussions pertaining to trauma, but too frequently this link has been merely acknowledged and not deeply explored. For the purposes of this study, resiliency is addressed alongside forgiveness because resiliency is the overarching concept that encapsulates "the

protective factors", e.g., forgiveness, that contribute to one's ability to recover and even grow when exposed to trauma. Orcutt, Pickett, and Pope (2005) discussed the discrepancy in research by indicating that many studies fail to elaborate on "what factors make the survivor resilient", and simply deem the survivor as resilient if he or she is able to evade the diagnosis of PTSD. The nature of this study allowed for data to emerge that not only identified factors that contribute to resiliency, but offered insight into what these concepts personally meant to the survivor, and elaborated on the contexts associated with each individual's perspectives.

**Factors of change.** Forgiveness is a unique and multidimensional process. The act of forgiveness does not follow a strict protocol; rather, it is an individualized process. When therapeutically employed the forgiveness model is adapted to meet the needs of the individual applying it (Enright, 1996). Forgiveness encompasses identifying an injustice, making the choice to forgive, and letting go of resentment to be replaced by compassion, trading thoughts of condemnation with thoughts of respect, and transcending revenge to embody good will (Enright, 1996). The result of the process is the development of a new cognitive schema that helps individuals deal with future deep hurts in a proactive, effective manner that embodies healing rather than leaving wounds open to be filled with resentment (Enright, 1996).

Interventions that focus on the topic of forgiveness are limited. However, due to a more recent awareness of the benefits of forgiveness-focused therapy interest in this area is peaking. With the knowledge that the choice to forgive after a traumatic experience is a resilient response, with evidence of positive consequences, it would benefit not only the field of psychology, but society as a whole, if more research in this area was conducted.

The forgiveness-focused therapy programs that currently exist are for the most part structured around the model developed by Enright (1991). Enright's forgiveness model is comprised of seventeen steps devised to help individuals move away from hurt, anger, and resentment towards compassion, benevolence, and forgiveness (Freedman & Enright, 1996). This model has been found effective in alleviating resentment, anger, depression, anxiety, academic problems, self-blame, guilt, and numerous other issues that may manifest out of deep hurts such as sexual abuse, incest, and parental love deprivation (Freedman & Enright, 1996; Gambaro, Enright, Baskin, & Klatt, 2008).

The main three studies that indicate the effectiveness of the forgiveness model are: Freedman and Enright's (1996) research with female incest survivors ages twenty-four to fifty-four, Al-Mabuk, Enright, and Cardis's (1995) research with college students who were suffering consequences due to deprivation of parental love, and Hebl and Enright's (1993) work with helping the elderly forgive (Enright, 1996). These three studies demonstrate the wide age range applicability of the forgiveness model; however, there needs to be more research conducted concerning forgiveness and adolescents who have incurred trauma. The knowledge that forgiveness can promote resilience, and be very effective at helping individuals cope with trauma, makes the current study extremely relevant. Namely, research that contains an examination of the convergence of adolescents, trauma, and forgiveness will not only benefit the field of psychology, but society as a whole. Research concerning the convergence of these three concepts is targeting the adolescent population (the future of our society), which are known to encounter trauma at disproportionately high rates, while evoking thought and consideration for a known effective, alternative coping mechanism.

**Forgiveness and Trauma**

Similarly to existing research in the area of forgiveness and adolescents, research on the topic of forgiveness and trauma is mainly focused on adult populations. As a result, when it comes to discussing forgiveness and trauma, the focus groups predominately analyzed in this study are undergraduate college students, which again, supports the need for research to be conducted with adolescents. Trauma has been specifically defined as a "deep interpersonal hurt or hurts" (Enright, 2001) determined to be "intense, overriding the individual's ability to cope, and having lasting effects" (Munson, 1995). Orkutt, Picket, and Pope (2005) discuss the benefits of forgiveness when faced with these types of aversive situations. The article focused on avoidance versus forgiveness as response styles to a traumatic experience, and the potential consequences of each response style. Orcutt, Picket, and Pope defend reasoning for this research through the discussion of posttraumatic stress disorder, a potentially debilitating consequence of a traumatic experience. Orcutt, Picket, and Pope (2005) define experiential avoidance as a response style that leads to avoidance, suppression, negative evaluation, and/or numbing feelings. The authors go on to define the alternative response style to experiential avoidance as forgiveness. They indicate that there is no strong consensus among researchers as to what forgiveness is; most discussions define what forgiveness is not. However, it is generally agreed upon that negative feelings towards the offender must lessen, that revenge motivation must decrease, and that one does not have to forget the transgression to forgive the offender (Orcutt, Picket, & Pope, 2005).

The lack of cohesion among scholars and society, pertaining to the proper definition of forgiveness, has led to the emergence of critical issues measuring

forgiveness. In a national survey it was indicated that sixty-six percent of the population agreed that the statement of "if you really forgive someone than you should forget what happened", was somewhat-to-very accurate (Orcutt, Picket, & Pope, 2005). This finding is contrary to Enright's (2001) conceptualization of forgiveness, which is: forgiveness does not mean forgetting. The researchers theorized that the participant's style of response, experiential avoidance or forgiveness, would mediate the relationship between trauma exposure and posttraumatic stress disorder development. The authors went on to hypothesize that a forgiving response would be negatively correlated with, and that experiential avoidance would be positively correlated with, the development of posttraumatic stress disorder (Orcutt, Picket, & Pope, 2005). The responses obtained indicated that experiential avoidance and forgiveness did significantly mediate the relationship between trauma and the development of posttraumatic stress disorder in the hypothesized manner (Orcutt, Picket, & Pope, 2005).

The finding that forgiveness accounts for and explains the relationship between trauma and the development of posttraumatic stress disorder indicates that forgiveness can be effectively used to resolve the effects of trauma. However, if an individual initially avoids the diagnosis of posttraumatic stress disorder there are many other psychological issues that may develop as a secondary consequence to exposure. Freedman and Enright's (1996) research analyzed the role that forgiveness may serve when clinical disorders, commonly experienced after trauma exposure, arise. This research links forgiveness to a reduction in anxiety and depression and an increase in self-esteem levels within female incest survivor populations. Freedman and Enright's work with incest survivors is worth

consideration. They have demonstrated the wide range of applicability and effectiveness of forgiveness therapy by showing its ability to evoke positive change and growth with a particularly vulnerable population, a population often deemed inappropriate for forgiveness work. Regarding the pertinence of this particular research with adolescent females, it has been suggested that over twenty percent of adult women are victims of sexual abuse before the age of eighteen (Gold, 1986). Astoundingly this finding claims that one out of five females will suffer trauma in the form of sexual abuse. Freedman and Enright's (1996) research with adult female incest survivors appears to show that forgiveness therapy may be extremely relevant for the adolescent female population when tailored properly. If forgiveness is practiced during formative years, when this type of trauma appears likely to occur, this resilient response may stave off the development of posttraumatic stress disorder or buffer against future psychological issues and clinical disorders from emerging, as proven even in the most vulnerable adult populations (Freedman & Enright, 1996).

Trauma exposure is linked to the development of clinical syndromes, and forgiveness may be a way to alleviate these issues. Anger and sadness are two unresolved emotions associated with trauma exposure that may require an individual to practice forgiveness. Research demonstrates that the expression of anger is highly likely to originate from a place of deep hurt, i.e., trauma (Davenport, 1991). Further, the more intense the anger expression, the more deeply the levels of trauma and sadness tend to resonate, according to Davenport. Forgiveness has been employed as an alternative way to deal with deep-seated hurt and anger, which, if left untreated, can become a maladaptive coping mechanism. A caveat is that premature forgiveness can lead to more

issues because often it is a "cover for passivity and anxiety" (Davenport, 1991). However, if forgiveness is used under optimal conditions, meaning, "The realities of the injury are fully recognized, self-blame is replaced with self-compassion, anger has been fully acknowledged, and empowerment is invoked", then the forgiveness process can be beneficial (Davenport, 1991).

To explore the aforementioned areas, Davenport performed a qualitative case study. He aimed to demonstrate how healing and powerful an effective application of forgiveness-focused therapy can be when working with trauma survivors. Through this process the therapist was able to get in touch with the victim's "ego state". Davenport defined the "ego state" as an area of the individual's personality that may have become dissociated when trauma occurred, as self-protection. However, if left untreated or treated improperly, this dissociated aspect of the individual's personality can inhibit his or her future progress. It has been indicated that helping the trauma victim "acknowledge, experience, and benefit from her anger through forgiveness-focused therapy" can help her move away from shame and move towards empowerment (Davenport, 1991).

**Forgiveness and Adolescents**

The most appropriate way to discuss the research that exists within the realm of forgiveness and adolescents is not to discuss the rich sources of information that exist; it is to discuss the amount that does not exist. Van Dyke and Elias (2007) brought to light the importance of conducting more research in the area of forgiveness and adolescents, as they pointed out that most of the research in this area is currently focused on adult populations. To begin to rectify this issue they performed a comprehensive review of

existing studies on forgiveness and the adult population to find a template for the development of new models that may be of benefit to adolescents. One of the main interventions Van Dyke and Elias discussed was Enright's (1992) four-stage model that consisted of an uncovering phase, decision phase, working phase, and an outcome phase. Van Dyke and Elias went on to discuss the positive benefits of forgiveness therapy within the adult population. These benefits included lessening of depression and anxiety, improving self-esteem, and increasing life satisfaction. They recognized and documented the need for forgiveness interventions to better serve the adolescent population that struggles with these issues. Forgiveness may be what is needed in many youths' lives to help them move past a serious offense. Furthermore, the two researchers provided an overview of the newly developed Children's Forgiveness Inventory (2005), which has recently paved the way for the measurement of forgiveness levels in youth.

To help make forgiveness more understandable to both adult and youth populations, these researchers carefully provided a thoughtful operational definition of forgiveness, developed from numerous empirically supported studies. This definition included information on what forgiveness is, what forgiveness is not, and the operational definitions of other theoretical concepts related to forgiveness. The researchers not only shed light on the discrepancies between adult and adolescent research on forgiveness, they discussed the overall importance and commonality that exists within the construct of forgiveness throughout most religions. The study indicated that forgiveness is not only relevant and applicable to adult populations, but also to religiously and demographically diverse populations. The overall usefulness of this article is considerable. The researchers thoroughly reviewed the current literature on forgiveness and pointed out where the main

disparities were present. They discussed the limitations that exist in the current area as well as ways to rectify these issues (Van Dyke & Elias, 2007).

The exploration of forgiveness in adolescents should likely begin with a discussion of the dispositional forgiveness levels present among adolescents based on age and gender. This is an important aspect to look at because the potential differences in understanding forgiveness, due to age and gender, are crucial elements in understanding how adolescents may view forgiveness relating to incurred trauma. Chiaramello, Mesnil, Munoz Sastre, & Mullet (2008) began to analyze the differences present in adolescents' understanding of forgiveness through the vehicle of how forgiveness is understood in adults. This understanding is identified through the four constructs thought to be involved in the forgiveness process: holding onto resentment, circumstance sensitivity, likelihood of forgiveness, and revenge probability. It has been indicated that nine- to ten-year-olds believe that forgiveness is only possible when they are compensated for the wrongdoing; however, fifteen- to sixteen-year-olds were found to believe that forgiveness could occur without restoration of loss (Chiaramello, et al., 2008). One may assume that this equates to adolescents in later development having a deeper understanding of what forgiveness really means, and in turn, being more open to the benefits of this concept. Chiaramello, et al., found that even though the attitudes in older adolescents demonstrated a deeper understanding of forgiveness, they have been found to be more likely to contemplate revenge and to become less forgiving as time passes. This is a relevant finding that is contrary to the past commonly held belief postulated by Enright, Santos, and Al-Mabuk (1989). This finding provides evidence of the need to cultivate a deeper understanding of how forgiveness is perceived and utilized within the later adolescent years.

Three main hypotheses were tested in this study. The first hypothesis was aimed to look at any perception differences existing among the samples regarding revenge, based on age and gender differences. The second hypothesis was aimed to look at whether younger participants' levels of forgiveness were more influenced by situational circumstances. The third hypothesis was that the younger the participant, the less likely he or she would be to forgive overall, which was not confirmed. Overall, it was found that the older the adolescent, the higher the revenge score, and that females were less likely to endorse revenge than males (Chiaramello, et al., 2008). These findings provide support that the adolescent population is in need of cultivating an understanding of alternative coping options to help counteract thoughts of revenge. Further, female adolescents may be particularly well-suited candidates for this type of consideration as they demonstrate fewer propensities towards revenge-seeking behaviors than their male counterparts.

Al-Mabuk, Enright, and Cardis' (1995) study most accurately represents the purpose of the current study by demonstrating the outcomes of the intersection of forgiveness education and the late adolescence period. This study was focused on the effects of childhood "parental love deprivation", defined as lack of affection, value, and respect, as viewed through the perspective of the late adolescent survivor. Issues commonly reported by this population were low self-esteem, depression, anxiety, suicide, elevated blood pressure, and greater occurrences of asthma (Rosner, 1986; Rohner, 1975; Jacobson, Fasman, & DiMascio, 1975). Two studies were conducted; the longer second study proved to be beneficial with more promising outcomes. This study demonstrated increases in self-esteem, reduction in trait anxiety levels, and increases in forgiveness and

attitudes towards the offender (Al-Mabuk, Enright, & Cardis, 1995). Again, the researchers demonstrate that when forgiveness education is made use of to an appropriate extent, it can show beneficial outcomes even in the most severe and vulnerable cases.

**Forgiveness, Adolescents, and Trauma**

The integration of forgiveness, adolescents, and trauma presents a challenge because of the lack of research available in this area. Hamama-Raz, Solomon, Cohen, and Laufer (2008) conducted a quantitative study that looked at Israeli-Palestinian and Jewish adolescents who had been exposed to repeated trauma related to political violence, and their overall symptomatological development in possessing a forgiveness-oriented attitude. This study is particularly relevant because it looks at the role that forgiveness plays in the healing process in traumatized youth. Investigated were three main variables that may account for variances found within the data: ethnicity, gender, and ability to forgive. These researchers referenced a study by Hargrave (1994) that indicated that forgiveness was found to be associated with healing and decreased reports of depression and anxiety, which is one area that this article decided to explore in more detail. Further, Hargrave sought to answer six hypotheses: 1) that Israeli Palestinians would report more occurrences of posttraumatic stress symptoms, 2) females would report more posttraumatic stress symptoms than males, 3) more traumatic exposure and more negative life events would be linked to more symptomatology, 4) less ability to forgive would be associated with higher levels of symptomatology, 5) less revenge-seeking would be associated with lower symptomatology, and 6) positive attitudes in relation to peace would be linked to less symptomatology (Hamama-Raz, et al., 2008).

The sample consisted of 1,745 Israeli sixteen-year-olds. The populations were selected from an Israeli Palestinian city and from across Israel. This population's age range is a close representation of the age range targeted in the current study. The results reflected that overall, Israeli-Palestinian adolescents were exposed to higher levels of repeated trauma, and that out of both populations, males were subjected to higher trauma exposure than females. There were no significant differences in trauma exposure found between ethnicities; however, females reported a higher level of fear than male adolescents. In this study, levels of trauma experienced were similar; however, females reported higher levels of symptomatology as a result. The inability to forgive was found to be associated with higher levels of emotional distress. In general, Palestinian adolescents reported higher levels of negative life experiences and more posttraumatic symptoms. Oddly, Palestinians still reported a higher willingness to accept peace compared to the Jewish population, but reported a higher tendency to seek revenge and less likelihood to forgive. In addition, in both populations males appeared less able to forgive than females. This study solidifies that females appear more vulnerable to symptom development and more open to the possibility of forgiveness, making them particularly appropriate candidates for the current study (Hamama-Raz, et al., 2008).

**Overall Critique**

In conclusion, this literature review explores a limited number of articles because current research concerning these areas in general, and the convergence of these areas in particular, is lacking. The articles that are summarized and critiqued are not only appropriate, but are a valuable asset to enable further research in this area. In general, most of the research conducted concerning the topic of forgiveness, in relation to trauma

and adolescents, is based on personal narratives and literature reviews. Moreover, through this process it became very apparent that most of the research in these areas has been conducted in foreign regions and is centered on adults. Part of the reason for a lack of research in these areas can be attributed to the arguably recent interest in forgiveness in relation to trauma and adolescents. Furthermore, it has been observed that when children and adolescents are questioned specifically about traumatic experiences, they can become resistant or emotionally detached from the description (Kronenberger & Meyer, 1996). These responses may deter researchers from conducting research pertaining to trauma with this population. However, this researcher sought to understand, through a qualitative approach, how the context of trauma has affected the participants' beliefs and worldviews about forgiveness and psychological distress. Rather than directly inquiring about their trauma experiences, the researcher dialogued with the participants about how circumstances and events have shaped their development. Descriptions specific to the traumatic events encountered emerged, and the response from the researcher appeared to help the participants feel safe, protected, and respected, which facilitated further discussion of the event and solicitation of alternative ways to cope (DeNigris, 2008).

# Chapter III

# Methodology

## Paradigms

The researcher, through the use of qualitative methods, aimed to discover and understand the complexities that exist within individuals' lives by placing emphasis on uncovering the details present within the phenomenon of interest (Heppner, Wampold, & Kivlighan, 2008). This research allowed for the rich details found in each individual's story to be preserved and revealed, whereas other types of research may have left out these important contextual factors. The specifics included by qualitative research speak to the level of individuality present within each story and represent the dynamic, "ever-changing" characteristics of the world (Heppner, Wampold, & Kivlighan, 2008). The utilization of a qualitative design enabled the researcher to gather the specifics of each individual's particular story through meaningful interactions and preserved these specifics in the conclusions. The specifics of each story remained intact and are the main body of this work. In essence, this method allowed for each individual's unique voice to be heard with increased accuracy in a largely representative manner.

The current study was grounded on a feminist paradigm and utilized consensual qualitative research (CQR) as a methodological format to tap into female adolescent trauma survivors' worldviews (Wang & Heppner, 2011). Consensual Qualitative Research was appropriate to apply with feminist theory because it focuses on formulating conclusions through open conversation (Hill, Thompson, & Williams, 1997). The pairing of the feminist paradigm with CQR enabled the researcher to gather information in a

manner that empowered the participant by minimizing power imbalances and viewing the participant as the "expert" (Wang & Heppner, 2011). Moreover, the use of CQR, like feminist theory, valued, honored, and guarded diverse viewpoints that arose among researchers during the data analysis process (Williams & Barber, 2004).

Feminist theory provided an appropriate context for the study by ensuring that gender discrepancies, power disparities, and oppression were brought to the forefront of the study (Banister, Tate, Wright, Rinzema, and Flato, 2002). The CQR method encompassed the feministic perspective ideals, which state that participants should be treated with respect, their voices valued, and equality in the relationship strived for (Hill, Thompson, & Williams, 1997). This study and the resulting conclusions were guided by thoughtful consideration of each female participant's perspective and careful interpretation of her experiences (Willis, 2007).

Specifically, when dealing with traumatized female adolescents it was vital to respect that these issues may be salient and very much a part of their story. The basic premises of feminist theory were considered to help ensure that the researcher conducted the interviews and analyzed the data in a careful, active, and emotionally delicate manner (Willis, 2007). The researcher was focused on gaining an understanding of female adolescent trauma survivors' perspectives and experiences with healing from trauma, associated psychological distress, and forgiveness, particularly relating to their consideration or use of forgiveness as a healing technique (Willis, 2007). Employing a qualitative approach guided by a feminist paradigm helped the researcher begin to understand how these female adolescents viewed their world and themselves, in relation

to the trauma they incurred, in a manner that allowed for the demonstration of the multidimensional elements that may have affected their recovery (Wang & Heppner, 2011). Moreover, feminist theory provides recognition that the occurrence of trauma in females' lives may be more common, possibly normative, rather than unusual (Brown, 1991). This theory is sensitive to the experience of one's life and recognizes that many times suffering originates not from individual inadequacies, but environmental factors (Brown, 2004). Emphasis placed on the involvement of environmental factors was an important area to consider when interviewing individuals about experiences with trauma, as trauma is an external force that produces internal suffering. This consideration could possibly introduce another perspective to the survivor, helping her consider that the unpredictable event or events did not happen because of her inadequacies, but because of events out of her control. The importance given to the philosophical underpinnings of this theory hold the potential to help lessen internalization of trauma ("bad me"), alleviate feelings of responsibility ("this is all my fault"), and diminish negative feelings (shame and guilt), held by the survivor (Brown, 2004).

**Study Design**

Studying how exposure to trauma shaped the development of this population helped the researchers obtain a deeper understanding of the lens through which a female trauma survivor views her world through, and illuminated what this personally meant to her. Generalizable data was not sought out; rather the focus of the research was on gathering an understanding of each participant's epistemological viewpoint on trauma,

forgiveness, and mental health (Willis, 2007). This naturalistic process of data collection required the researcher to be the "tool" and was intended to describe emerging themes, not manipulate them (Bogdan & Bilken, 1992). Following the main premises of CQR enabled emphasis to be placed on description of experiences rather than explanation of experiences, which aided in the formation of an accurate representation of each participant's reality through her interpretation, viewed and explained each individual's behavior and experience holistically, and allowed for the emergence of concepts from data, rather than data from existing theories (Hill, Thompson, & Williams, 1997).

Jacob, Veach, and McCarthy (2005) proved CQR to be a viable method to analyze and describe information pertaining to individuals' experiences with the interpersonal and familial effects of child sexual abuse, which provided relevance for the utilization of this approach to navigate individual experiences with trauma. These areas were explored and analyzed through semi-structured interview questions derived from consultation with a psychologist who specializes in forgiveness and is well-versed in trauma-focused care and literature. Further, the researcher's clinical and supervision expertise is focused on adolescent trauma survivors and forgiveness therapy. This interview construction method was supported by Wang and Heppner's (2011) research on childhood sexual abuse and Jacob, Veach, and McCarthy's (2005) research on intrapersonal and familial effects of child sexual abuse on female partners of male survivors. Wang and Heppner demonstrated semi-structured interviews as an appropriate tool to analyze females' childhood experiences with sexual abuse, a particularly common form of trauma for females under the age of eighteen (Gold, 1986). Semi-structured

interviews supported the emergence of documented and undocumented data, which began to expand the definition of trauma based on individual accounts (Spanierman, Oh, Poteat, Hund, McClair, Beer, & Clarke, 2008).

Qualitative analysis techniques were applied, as they allowed the researcher to be fully immersed in an open, holistic approach to data collection and analysis, where the direction of the study was able to change as a deeper understanding of context was gained (Willis, 2007). This was a necessary format to follow, as the research goal was to gain a better understanding of what trauma exposure, forgiveness, and mental health meant to the specific group of female adolescents interviewed rather than formation of a generalized view. Stiles (1993) leant methodological process guidelines to the current study. These guidelines called for expressing the results in a verbal manner, using empathy with participants, reporting data in context, assuming that each experience was multidimensional, assuming that the cause of events were nonlinear, and utilizing empowerment as the end goal. The researcher did not form any hypotheses. The point of this study was not to make hypotheses, but to explain an experience and help these particular individuals define their experiences with trauma, associated distress, and forgiveness (Lester, 1999).

The use of CQR enabled the researcher to begin the study with few preconceived notions about where the research should be headed. Rather, the data collected served to guide the theory, not vice versa. The research process was conducted in a manner that sought to describe phenomena by asking broad questions that enabled conclusions to be drawn based on the collected information rather than predetermined hypotheses (Bogdan

& Biklen, 1992). The CQR process permitted the data discovered to guide the course of the research. This open process lead to the formation and discovery of new "relationships, concepts, and ideas" and helped holistically describe each participant's experience (Hill, Thompson, & Williams, 1997). CQR was an extremely useful way to explore this particular topic because little research exists within this realm (Hill, Thompson, & Williams, 1997).

**Data Collection Procedure**

**Participants**. The participants were recruited from a residential treatment facility for female adolescents, providing short- and long-term treatment. The participants were involuntary residents in this facility. The site's Chief Program Officer recruited participants upon admission. Participation was voluntary. In accordance with the Institutional Review Board at the University of Wisconsin-Milwaukee, consent was obtained from the participant's legal guardian upon admission, and participants were fully briefed on the purpose and goals of the study prior to commencement of the interview process. The selection criteria was females ages thirteen to seventeen identified as having suffered one or more "deep interpersonal hurts" (Enright, 2001) "that were intense, overrode the individual's ability to cope, and demonstrated lasting effects" (Munson, 1995). Females under the age of thirteen, those who did not report incurring one or more "deep hurts," and/or who were unable to obtain consent were not included in the study. Confidentiality was explained thoroughly, and was ensured by storing the data at the individual site in a lockbox in the researcher's office and was destroyed upon completion of the study.

The sampling of individuals was conducted in a more specific and focused manner by identifying a setting in which the particular population could be found (Devers & Frankel, 2000). The participants were purposively sampled due to the sensitive and unique nature of the content, which could only be provided by a specific population (Devers & Frankel, 2000). The majority of the residents met the specified criteria, which allowed for the random sample of sixteen participants to be feasibly gathered. Participants were selected based on their ability to provide information on what it was like to be an adolescent female trauma survivor. The sampling within the population was random, meaning the individuals selected were taken from a larger subset of identified potential participants (Hill, Thompson, & Williams, 1997).

Nineteen female adolescent participants were recruited from the population, all ranging in age from thirteen to seventeen years old, over the course of eight months. Sixteen participants were interviewed; three participants were not interviewed due to premature discharge. The sample gathered was relatively homogeneous in nature, wherein all the participants interviewed were female adolescents, identified as suffering a deep interpersonal hurt, demonstrated challenges in functioning, and appeared to be suffering lasting and intense consequences. The sample was ethnically diverse (comprised of five Caucasian and eleven African American females), all who described similar perceptions about the effects of trauma exposure. Even though the diversity of the sample was not a controllable element, an ethnically diverse sample was likely, as the population at the site tends to be diverse in nature.

**Research Design**. A face-to-face semi-structured interview was conducted to gain an understanding of the participants' perceptions of forgiveness and mental health within

the context of trauma. This method of collecting data helped the researcher gain a deep, more comprehensive depiction of each participant's experience (Polkinghorne, 2005). Interviews were the chosen method because this format enabled the researcher to focus on the "attitudes and beliefs" of this population (Frankel & Devers, 2000). The interview began with a review of confidentiality, collection of demographic information, and an explanation of the researcher's personal reasons for conducting the study. This was done in an effort to help the researcher recognize biases and help the participant understand the researcher's intentions (Willis, 2007). The interview session was fairly unstructured, where rapport was built, expectations were laid out, and space was provided for the participant to tell her story (Seidman, 1991). An advantage to this format was that it provided time for trust to be built and allowed for observation of nonverbal behaviors (Hill, Thompson, & Williams, 1997). During the interview, the participants responded to questions that tapped into the concepts of trauma, distress, and forgiveness as they pertained to each participant's life. Applying a moderately detailed interview procedure did not inhibit the researcher's level of flexibility. The researcher allowed the participant to set the pace and direct the flow of the interview (Hill, Thompson, & Williams, 1997). The end of the session surmised how the interview process was received through elicitation of a description of how each participant felt the interview process affected her. The open-ended nature of the interview process allowed for an open format where the participant and the researcher could interact freely.

The semi-structured format provided an appropriate platform to gather the data through the utilization of an interview protocol constructed to tap into the areas of

trauma, distress, and forgiveness. Questions were developed by the researcher and were composed by consulting Enright's Forgiveness Inventory (EFI), the Trauma Symptoms Checklist for Children (Briere, 1996), Beck's Depression Inventory for Youth (BDI-Y), the Beck's Anger Inventory for Youth (BANI-Y), and consultation with a qualified psychologist. These measures were integrated as they all demonstrated reliability and validity in assessing forgiveness, trauma, and psychological distress. When used with the adolescent population each of the measures selected proved to be appropriate and yielded consistent results.

The researcher was the sole conductor of interviews. Hill, Thompson, and Williams (1997) found that using one interviewer helped ensure consistency and allowed for trust and openness to be established. Having one interviewer conduct the interviews reduced variability among interview styles. To ensure that each interview and session was represented accurately, the interviewer recorded relevant information such as: length of session, content, and behavioral observations immediately after each session. The interviews were audiotaped, which allowed for full attention to be devoted to the interview process and content, and enabled the interviews to be reviewed during data analysis. The interviews were transcribed verbatim by a professional transcriber and were checked by the researcher for accuracy (Hill, Thompson, & Williams, 1997). A "set team" of researchers was enlisted to examine the results to ensure consistency. Three primary team members each independently performed the formation of domains and core ideas and completed the cross-analysis, and one auditor reviewed the primary teams work (Hill, Knox, Thompson, Williams, Hess, & Ladany, 2005).

**Domains.** The entirety of the data was analyzed through a coding procedure that identified different types of comments and emerging themes called "domains" (Hill, Thompson, & Williams, 1997). Each interview was independently reviewed to identify emerging narratives that supported broad and modifiable domains. As this process progressed the domains "stabilized", as a deeper understanding of the participants' experiences was attained (Hill, et al., 2005). Stabilization of the domains occurred after the seventh interview was reviewed. The domains were inductively formed through review of the raw data, rather than derived from literature or from the interview questions (Hill, et al., 2005). This enabled the researchers to form domains around the data rather than attempting to manipulate the data to fit the domains. After the domains were formed, each coder independently extracted the crucial information, i.e., core ideas, from each domain and the results were discussed (Strauss & Corbin, 1990; Hill, 2012). This process entailed clarifying the data found in each domain, until the domains were precise and represented the data accurately (Hill, Thompson, & Williams, 1997). Data that was excluded from this process included introductory statements, tangential conversations, and filler comments, e.g., "um." Upon completion of the core ideas the researchers transitioned to a higher level of data abstraction called "cross-analysis", wherein specific categories were developed to represent most, if not all, of the data within the domains. Each researcher completed this process one domain at a time, bringing possible categories to the group for further discussion, ultimately coming to a final consensus on the placement of core ideas into apt and parsimonious categories (Hill, et al., 2005).

Throughout each stage of the analysis process, (e.g., creating domains, constructing core ideas, and the cross-analysis) one auditor checked to ensure that the

data was fully represented, the necessary information was included, and wording was illustrative of the raw data (Hill, et al., 2005). The auditor offered an outside perspective that critically analyzed and confirmed that the domains represented the data, all pertinent data was obtained, the core concepts were succinct and reflective, and the categories and subcategories (where appropriate) offered alternative ways to conceptualize data (Hill, et al., 2005). When new data emerged in this process, necessary modifications and corrections were made to accommodate appropriately; the auditor was consulted a second time to ensure a consensus was achieved (Hill, Thompson, & Williams, 1997). Finally, the data was rechecked by the coders for inconsistencies and then processed further.

A variation of the data collection framework from grounded theory called the "constant comparative method" was utilized to allow the data to be continuously cycled through and compared to the specified categories to obtain and verify core concepts (Strauss & Corbin, 1990). This method has been referred to as the "consensus method". The consensus method was used to analyze the data, which helped the researcher incorporate the nuances of each independent story into the conclusions drawn (Hill, Thompson, & Williams, 1997). This method allowed for ambiguity and independent thought processes present throughout the data analysis process to be embraced. Through this process each team member was able to converse about different possible meanings and formulate unique perspectives about the data presented (Hill, Thompson, & Williams, 1997).

This approach was well-matched with feminist theory as it relied on the team to come to agreement through unrestricted methods (Hill, Thompson, & Williams, 1997). The researcher followed the steps described by Hill, Thompson, and Williams to collect

data which included: “defining the sample, collecting data in an open-ended manner and formulating domains, coding the data into domains by analyzing ‘words’ not ‘numbers’ and then extracting the core ideas in each domain, forming categories, and subcategories where appropriate, calculating the number of cases that fit within each emerging category, and describing each finding across the specified domains by analyzing the whole experience not merely specified parts”. This process helped the researcher dissect the information collected from the semi-structured interviews and helped put this information into categories that drove the emergence of relationships among the data (Willis, 2007). This process provided the most accurate representation of the information gathered from the participant, as its application did not merely attempt to analyze and interpret numerous data sources. Multiple, diverse perspectives of trauma were obtained through the construction of an accurate representation of each individual story, whilst provided rich data and decreased researcher biases (Hill, Thompson, & Williams, 1997).

The length of the study totaled eighteen months: eight months to recruit and interview participants, two months for transcription and review of transcribed data, six months to analyze the data, and two months to interpret and dictate results. The goal of the qualitative aspect of this study was to reveal the personal narratives of the selected female adolescent trauma survivors. The interpretation of the data could not be fully generalized to this population demographic as a whole, which was acceptable and expected as the intent of the study was to convey the experiences of the particular females interviewed. With this said, it is still likely that the results will help individuals learn about and cultivate a deeper understanding of the multidimensionality and complexity of issues encountered by female trauma survivors. Specifically, this research

helped demonstrate what perspectives, attitudes, and beliefs these specific individuals held on psychological issues associated with trauma, and conveyed their viewpoints and experiences with forgiveness in relation to its implementation and usefulness in their lives.

**Interview Measure**

**Trauma.** Traumatic experiences were assessed based on questions inspired by the content of the Trauma Symptoms Checklist for Children (TSCC) (Briere, 1996). The TSCC is a self-report measure that consists of fifty-four items that are geared to detect present levels of psychological stress in children ages eight to sixteen who have experienced trauma (Lanktree, Gilbert, Briere, Taylor, Chen, Maida, & Saltzman, 2008). Trauma may encompass "physical or sexual abuse, major loss, and/or witnessing violence" (Lanktree, Gilbert, et al., 2008). A four-point scale is employed to gauge level of symptomatology; 0 is equivalent to "never" and 3 is equivalent to "almost all the time". The TSCC includes two validity scales, Underresponse and Hyperresponse, six clinical scales, Anxiety, Depression, Anger, Posttraumatic Stress, Dissociation, and Sexual Concerns, and eight critical items (Lanktree, Gilbert, et al., 2008).

The TSCC clinical scales are found to be internally consistent at .77 to .89 and demonstrated convergent, discriminant, and predictive validity in normative and clinical samples. The TSCC was standardized utilizing a group of over three thousand inner city, urban, and suburban children and adolescents (Lanktree, Gilbert, et al., 2008). It appeared that consultation with this measure would be appropriate for helping the researcher gain a deeper understanding of what questions appropriately assess trauma.

**Forgiveness.** Forgiveness was assessed based on questions inspired by the content

of Enright's Forgiveness Inventory (EFI) (Enright, 2009). The EFI uses an open-ended question that asks participants to define and discuss "deep hurt/hurts" that they have encountered. The essence of this question found on the EFI was used to develop the question, "All of us have had positive and negative experiences in life; can you think of some negative experiences that you have had?" to assess trauma exposure. This question was used to tap into areas in the participant's life that she perceived as negatively impactful, without directly inquiring about specific traumas. The EFI inventory is comprised of sixty items; three subscales of twenty questions each, which assesses the participant's "feelings, behaviors, and thoughts toward the offender" (Orcutt, Pickett, & Pope, 2005). According to these researchers, the internal consistency of the entire forgiveness scale is .99 and for each of the three subscales the reliability is .98. This demonstrates that the items on the measure are all accurately tapping into the same concept, which in this case is forgiveness. It appeared that consultation with this measure would be appropriate to help the researcher gain a deeper understanding of what questions appropriately assess forgiveness.

**Anger and depression.** The Beck's Anger Inventory for Youth evaluates children and/or adolescents' viewpoints on being treated unjustly and negatively by others and feelings of anger and loathing towards self and others (Beck, 1976). Questions formed to assess levels of distress were based on questions inspired by the content of Beck's measures. Beck's Depression Inventory for Youth investigates children and/or adolescents' negative thoughts about self, life in general, and the future, and current sadness, guilt, and sleep issues. This measure is rated for second grade use and asks

twenty questions to evaluate the aforementioned themes.

Both the Anger and Depression Inventories used norming data that was based on a sample of eight hundred children ages seven to fourteen (Beck, 1976). The data was "stratified to match the U.S. census by race/ethnicity and by parent education within four age groups by gender" (Beck). Chronbach's Alpha coefficients ranged from .86 to .96, which indicated a high level of internal consistency for all age groups on both scales. The Standard Error of Measurement was found to vary between 2.00 to 3.39 and test-retest reliability ranged from .74 to .93. The test's validity was demonstrated by convergence with other instruments measuring similar constructs (Beck, 1976). It appeared that consultation with this measure would be appropriate to help the researcher gain a deeper understanding of what questions appropriately assess psychological distress.

**Data Analyses**

To begin documentation of the results, the sample used was described fully, to ensure that readers could begin to gain an understanding of the applicability and usefulness of the information (Lincoln & Guba, 1985). The qualitative information that was gathered was cleaned and evaluated. Once this process was completed, and the formulated domains and core ideas were rechecked, the variations and similarities found within the categories of the sample, during the cross-analysis procedure, were reported in the results section (Hill, Thompson, & Williams, 1997). Results were presented on a domain-by-domain basis, including a general narrative that provided a summary of themes present across interviews. To represent the domains, life quotes from certain cases were included. The discussion section included a summary of what the findings meant and unanticipated outcomes found (Hill, Thompson, & Williams, 1997).

**Trustworthiness.** To analyze the validity and reliability of the current study the researcher looked at several areas. The researcher used the term trustworthiness to refer to the procedure of determining if appropriate, adequate, and replicable methods were used and if the findings were correctly reported (Hill, 2012). This was done by establishing the integrity of the data through describing details about the construction of the measure, checking for saturation, determining transferability, attending to reflexivity and subjectivity, and clearly communicating the findings (Hill, 2012). During the cross-analysis the independent coders formed domains and core concepts, and identified emerging categories and subcategories that represented these ideas. The primary research team produced an initial consensus version after the domains and core ideas were formed, and a more detailed consensus version emerged after the categories were formed. The auditor performed an initial review of the domains and core ideas and then conducted a final, more thorough and critical review of the categories after the cross-analysis was completed. The auditor made comments and suggestions to be reviewed by the coding team. These suggestions were discussed among the primary research team. Raw data was continuously reviewed to ensure accuracy and placement of core ideas into categories (Hill, et al., 2005). Once all the auditor's feedback was reviewed, a final consensus was reached. Following the cross analysis, stability was gauged, (described on the bottom of page 55), but not by performing an analysis of omitted cases. Cases were not omitted because this procedure is not practical, as Hill (2012) noted a tendency, on the part of researchers, to minimize the possibility that new data appeared after the initial long data analysis process. Additionally, all interviews were conducted prior to the data analysis to ensure consistency across interviews, conducting additional interviews later would

introduce “uncontrolled data”, due to experiences with already reviewed data and knowledge of initial results having potential to influence the interview process (Hill, 2012).

**Integrity.** The first step in ensuring integrity involved providing details about the methods. This procedure involved inspecting the research team members in detail (qualifications and discussing biases), analyzing questionnaires used and transcripts kept, and describing the specific process followed during data analysis. The researcher performed an intimate analysis of each of the aforementioned areas to ensure that each area contained a stable, coherent process. The second step in ensuring integrity involved checking for “theoretical saturation”, a procedure that analyzed the data to the point that the researchers became “empirically confident” that no new data was emerging (Hill, 2012). This procedure has often been referred to as stability of findings. This step involved revisiting the population sampled. Stability was gauged based on the size and composition of the sample; preferred was a sample size of over ten participants that was deemed relatively homogeneous. Another component to stability was connecting the individual results to the core concepts that emerged during cross-analysis. This was accomplished by linking the individual results, signified by participant quotes, to the emerging categories (Hill, 2010). This demonstrated that the emerging concepts were a proper representation of the individual cases.

**Generalizability.** Transferability provided information about the participants and the research process to enable the readers to judge if the results could feasibly transfer to another setting (Hill, 2012). This process entailed determining how often the categories and subcategories, determined by analysis of the core ideas, applied and did not apply to

the entire sample (Hill, Thompson, & Williams, 1997). If any of the data only applied to two or three cases it was not considered to represent the population and was termed "rare"; subsequently, it was either excluded from the final interpretation or was adjusted to determine if it could be integrated into another category or subcategory. The category of rare was included due to the large sample size of sixteen participants. If the data applied to all of, or all but one of the cases, it was termed "general", if the data applied to half of the participants up to the cutoff of the general category it was termed "typical", and if the data applied to four cases up to the cutoff of the typical category it was termed "variant" (Hill, 2012).

**Reflexivity and subjectivity.** To balance the discrepancy between the actual data and the interpretation of the data, the researchers explored and attempted to manage biases and expectations (Hill, 2012). This balance was accomplished by utilizing multiple experienced coders and a qualified auditor, performing ongoing consultation between researchers, and continuous referencing of the raw data. This helped provide a truer representation of the meaning of the data, due to the presence of, and respect for, multiple perspectives.

**Communication of findings.** Clear communication of findings did not just entail grammatical clarity and dependability, it involved providing a purpose for the findings, which was accomplished by relating the results to implications for usefulness. For the purpose of this study the results were analyzed to see how they may influence clinical practice and if they lent reasoning to future research.

# Chapter IV

## Results

The sample obtained, researchers' qualifications, biases, and expectations, trustworthiness of results, and domains and core concepts are described in this section. This includes subsections that define the specific domains, and an exploration of the data that supported each particular category and subcategory.

### Sample

The sample interviewed was gathered at a residential treatment facility in Wisconsin. The Chief Program Officer at the site recruited the participants upon admission. She was the only individual aware if participation was initially declined. This helped ensure that the participant was not exposed to unequal treatment or negative consequences if they declined to participate. There was no compensation for participation. Participants' personal and medical records were not reviewed; all information obtained was gathered during the interview process via participant testimony. Upon recruitment and commencement of the interview process the participants were briefed about confidentiality and assured that if at any point they felt uncomfortable, wanted to decline to respond, or desired to opt out of the interview, that this was their right and no penalty would occur. Sixteen female adolescents, ranging from thirteen to seventeen years old ($M = 14.94$, $SD = 1.29$) were interviewed. The sample was comprised of five Caucasian females and eleven African American females. One participant identified her current grade as seventh, six participants identified their current grade as ninth, six participants identified their current grade as tenth, and three participants identified their current grade as eleventh ($M = 9.63$, $SD = 1.02$). These

females were all involuntarily placed at the treatment facility due to numerous reasons. The most predominantly occurring reasons for placement were identified by the participants as: out-of-home placement issues (designated caretaker problems and/or dangerous or inappropriate behavior by the participant), deleterious home environments, inability to keep oneself safe, history of abuse, and legal ramifications. All of the female adolescents reported encountering "one or more deep interpersonal hurts" (Enright, 2001), as discussed through the interview question. The most commonly reported "hurts" were sexual, physical, and verbal abuse, loss of a loved one, and/or recurrent exposure to dangerous environments, i.e., parent was a drug dealer. In numerous interviews participants endorsed encountering multiple hurts. After close review of each testimonial it was concluded that the "hurt or hurts" identified in each interview had interfered with the participant's ability to cope with stressors and had produced "intense and lasting effects" (Munson, 1995). This conclusion was based on the domains and core concepts that emerged during data analysis, evident in severe affect regulation challenges, significant social challenges, high levels of internalized trauma symptoms, and emotional instability identified in the presence of clinical disorders, i.e., depression and anxiety.

**Researchers**

One researcher conducted the audiotaped interviews. The primary research team consisted of three coders and one auditor. A thirty-two-year-old Caucasian female with a bachelor's in psychology, master's in school counseling, and in her fourth year as a counseling psychology doctoral student served as coder one. A thirty-four-year-old African-American female with a bachelor's in psychology, master's in school counseling,

and in her fourth year as a counseling psychology doctoral student served as coder two. A thirty-eight-year-old Caucasian female with a bachelor's in psychology and in her second year in the master's community counseling program served as coder three. A Caucasian male professor, in his forties, from the department of educational psychology served as the auditor.

The dissertation committee deemed the researchers experienced and equipped to analyze sensitive interview data because of each researcher's education and counseling experience background. Coder one has experience working in diverse therapeutic settings (school, outpatient clinic, hospital, primary care, and mental health institution). She specializes in treatment with ethnically diverse child and adolescent populations presenting with complex trauma and clinical and co-occurring disorders. Coder two has experience working in school, residential, and hospital settings. She specializes in working with multiculturally diverse adolescent populations presenting with diverse clinical disorders. Coder three has experience with ethnically diverse clientele ages eighteen to sixty-five utilizing trauma-informed care and an empowerment model largely derived from the tenets of feminist theory. The auditor's interests include how belongingness relates to academic achievement for K-12 students in multicultural schools, and how angry students can benefit from learning to forgive. Specifically, the auditor implements forgiveness interventions with urban students to help students reduce their anger, better their mental health profile, and increase their ability to perform academically.

**Biases and expectations.** Biases and expectations were discussed among the research team, before and during data analysis, to attempt to control for reflexivity and

subjectivity. If at any time during the data analysis process biases arose they were immediately discussed with the team members. Discussing biases and expectations allowed for alternative perspectives to emerge and be shared, and provided the researchers with an awareness of their own preconceptions and beliefs. One researcher expected that the effects of trauma would not be pervasive due to the young age of the participants; she contended that young participants would be less likely to be exposed to traumatic experiences, and the consequences would be less severe. Two researchers believed that the participants would struggle to be open and may not be honest during the interview, contending that the participants may fear consequences, such as negative judgment, for disclosing. This was an identified bias based on experiences working with the adolescent population. Two researchers thought that there would be a higher prevalence of internalized responses to trauma based on the sex of the sampled population, contending that females tend to respond to distress by internalizing, while males tend to externalize distress. Another expectation by one researcher was that most participants would identify few supports and that families would be identified not as a source of strength but rather a source of stress and contention. This expectation was concluded based on experiences working with populations in residential treatment facilities, generally requiring long-term care. A final identified expectation was that participants would be less prone to forgive, based on younger individuals viewing forgiveness as synonymous with forgetting, and that the more severe the abuse the less a tendency to forgive would be present. Overall, the researchers had more expectations based on experiences and literature, and less identified biases about the potential results.

**Trustworthiness**

**Integrity.** The researcher provided adequate methodological detail about the study to begin ensuring integrity. First, details were provided about the research team, including examples of biases and expectations. Second, the researcher included a copy of the interview and provided detail about how the interview protocol was devised. Third, the researcher demonstrated an 84.2 percent success ratio of recruited to interviewed participants, wherein nineteen participants were recruited and sixteen were interviewed, with three not interviewed due to premature discharge. Fourth, a qualified transcriber completed the transcription process and the primary researcher reviewed the transcriptions for accuracy. Finally, the researcher provided an initial detailed description of the data analysis procedure, and specifically, the procedure followed the tenets of the CQR process precisely. Providing additional assurance for trustworthiness was the utilized sample size and the solidified connection between the core concepts and individual cases. It was determined that the sample size was large, sixteen females, and homogenous in the sense that each participant was an adolescent female identifying as being exposed to trauma residing in the same setting. The connection between the core ideas and the individual cases was established by the ability to use specific quotes to support the emerging themes. It was found that the themes were an overall accurate representation of the data due to the ease in which quotes were utilized.

**Generalizability.** Typicality of the findings within this study was determined by indicating the incidence of each emerging category and subcategory, which is based on the number of participants representing core ideas within each domain (Hill, 2012). Frequency is specified in terms of general, typical, variant, and rare. Table 1 (p. 111) displays the results for all interviews. Categories were considered general if fifteen to

sixteen interviews were represented, typical if there were eight to fourteen interviews represented, variant if there were four to seven interviews represented, and rare if there were two to three interviews represented.

**The Narrative**

This narrative is a description of the whole, not merely the parts. It provides a summary of a life, not an isolated event. These interviews provided an important platform for these females to begin to tell their stories. They proved to be extremely informative, but also healing and cathartic. Sixteen adolescent females told their stories, and this narrative is a compilation of the stories that emerged.

These females came together at a residential treatment facility in Wisconsin and were individually interviewed about their life experiences. All of the females described a frequent history of placement changes. They were placed at this particular residential facility for a variety of reasons, but some of the most prevalent were chronically unsafe home environments, history of abuse (sexual, physical, and verbal), and self-harm. All of the females interviewed appeared genuine and appeared to take the process seriously. Most of the participants interviewed began the interview by responding to the question; "Could you give me a few minute introduction about yourself, who you are as a person?" with a description of the love they felt for their families. Whilst describing a deep desire to be reunited with their families, there was an acknowledged indication that this may never be possible.

As the interview process unfolded these females began to give voice to the experience of trauma, by telling the stories that are often left untold. They represent the unspoken, they are survivors. Several of the females described feeling as through they

had to “grow up too fast”, while simultaneously acknowledging that their life circumstances were what made them who they are today. Many times it appeared that their voices had been lost due to chronic invalidation and dismissal. On occasion they appeared to be struggling to find their voice during the interview; however, when enough time and support was offered their stories were eventually revealed. It appeared that all of the females interviewed desired to be better, wanted things to change, but unfortunately for some it appeared that hope was diminishing and they did not feel safe enough to let their guard down. Many of them related their issues to not knowing whom they could trust. This lack of trust described became understandable as one by one the females reported exposure to an array of negative life experiences. These negative events included, but were not limited to, being physically, sexually, and verbally abused, neglected, and abandoned. Several times these females described feeling alone and scared, and to make matters worse they felt as though they had no one to turn to. For the majority of the participants, this lack of support was due to being hurt the worst by the individuals who were supposed to care for them the most.

The main take away message from these interviews was that these females may act tough, become aggressive or isolative, and act as if they do not need help or comfort, but caution should be taken before one believes that perception. It appeared that the way many of these females determined if they could trust people was by pushing them away, putting up a cold, hard façade to see who will stay and who will leave. I stayed, and the result was these sixteen interviews. These sixteen interviews highlight the topic of trauma, but most of all the existence of these interviews is a demonstration that trust can be built and safety can be established with this population. Even more importantly, the

interviews demonstrated that these females are open to and ready to accept support. The response to the question, “What was this interview like for you?” was proof of this openness and a demonstration that healing can begin if given a chance to start.

**Domains**

The following domains, categories, and subcategories emerged from the descriptions provided by the sixteen females. They provide a rich understanding of the effects of trauma in the most important manner possible…through the voice of the survivors.

**Resiliency.** The first two domains addressed are resiliency and forgiveness. These domains are addressed in succeeding order because when participants described a forgiving response it typically elicited positive feelings and encouraging consequences, which revealed resilience.

These interviews began to illuminate an understanding of how protective (described as originating from trauma) coping mechanisms, even if they become somewhat maladaptive, can promote resiliency long after the initial threat has subsided. One female acknowledged this by remarking, “But I'm—if I feel like I'm in danger, then I'll protect myself. Even with the consequences.” This quote speaks to the perpetual level of perceived threat felt by these girls. A category generally emerging in the interviews was that of *chronic trauma exposure*, typically requiring the participants to monitor their environments due to a sense of perpetual threat and a perceived need to readily respond. Gaining an understanding of the likelihood of repeated traumatization provided new meaning to the maintenance of protective behaviors, e.g., distrust, isolation, and aggression, present in this population of female participants. Viewed from their

perspective, it appeared that it would be dangerous and imprudent to completely relinquish the protective strategies and attempt to adapt alternative strategies. Many of the same participants reporting the above viewpoint correspondingly reported an understanding that the hostile environments may not improve, but remained hopeful about their future.

Typically, participants described a *desire to adjust their behaviors, cognitions, and attitude*. Two subcategories emerged. Typically, participants were in the process of working on adjusting their behaviors, cognitions, and attitude, and variantly reported was a desire to make adjustments in the future when they expect to obtain increased environmental control. One female described the current desire to make life changes: "I feel like I'm gonna make a change…I think it won't be one thing, I think I want it to be everything." Another female participant indicated a desire to change, once perceiving a sense of control: "I picture myself when I'm grown, 'cause that's the only time I feel like that I'm be at a—make a possibility for anything, is when I get grown. So…I do think about the future, but the future when I'm grown." Her statement illuminates the desire to change, but also the reality that she may have to maintain her current persona until she perceives an increased amount of power and control in her life.

Coinciding with a high prevalence of trauma exposure was a strong demonstration of the category of *perseverance*. Typically, the participants demonstrated an ability to view negative situations as an opportunity for growth, knowing on a deep level that they deserve more, and embodying a willingness to move towards fulfillment. One female stated, "But today I am going to stand up and face them and tell 'em I am somebody. It's right to be somebody to be loved, cared for, and acknowledged. Today, I'm going to get it

with no questions asked." The interviews contained an abundance of statements reflecting strength and determination; as much as the interviews evidenced incidents of chronic trauma, there was a greater evidence of perseverance. One subject discussed the interplay between negative life experiences and the ability to elicit positive meaning from those experiences:

> …going through the negative things have, as much as I've—I wish constantly I wouldn't have had to have them, they really made me feel like that's what got me to where I am today. It's what got me to be how mature I am.

Typically throughout the interviews was the category of a demonstrated *ability to put suffering into perspective*, a conveyed sense that the suffering had meaning, even if the meaning was yet to be fully established. It appeared that the more the participant was able to put experiences into perspective, the more determined they were to change. One female described her suffering as something she needed to withstand. Her perspective was that no one is fit to judge, a conclusion reached based on meaning derived from her faith. She stated, "Yeah, but I have to get over it 'cause you can't judge nobody…Only one person can judge somebody and they not God. So, I gotta look over it."

Variantly, many of the female participants appeared surprised that other individuals viewed them as strong, because their life circumstances and the ability to withstand were viewed as "just normal" to them. This was addressed during the interview process not through a specific interview question, but rather through dialogue and interactional transactions. First, some participants directly discussed other individuals' positive perceptions of them with an appearance of bewilderment and skepticism. Second, when content was disclosed that appeared to be resilient in nature, e.g., "Like, I can go through stuff and be able to heal quick from it…I'd just tell them they'll make it

through. They just gotta have patience," arose during the interview the acknowledgement of this positive response style was reflected back to the participant, often eliciting a surprised or disbelieving response.

However, despite having difficulty seeing other individuals' positive views about their abilities, extreme conditions, and negative circumstances, typically the participants described a *fundamental sense of care and faith in themselves*: "I've had a lot of ups and downs, you know, but I'm really overall a good person." The category of fundamental sense of care and faith moved beyond gauging vacillations in self-concept and captured the participants underlying levels of self-worth. Another female stated, "Uh-huh. People that said things about me that's bad, I don't care because it's not what I know about myself." Particularly, these females demonstrated a ready ability to discuss positive attributes and aspirations. One female participant responded to the question, "Do you ever feel like you're not worthwhile?" with a resounding, "No...When things were bad I still felt good about self [*sic]*, told myself positive things."

Categories that appeared to contribute to the development and maintenance of an ability to identify strengths and an investment in self was the typical occurrence of the following: *willingness to accept responsibility for actions*; *insight into reasons for behaviors and cognitions*; *use of alternative methods to convey life experiences* (journaling, poetry, singing, dancing, and art), and *optimism about the future*. A general occurrence of *identification of at least one unconditionally supportive confidant*, and the variant occurrence of a *present-focused orientation* and *aspirations to alter the cycle of abuse* were other demonstrations of resiliency. One female's statement conveyed both

insight into reasons for her behaviors and cognitions and aspirations to end the cycle of abuse. She demonstrated insight and aspirations for change derived from her ability to identify with her mother's abuse history, and an understanding of how her mother's experiences related to and informed her current circumstances. This intersection was described as follows:

> But I don't care about her—like—at a point, as I think about it, I care but at the same time, I don't care about what happened in her childhood…I just wanna live my to be better than hers, but how's is it goin' be better than hers if we gotta stay in the house all the time...and I hate that.

Two of the most evidently occurring categories amongst this domain were *identification of at least one unconditionally supportive confidant* and the *usage of alternative methods to convey life experiences*. Regarding having an unconditional confidant one female stated, "Well, they know everything that's going on. Like I can talk—tell my grandpa anything and he doesn't get mad. So, he's one person that I know I can always talk to." Amongst interviewees the ability to describe thoughts and feelings about life experiences through poetry and journaling was palpable. It was noted that some participants lacked the words to describe their experiences fully until they began reciting their poetry or reading their journals. One female used journaling to described her turmoil encountered due to years of abuse suffered at the hands of her mother:

> I can remember the times I would duck past you because I was afraid of getting hit…It started at a young age. I would go to school and tell them what you did to me and you would have the nerve to get mad with someone that's being hurt.

**Forgiveness.** Typically, participants appeared to possess a genuine desire to forgive, as though they were *forgiveness-oriented*. It appeared that most participants felt an inner satisfaction, a sense of relief and pride, when they were able to let go. For example, one female stated, "I feel proud when I walk away; letting go makes me feel

better." Typically participants appeared to be *contemplating forgiveness*, when discussing the benefits of "letting go" versus "revenge". One subject depicted this level of contemplation as she weighed out the consequences of revenge-seeking behaviors: "…is it really worth it? Is I really hurtin' them or is I hurtin' myself?"

In two cases, participants described a *revenge-oriented* attitude. Participants claimed that they enjoyed seeking revenge; it was a preference, explicitly because it made them feel in control and established fairness. These two females indicated they did not feel better, but generally worse, when they let the offense go. One female described her ambition to seek revenge as "The power. I feel like I have power when I get even with people." In other described situations where participants initially sought out revenge, they typically followed up with sentiments deeming *letting go as the preferred option*, sometimes motivated by a desire to eliminate further consequences. For example, one female stated, "I just let it go…like I didn't want to do anything to them 'cause I didn't want to get in trouble...letting go works better, otherwise it gets worse…I try to be the bigger person – otherwise it gets worse." Typically, participants demonstrated the *ability to put deep hurts into perspective* by examining the full scope of the situation. One female offered such perspective when describing her belief of why her mother physically abused her and her sister:

> She's a single mom and she does work hard to support me and my sister, but she needs to learn that we are growing up and that we have our own lives—she can't control us. I just want her to find healthy ways to cope with her anger and frustration instead of hurtful ways that could really affect people present and future. I really love my mother, but she needs to work on herself before she and I can work on us.

Even though insight for the deep hurts typically occurred, it was variantly noted that when the offense was deemed severe, the participants demonstrated a higher level of emotional conflict and distress when describing their experience and discussing "letting go" as an option. Typically, participants acknowledged a sense of discord, because although they considered forgiveness as the most appropriate and satisfying option, it left them feeling vulnerable. One subject's description of "letting go" illuminates this theme:

> …I care about people, too much and I feel like they misjudge my kindness for weakness…I feel—I feel like I'm doin' the right thing, but then sometimes I feel like I'm doin' the wrong thing 'cause they don't wanna come back around…but at the end of the day, I feel like I'm doin' the right thing.

The theme "once a forgiver, always a forgiver" did not appear wholly consistent throughout each independent interview nor across interviews. Rather, four interviews evidenced a continuum of forgiveness based on the nature of the relationship, yielding the variantly occurring category *situational forgiveness*. These four participants defined their urge to "let go" based on the nature of their relationships. If they possessed a close interpersonal relationship with the offender, it appeared that the nature of the offense did not override their general desire to forgive. As one female indicated:

> I don't want to say I got over it, but I got through it and…I don't let it affect me really in a negative way…and so, I had to let go of holding the pain for my friends and choose to just hold it on to people I care most for.

This demonstrates an increased desire to let go of the offense, if extreme care for the individual was established.

Variantly, participants described situations where the offense was perceived as life-threatening, eliciting *retaliation in an attempt to protect*, to survive. However, in these five cases it was evident that following the retaliation internal conflict arose,

wherein the participant felt her actions were justified, but felt a sense of regret and benevolence towards the offender. One female stated,

> Oh, I regretted it…he was hitting me and I told him, I will get revenge on you for hitting me, and, once again, he hit me and…—I really, I cared, but I really wouldn't…like, at this time, I will care but then, at another time, down inside of me, like—would not care because down inside—one side of me got a caring heart and another side of me got hatred for the guy….

Typically, participants achieved *benevolence and care for the offender*, but when the offense was described as severe this process was more complicated (as demonstrated in the above quote) and appeared to take longer to offer this level of compassion to develop. One female described this process as follows:

> I just stay away from them then. Like, if they have a problem…I'll try and help them sometimes, depending on what they did to me. But if it was like just something that they did, doing it meanly—to me, like meanly, if they—if something happens, I might try and help them out.

One female described a hypothetical response to an offense that evidenced a willingness to offer benevolence towards the offender by considering the outcome: "…if somebody treats me negatively, I'm gonna treat 'em with respect…Because that's only gonna prove to them that I'm a good person. I'm being the bigger person about the situation."

A surprising (due to the extreme interpersonal violations and betrayals described) but typically occurring category was the *genuine desire to let go of resentment*, to obtain a sense of care and love. The participants appeared ready to let go of resentment, no matter how smoldering, in exchange for genuine reconciliation. Half of the participants were willing to consider forgiveness if it appeared that there was the slightest potential to repair and rebuild the relationship. The following statement is representative of this overarching theme across these particular interviews, "I'm going to forgive you for every

hurtful thing you have done to me, or said to me, and I'm just going to start over fresh and new, and work from there…I just want your love and support…I'm done."

**Affect regulation challenges.** The next two domains, affect regulation challenges and challenges to social functioning, are discussed successively because the presence of affect regulation challenges was implicated as a contributor to participants encountering social functioning challenges.

Participants' challenges to regulate affect were represented in the typical occurrence of the categories *oppositional and defiant attitudes*: "Stay away from him, blah, blah, blah, and I really didn't listen"; *extreme behavioral patterns* (aggressive and/or isolative): "And I ask them to not talk to me and they keep talking to me and then I end up hitting them," and *destructive behaviors*. The concepts represented in these categories appeared to be self-preservative in nature, wherein the deleterious conditions solicited protective responses. Correspondingly participants typically described possessing a lack of self-soothing behaviors, a somewhat demonstrated awareness that they were struggling to cope. Described as participants feeling they were no longer able to, or properly equipped with, the ability to self-soothe. This category was counted when participants described experiences where it was apparent that the demands of the situation, even if minimal, overrode the participant's ability to cope. One such description given was, "I have a low tolerance for just anything and I feel like, I hate it when people just—loudmouth."

Frequently occurring together in the same interview were the categories *challenges to self-soothe* and *destructive behaviors*. It appeared that the demands of the situation overrode the participant's ability to cope, which typically resulted in regressive

and reactive destructive behaviors, i.e., aggression towards self, others, and objects. Typically described was a *general lack of perceived control over life experiences*, discussed as situations that the participants desired to change or remove themselves from, but that felt helpless to against the circumstances. One female indicated, "…it's a thing I can't really get out of." Her statement conveys the lack of perceived control she felt in the cycle of chaos described in this context. Another female described this perceived lack of control over hazardous circumstances: "…it doesn't seem like I have control over my life. Like everything that's happening to me is—I don't have any control over it." Many times, the perceived lack of control was precipitated by an emotional overload and contributed to the emergence of negative behaviors. One female described the connection between a perceived lack of control over experiences, overwhelming feelings, and negative behaviors as, "…when I get mad, I kick something…The only thing I remember is I kicked the car's steering wheel while my mom was driving."

The lack of perceived control over the external environment was another category that typically occurred in interviews alongside the category of destructive behaviors. The subcategories appearing within this were aggression towards self, others, and objects. *Self-directed aggression* was described as follows: "I wanted to feel the pain that I knew I could control…that I can make stop when I wanted to or hurt more when I wanted it to." *Other-directed aggression* was described by one subject in this way: "If you say rude—something rude to me [*sic]*, I will just get up and start fighting you for no reason." *Object-directed aggression* was described as a

> …daze and I can't take it…I'm hittin' stuff, and she says something else to me and I got to go back upstairs and that's why I couldn't calm down ‘cause I punched a hole in the door, put the knives in a wall and everything.

Variantly, more than one destructive behavior appeared in the same interview, meaning less than half of the participants, but more than three, described engaging in more than one type of destructive behavior.

When explanations for these behavioral response patterns were solicited, participants typically described encountering struggles in one or both of these categories: *difficulty verbally communicating wishes and needs*, and *difficulty understanding and complying with rules*. One adolescent satisfied this difficulty to verbally communicate her needs by engaging in externalizing behaviors to convey her need to get out of her home, “’cause I drunk some bleach…to get out of the house ‘cause I couldn't leave.” Emotional content that was unable to be verbally communicated appeared to overwhelm the participants, which appeared to lead to externalizing behaviors, a means to nonverbally communicate emotional content. For instance, one female participant indicated, “…if I'm like really upset, I don't talk to anybody. I hide out in my room…I isolate and I cut.” The externalizing behavior, cutting, was a means to nonverbally communicate the pain felt by the participant when she was unable to verbally engage. Throughout interviews it appeared that the lack of verbal communication, when the participants were overwhelmed, was an expression of distress itself, more than a demonstration of oppositionality or defiance. The reported challenges in affect regulation appeared to be more strongly linked to insufficient skills to meet environmental demands rather than an outright disregard and oppositional attitude towards social rules and expectations.

The described sense of ineffectiveness, inadequate preparation, and inability to contend with the environment was represented in the general occurrence of the category *lack of developmental guidance and modeling*. Every participant discussed growing up in environments devoid of adequate guidance and structure. Lack of developmental guidance and modeling was described as "…really—everything I'm doin', I feel like it's because of the system and how they raise—because the system don't raise kids. In the system, the kid have to raise theirself [*sic]*. They have to fend for theirself." Her statement saliently depicts how, years later, she views her developmental years. As a young child she lacked adult guidance and structure and was conveyed the message that she would not only have to raise herself, but that life was full of dangers she would have to "fend" off.

**Challenges to social functioning.** This domain was represented by descriptions that suggested the participant was experiencing significant challenges in social functioning. All participants reported the category of *encountering challenges interacting adaptively in society*. Demonstrations of social functioning challenges were evidenced in the category of *tenuous interpersonal relationships* devised into the subcategories of *poor boundaries*, *dysfunctional interactional patterns*, *discontentment with relationships*, and *issues with authority*. Descriptions of tenuous interpersonal relationships arose in all interviews, and were determined by evidence suggesting the participant was encountering struggles in her relationships within one or more of the four subcategories. The subcategory poor boundaries occurred variantly, and was described as difficulty separating self from others described by one female in this way:

> They're upset because in the past, we did have a really obsessive relationship…I will admit, it was really bad…We, uh, went through a lot of hard times…I mean, we would cut together…We had, like suicide pacts together and it was really bad, but we definitely overcame it.

Dysfunctional interactional patterns occurred generally, these interactions were evidenced in chaotic, inconsistent, and unhealthy interactional patterns described by one female as follows: "So, he has a son and he has me…And, you know, I don't know why he can talk to his own children, like his other children, but not me." Discontentment with relationships occurred typically, which was represented by a general dissatisfaction with relationships described by one female as, "I never hang out with my friends, which is a huge stressor 'cause my family still, to this day, we don't get along…I don't think we ever will." Finally, the subcategory of issues with authority occurred typically, and was considered present if the participant described maladaptive interactions with, or disregard for authority figures. One subject tellingly described her beliefs about authority in this way: "Teachers, they blab their mouths all day."

The category of *inconsistent placements* was evidenced in all interviews. Every participant described a history of frequent placement changes consisting of multiple settings. For one female this inconsistency was described as being "in and out" of placements. Her frequent placement changes included moving from a residential treatment facility, to an inpatient hospital, back to the residential treatment facility, to a rehabilitation center, and back to the inpatient hospital. This description appears to be an extreme demonstration of placement inconsistency; however, it was the normative description provided by participants. Reasons for changes in placements varied; a few noted were forced removal from the home due to unsafe environments, legal ramifications, and self-caused removal, i.e., unsafe and uncontrollable behaviors. One

female described the interchange between her relationships and inconsistent residence in this way: "'Cause I was in a group home before my grandma house [*sic]*...I was in a group home because my mom and my stepdaddy used to beat me." Past familial challenges she encountered were implicated in the current challenges she faced to maintain a consistent residence.

Other categories were *legal issues* described as fines, arrests, and juvenile detainment, occurring typically, and *academic impairments* described as truancy, expulsion, and poor performance, also occurring typically. Prevalent in the descriptions of legal issues was an identification of extreme repercussions for behaviors, "…I've been arrested—more than once…More than five times", and an under acknowledgement of the severity of the consequences: "I do everything I do to prove to them that no matter what consequences they gonna give me, I'm still going to eventually get out and I'm going to do the same thing over and over again."

Across all interviews it was noted that the participants presented these challenges as though they were *normal to encounter*. As one participant stated,

> I go back to DT [detention center] for thirty days, but that don't faze me, either. I've been there more times than hardly anybody that ever stepped foot in there. So, I just—like, when my PO [parole officer] tell me like, 'If you AWOL [absent without official leave], I'm gonna make you sit up in there for thirty days,' and it don't faze me. I feel like it's a threat and I already take too much of threats.

It appeared that the normality felt by participants was contributed to by the pervasiveness of these types of circumstances within their environment, a sense of numbness to consequences due to frequency, repetitiveness, and modeling that made these behaviors appear acceptable. Participants described a parallel between their experiences and the

experiences of family members and peers. One female stated, “Um, no. I guess, it just happens. It's a normal thing for people. They get angry,” when asked to describe how her anger problems started. It appeared that she had been chronically exposed to aggression; therefore, this was normal. Another female indicated,

> And then different group homes, foster homes, and we grew up the same way…And that made him attach himself more to me because we were growing up the same way and I saw everything, like what my mom used to do.

Generally, due to the pervasiveness of occurrence in the environment, these challenges to social functioning and consequences were described as an ordinary and somewhat inevitable part of life.

**Cognitive dissonance.** Cognitive dissonance, environmental injury, internalized trauma, challenges in forming a congruent self-concept, and challenges to bonding are the terms that represent the following five domains. These five domains appear in consecutive order as they all appeared to be contributing factors to the level of uncertainty the participants endorsed experiencing in everyday life.

Numerous participants described a life filled with cognitive dissonance and uncertainty, evident in the frequent acknowledgement of experiencing simultaneously competing cognitions, emotions, attitudes, beliefs, and behaviors causing tension (Festinger, 1957). One female demonstrated a level of dissonance when discussing her choice to notify the police when she was being physically abused: “Cuz I called the police that night and I should of just took it and it would have been okay.” During her description it was evident that she was experiencing discord and uncertainty surrounding this choice, wherein part of her felt relieved and part of her felt guilt. In conjunction with cognitive dissonance, it was noted that participants variantly encountered the category of

*difficulty committing to a decision or thought*. One subject demonstrated difficulty committing to a thought about seeking counsel, as she vacillated between beliefs about the possible outcomes:

> …people tell me that, but I have my own belief. I just feel like by you talkin' about it—it probably is good to talk about it, but I feel like by you talkin' about it, what did you get out of talkin' about it. It still gonna be there. The thought still gonna be in your head and you still gonna have the same reaction. It's still gonna be there. Even if you talk about now. It's still gonna be the same reaction to you because if I tell you my whole life story from detail to detail, then, you know...by me tellin' you, how is that helpin' me? Because at the end of the day, it still happened and couldn't nobody prevent it.

The participants typically communicated the category an *understanding of what healthy behaviors* were, e.g.,"Yeah. I have to learn to ask for help," but described difficulty engaging in them. Typically, participants described the category *possessing positive values that are constantly challenged by environmental constraints*. Typically, this perceived struggle demanded the development and maintenance of unhealthy behaviors, thoughts, and emotional expressions. One teen described how her positive values of trusting others were challenged due to an attempted rape, eliciting the development of negative behaviors: "I think about things differently…Like what I do and like, people I trust…I started gettin' into fights." Typically, it appeared that the dissonance was surfacing due to the participants' cognitions, emotions, attitudes, beliefs, and behaviors contending with an underlying value structure, e.g., "I am a caring person, but I will hurt others before they can hurt me." The value of caring for others and the contending aggressive behaviors are yielding a level of distress due to the dissonance between the value structure and behavioral expression.

*Thought dissonance* (simultaneously competing thoughts) was a typically occurring category. It was particularly evident in this description provided by a participant in regards to the turmoil she felt when considering having relationships,

> No. I don't wanna be alone. Actually, I just want to... I don't wanna be in it alone, but... sometimes I do wanna be alone—'cause sometimes I like company... but, most of the time, I really like bein' left alone. But then, I feel like if I get left alone, all my bad thoughts come back.

*Emotional dissonance* (simultaneously competing emotions) was a variantly occurring category. It was identified as a sense of uncertainty about how the participant "felt" about life. A common response, given by participants questioned about how they felt about extreme life circumstances, was "I don't know." This response was a demonstration of dissonance because in all cases that demonstrated emotional dissonance, there existed a level of ambivalence. It was found that, following the endorsement of feeling unsure there emerged numerous descriptions of conflicting thoughts, behavioral patterns, and emotional patterns. This perpetual conflict appeared to cause the participant to identify feelings as uncertainty; however, once they began to process through the experience, they appeared to gain emotional clarity. One subject discussed her initial ambivalence and arising emotional dissonance as she discussed a sexual assault:

> Um... I don't know…like a lot of people ask me that and I... I don't know how I feel—I feel, I guess I felt stupid because I knew the whole time, like I'm, like okay. Like I know what your gonna do, but I didn't walk away and I feel stupid…I'm, like I wasn't stupid. I knew what that was, but I—I went and….

**Environmental injury.** An injury is defined as damage or harm done to, or suffered by, a person (oxforddictionaries.com). Therefore, it was an appropriate way to qualify the environmental circumstances described by this population. Noted throughout every interview was the emergence of the category of *exposure to chronic extreme*

*conditions*. One participant stated thus, with certainty that her environment was the cause and perpetuator of her turmoil: "It's because of the environments that are around me, and the energy is ninety percent negative, and I don't want it to be that way." Generally, participants described being raised in unsupportive and unpredictable environments, with abandonment, neglect, lack of safety, lack of nurturing, chaos, and inconsistency. One description of this perpetual unpredictability and inconsistency:

> I just have to look at it like, as I still remember…when we was little and we just look out the window. 'Cause, I mean, I couldn't know when he come and get drunk and be like on something and I just be lookin' out the window, lookin' for him and stuff and he ain't never come.

Typical responses elicited, when participants were asked to discuss negative experiences, were physical abuse, sexual abuse and assault, verbal abuse, loss of a loved one, and grief. *Abuse* was the individual category typically arising with three subcategories: *physical*, *sexual*, and *verbal*. All of these subcategories demonstrated a typical occurrence, and typically more than one type of abuse was described in the same interview, meaning more than half of the participants, but less than all, reported being exposed to more than one subcategory of abuse. *Loss* of a loved one, which was identified as death or the loss of a relationship due to other factors, e.g., the parent or guardian left, and the resulting grief was an individual category typically occurring within this population.

**Internalized trauma.** This domain represents the lens that shades the survivor's subjective experience. Stated another way, it represents the survivor's view of each new experience and interpersonal interaction filtered through a template of past-unresolved experiences and associated subjective feelings. Typically occurring was the category of

an overall *perception that the world was unsafe and untrustworthy*. In this category, new experiences and interactions appeared to be scanned for remnants of past traumatic experiences, to deem if they suggested a threat. One female stated that "First, you got men beating you…Now you growin' up like, No, I'm scared of you. Get away from me, kind of type." The nature of the trauma exposure in these girl's lives appeared to foreshadow future notions and pervasively seeped into generalization. Noted were similar themes and descriptions of a life trajectory filled with interpersonal doubt and compromised levels of safety, caused by one or more experiences that challenged the participant's ability to feel safe and trust intentions. One female described her environmental uncertainty due to distrust and compromised safety after an interpersonal violation as "Not being able to go outside on my own…Because not being able to trust if the guy was gonna come right behind me and kill me."

As an attempt to protect the self from a perceived uncertain world was the typical occurrence of the category *distinct alterations in states of consciousness* demonstrated by an impaired ability to integrate experiences. This category was pared down into three subcategories: *disassociation* (a detachment from physical and emotional experiences), *depersonalization* (unreality of ones sense of self), and *derealization* (unreality of the outside world). Most prevalent, occurring in fourteen interviews was the typical occurrence of depicted evidence of disassociation: "Um, I don't really remember a lot of things" and "When I feel emotional, I hate it. So, I don't—I stop my emotions," typically occurring was depicted evidence of depersonalization, "…like, not feeling like me anymore…Like, it split completely. Um, it changed. It—it's not me," and variantly occurring was depicted evidence of derealization "I was shocked. It was like, is this really

even happening right now? I never would've thought it would've happened…I felt like I wasn't even there, like I was watching it from…like a different view." Typically, more than one distinct alteration in states of consciousness appeared in the same interview, meaning more than half of the participants, but less than all, described experiencing more than one type of alteration in consciousness.

The category of *disturbances in perceptual experiences* variantly occurred, and was represented by subjective feelings and experiences perceived as intrusive and/or demonstrating alterations in arousal. Experiences described by participants that encompassed this category were flashbacks, hearing voices, nightmares, hypervigilance, bodily sensations, and/or an overwhelming sense of looming fear. One participant recounted how she experienced residual adverse bodily sensations due to a history of sexual assaults: "Like, it makes me feel really uncomfortable all over my body…It makes me feel really gross and icky…It makes my stomach hurt." Numerous participants described experiencing a looming sense of fear. Portrayed by one female as constantly anticipating a negative event, feeling like she had no control over her experiences, she stated, "I feel like something bad could happen...I just feel like it's something that will happen anyway. Even if you try prevent it, there's always somethin' always gonna happen. Even if it's a little bit bad or a lot bad." Other participants discussed how their perceptual disturbances negatively affected their relationships. One female described this duress as

> I don't really know where I hear 'em, but I do hear 'em. Like, they tell me like I should kill myself and that—like if I don't do it, when they want me to do, something bad is going to happen to someone in my family.

Since this category was variantly reported it was not broken down further, as some of the identified perceptual disturbances were rarely occurring and were therefore more appropriate to merge into a single category.

Many times it was noticed that the participants described their trauma experience as if they were reading a script or telling a story, as if the experience had happened to someone else. Variantly occurring was the *appearance of a disconnect* between the participant's emotional response and the level of severity of experiences. The emotional response elicited when they described their experiences often did not appear proportionate to the severity of the circumstances. This may be an observed reaction when an individual describes a traumatic life experience in which they have experienced resolve and healing; however, this did not appear to be the case within this population of females. Considering these participants' current circumstances, emotional states, challenges in social functioning, and behavioral issues, it appeared that resolve had not been achieved, healing had not occurred, and that this disconnect contributed to the trauma still being very much alive in their lives. One participant stated "I don't like talkin' about it, I carry all of it, I dunno—it's evil…I don't trust nobody…I feel like I should fight everybody that comes by me and they irritate me and keep askin' me what's wrong." This serves as a poignant description of how a traumatic experience is internalized, manifesting into a burden, something to "carry" with lingering uncertainty about how to respond, and the helpless feeling of not knowing who to trust to begin to process through the turmoil – "the evil".

**Challenges in forming a congruent self-concept.** This emerging domain encapsulated the data that described females who were struggling to maintain a consistent self-concept. Typically, their stories demonstrated *issues with self-esteem* evident in descriptions of poor self-care, low self-worth, waning self-confidence, and an irresolute self-image. These participants struggled to consistently care for, and value themselves, and held vacillating opinions about their capabilities and inconsistent beliefs about who they were. There was a high prevalence of body image issues, feelings of inadequacy, sensitivity to criticism, difficulty trusting the intentions of others, mortality concerns, and negative self-talk. Half of the interviewees described a self-concept that was *situationally defined*, wherein they demonstrated a lack of ability to maintain a continuous, predictable sense of self, especially emerging when they encountered difficulty deciphering the intentions of others and when presented with situations that challenged their character, attributes, and beliefs. One participant described the inconsistent self as "…like sweet and then I'm mad all the time." Overall, females endorsing this category appeared to have less intrapersonal stability and seemed uncertain about their existence, rendering their perceptions about self and behaviors heavily influenced by situation and circumstance.

Generally the participants' stories indicated a *failure to develop age-appropriate behaviors* apparent in inconsistent, chaotic, and periodically unsolicited thoughts, emotions, and behaviors, and appearing to be related to a poorly defined and easily threatened sense of self. This intersection was portrayed in this description provided by one female: "I think it's 'cause I've been told so much, I don't know how to express myself…But, like when I'm mad or somethin' and I try to express myself, it's best not to come near me."

Typically, participants described *invalidating experiences*, wherein they did not feel acknowledged, understood, or heard, as contributing to issues forming a congruent self. One participant indicated thus:

> …the voices not stopping. I don't feel like the doctor is listening to me about it, ‘cause I told—like he changed my meds and I told him the meds that he gave me aren't working for it, but yet he won't take me off 'em.

Perpetually invalidating environments and diminishment of feelings appeared to cause the participants supplementary distress and uncertainty about self. This challenge to feeling positive about oneself was described by one female in this way: “I always feel like everybody treats me like I'm nothing.” She attributed this feeling to the invalidation she received from individuals, “…they like... say mean things, like, ‘Shut up,’ and all that…Like nobody ever listens to me….”

**Challenges to bonding.** Upon first review, this domain was proposed to be a component of the domain of internalized trauma. However, as the review continued, it appeared that salient themes emerged to support challenges to bonding as an independent domain. The largest contributor to this decision was the general existence of *insecure and disorganized attachment patterns* evidenced in feelings of interpersonal helplessness, fear of abandonment, betrayal, failure, and dejection. Other emerging categories were: *extreme distrust for the intentions of others leading to isolation* typically occurring, *challenged ability to form and sustain meaningful relationships* typically occurring, and engaging in blame, rejection, intrusiveness, and hostility towards others as a means to obtain *coercive control in the relationship*, variantly occurring. One female recounted her experiences with forming relationships in a disconnected, almost flippant manner:

> I never trust myself to no one ‘cause everyone I get close to, they leave on me, and then, I always told them like, I always told them…I'm not trying to get

> attached. I'm not trying to get attached. I'm not trying to open myself up to you guys.

Her statement is a rich description of the high level of mistrust for others, and subsequent hesitance to bond, frequently experienced by this population. Another participant discussed how her behavioral and attitudinal reactions, caused by past interpersonal hurts, were affecting her ability to meet her current needs. She stated,

> I feel like there's like a guard that I put up. Certain people won't even feel it. The attitude is still bad that one can think long and hard why I'm so bitter. You don't know, do you? It's because I just want a hug. Someone—some kind of care.

Evident in her description is her need to care for herself, which interferes with her need to be cared for by others. She established a "guard" to keep herself from being hurt; ironically, that very "guard" is hurting her.

**Emotional demoralization.** The word demoralization was used to describe the next two domains, (emotional demoralization and cognitive demoralization) because it was evident throughout interviews that participants felt a sense of life "just happening" to them versus feeling like they were active participants in the process of life. Moreover, they appeared to feel that the way they responded to experiences was the only feasible way to respond based on the circumstances. Within this domain, the category *presence of emotional challenges*, breaching or entering into clinical significance, was typically encountered by the interviewees. These emotional challenges were described as possessing low emotional tolerance, resulting in diminished, suspended, or explosive expression. This category was broken into two subcategories: *described* (indicating that the participant portrayed considerable challenges in this area) and *diagnosed* (indicating that a clinical diagnosis had been made, confirming significant emotional challenges).

Typically occurring were described significant challenges tolerating and expressing emotions, and variantly occurring were diagnosed clinically significant challenges tolerating and expressing emotions. Since the diagnosed subcategory was variantly reported, it was not broken down further into specific disorders. However, it is notable that within this population, the most commonly reported clinical disorders were depression, anxiety, bipolar disorder, and attention deficit hyperactivity disorder. One female indicated multiple diagnoses: "…I also have ADHD, bipolar, depression, ADD."

Interplay between the next three categories occurred, demonstrating a continuum of emotional demoralization. On the extreme ends of the continuum were pervasive overwhelmed feelings and distress (demonstrating a positive presence of emotions) and apathy (demonstrating a negative presence of emotions), with feelings of discouragement (dispirited) in the middle. The first category, variantly occurring, was *pervasively overwhelming and distressing emotional* experiences. Two females depicted a sense of having to contend with overwhelming and distressing emotions: "Like, I feel angry, like twenty-four-seven. I just want to cry" and "So, like, sometimes I wanna keep it all bottled up. It's hard." The second category, typically occurring, was the experience of becoming *dispirited due to unchanging environmental conditions*, describing situations where the circumstances were so constant that it became difficult to have stable feelings about them. These participants appeared to vacillate between statements indicating distress and indifference, therefore not truly fitting in the category of "feeling overwhelmed and distressed", or in the category of "apathetic". One participant stated, "Yeah. I felt like I wanted to die because I don't understand—why do I have to do to this? It's not even worth it to be in this world if I gotta keep goin' through it." Her disclosure demonstrates a

level of extreme distress that was perceived as inescapable, resulting in a feeling that suicide was a feasible, perhaps only, option, and the latter part of her disclosure demonstrates indifference about the value of her efforts. Finally, the third category, variantly occurring, was described as being *apathetic* – a sense of not feeling at all. As stated by one female, "I don't feel myself. I don't wanna talk to nobody. Don't want nobody talkin' to me…I just don't wanna be in this world, period." This statement is a testament to the consuming nature of apathy; this subject depicted an existence where no feelings were present and a complete lack of interest transpired.

**Cognitive demoralization.** Similar to emotional demoralization the participants described situations where the circumstances were so severe and chronic that it became difficult to think any other way about them. One female stated, "I might—I may as well die because I won't have anything to live for." This statement was one of many that conveyed the typical category of *no alternative way to perceive circumstances*. When faced with circumstances that were considered so irredeemable, participants were reduced to thinking "this is just the way it is."

The category a *sensed loss of control over experiences* was typically observed and is best represented by the subcategories *difficulty identifying experiences*, variantly occurring, and *difficulty describing experiences*, typically occurring. This loss of control over experiences was depicted when the participants struggled to identify and/or explain their past and/or current circumstances. One interviewee evidenced this loss of control over her experiences when she attempted to describe her auditory hallucinations. Her

statement conveyed a sense that no alternative way of being existed, and no explanation for her experiences was sensical:

> I can't make my thoughts stop", and It's a—I don't really know 'cause it's different. Depends on…the time sometimes. It feels like just stuff that I'm thinking but, other times, it sounds like someone's voice, but I can't ever identify the voice.

**Somatic complaints.** Although not prevalent in most interviews, somatic complaints are still a noteworthy domain, because when this population acknowledged physical issues they consistently appeared to be related to trauma, in the sense that the somatic complaints were either the *source of trauma* or *emerged during or following trauma exposure*, both categories were variantly observed. Somatic complaints that were evident as a source of trauma were described in the subcategory of *medical conditions*, identified as asthma, lifelong seizures, and medication resistant infections. One participant who encountered two of these somatic issues described them as life-threatening, chronic, and unpredictable, yielding a sense of helplessness, a source of shame and guilt, and of constant negative effects on her relationships. She stated, "I almost died, you know…twice", and she claimed that people told her, "Oh. It's your fault; you have…."

Physical issues that appeared to arise during or post-trauma exposure were divided into two subcategories. The subcategories identified, both rarely occurring, were *somatic complaint(s) directly related to the trauma* and *somatic complaint(s) emerged after the trauma*. Complaints identified in these subcategories were injuries or pain sustained during trauma exposure, sleep issues, memory impairments, and psychotropic medication-related complaints, e.g., loss of appetite.

An intriguing complaint was physical injuries and pain sustained during a traumatic experience. This complaint was intriguing because it appeared that the latest traumatic experience was retraumatizing to the female due to a past traumatic experience. This piqued curiosity because the trauma exposure occurred while the patient was hospitalized, and the physical injuries happened while the caretakers restrained the participant. This participant described not only experiencing physical pain, but also a re-experiencing of internal pain; “It was painful ‘cause…I put up a fight when they tried to restrain me. So, they were getting mad at me and….” Her motives for fighting were established long ago due to past trauma: “I don't really like people touching me unless they ask me if they can or if it's one of my better friends and I know they're not going to do anything to me.” This female felt violated and scared during this event. “‘Cause they had…there was guys and they had one guy…going across me to hold my arm—this arm down—to hold both of my arms down. So, I was kind of uncomfortable with a guy laying across me.” She felt she had no other recourse than to fight back, subsequently sustaining new physical injuries while reliving past pain.

# Chapter V

## Discussion

This section includes an overview of the study and a discussion of the results of the study including: summary, limitations, and implications.

### Summary

In sum, this research is both relevant and unique, as it begins to enhance the understanding of trauma through the survivor's perspective. These interviews not only illuminated the commonalities that exist across interviews, but demonstrated the uniqueness of each individual experience, providing enhanced detail to Briere and Spinazzola's (2005) research that viewed the reactions to trauma as individually unique and happening on a complex continuum. Generally, trauma exposure appeared to initiate similar emotional and behavioral responses, as well as social challenges among participants; however, even though similar themes were established across interviews, subtle differences existed within each participant's perceptions and presentations of trauma.

Concerning perception of trauma, it has been determined that trauma cannot be reduced to a single definition, as it became clear in these interviews that trauma is in the eye of the survivor. Conceptually, trauma tends to be held as an experience that is beyond the realm of normal human experience, e.g., rape (Brown, 2004). This research does not challenge this ideology; however, it contends that what one individual views as beyond the realm of normal human experience may differ from what another person views as such. The uniqueness in this research is that it did not qualify trauma down to a specific definition or event, but rather allowed the participants to qualify trauma, as they

perceived it, throughout the interview process. Even though all participants indicated exposure to remarkably deleterious experiences, variances existed in their perceptions of how these situations affected their lives. In this research, some participants described being able to withstand a single exposure to directly hazardous environmental experiences; other participants directly attributed this type of experience to challenges in functioning. Other participants described recurrent low-grade exposures to trauma, i.e., their environments were chronically invalidating, chaotic, and unpredictable contributing to challenges to functioning, whereas other participants describing similar circumstances did not attribute them to challenges in functioning.

Based on review of the results, it can be speculated that one reason for the difference in perceptions and presentations of trauma was the inverse relationships between the participant's ability to cope, and the severity of the situation. Simply put, it appears that the more vulnerable the participant, the less likely they were able to withstand the experience. The typical lack of self-soothing behaviors present in this population, relative to the general endorsement of chronic extreme conditions, verifies that the majority of the participants were lacking the capabilities necessary to endure and cope with their environment.

Regarding presentation of trauma, it became apparent that there is reason to reiterate that trauma exposure does exist even if the development of post-traumatic stress disorder does not (Perry, et al., 1995). Even if trauma exposure does not lead to formation of PTSD it does not mean that the event is free from consequence, and mainly this research speculates that trauma may present itself in the occurrence of other disorders, e.g., depression and anxiety. When discussion was given, it became apparent that many-

times described and diagnosed clinical impairment would be more accurately described as a function, a symptom of trauma, rather than a singular entity. Throughout the interview process, slight variances existed in the descriptions of current distress, i.e., variety among clinical disorders reported, but the similarity that emerged across all interviews was exposure to trauma. Seemingly, in each case, trauma was the precipitant to emerging significant impairments, and due attention should be paid. Overall, the perception of and trajectory of trauma may differ slightly for each individual, but we know that the similarity is exposure; therefore, careful analysis of each experience is necessary to provide accurate conceptualizing and proper intervention. Specifically, treating the presenting and proposed disorder may be less well-suited when dealing with trauma survivors because one may find that they are merely treating the symptom rather than the root cause.

**Resilience.** A significant finding was the level of resilience demonstrated by this population. This research elucidated that the commonly made attribution "They'll get over it, they did not even know it was happening" should be separated from the concept of resiliency (Perry, et al., 1995). These interviews demonstrated an abundance of resiliency, even though it was evident that the participants had not adequately coped with, moved past, or possessed a lack of integration of past negative experiences. Resiliency does not mean the circumstances do not need to be addressed, or that a lack of initial response means no damage was done. The amount of resiliency observed in youth, the ability to "bounce back," can be better harnessed if proper support and interventions are made available. In support of this, Brown (2004) indicated that individual change is hindered or complicated when contending with an unchanging environment. The word

"challenges" was used throughout to capture this very idea. It indicates that there is a level of effort being exerted by these females to better their situations. Throughout the interviews it became evident that the participants were trying to establish a sense of mastery over their experiences; however, the severity of their experiences appeared to solicit extreme behaviors, cognitions, and emotions rather than allowing for the development of stable and adaptive behaviors, cognitions, and emotions. It appeared that these participants were challenged by environmental conditions, and hence developed challenges with day-to-day functioning. The ability to withstand this constant contention is a testament to the presence of resilience.

Moreover, this research began to expand past a superficial understanding of resiliency by providing a demonstration of response patterns that may not typically be considered resilient. Looking at response patterns, such as anger, from the survivor's perspective, in terms of initiation and maintenance, made the researchers begin to question the typical comprehension of this concept. Wheeler (2007) identified that once-adaptive cognitive and behavioral patterns can become maladaptive and compromise future functioning. This research solidified that at some point adaptive coping mechanisms began to challenge the well-being of the participants, and began to bring about additive and detrimental consequences. However, it was determined that the line between adaptive and maladaptive is thin, and indeed, in some cases it may be critical for the survivors to continue to apply those coping mechanisms long after the initial threat has been extinguished, due to continuous reinforcement through environmental solicitation.

A closer examination of this phenomenon could be attained by considering the basic trajectory of anger. After a traumatic event, anger can be a resilient, functional, and protective response that potentially wards off additional negative consequences; however, at some point it withholds growth and can pervasively affect the individual. The data collected in this research called this process of transformation into question. It is well-documented that anger after trauma can lead to forgiveness, or progress into deep-seated resentment (Enright, 1991). The progression to deep-seated resentment would be the emergence of a maladaptive coping response due to its long-term negative effects (Davenport, 1991). The preservation and maintenance of functional anger would be adaptive, if a threat persists or is looming, due to its protective benefits. The alternative, forgiveness, would be progressive and allow the survivor a buffer against deep-seated hurt and the ability to begin to effectively cope with anger. In turn, the latter process carries the potential to counteract the effects of trauma and initiate growth and healing. This area was considered extremely relevant to address because of the young age of the participants interviewed, which increases the likelihood of future trauma exposure based on environmental constraints. Therefore, the level of perceived or actual threat may perpetuate these protective coping techniques, deeming them unremittingly adaptive rather than maladaptive and, therefore, a demonstration of resilience even though the responses beg for negative consequences.

To promote a successful transition from adaptive-and-protective to adaptive-and-healing, and avoid the transformation into persistent-and-maladaptive, recognition of this phenomenon should be granted. The interviews conducted were a demonstration of the variability that exists surrounding the definition of resiliency. This does not ignore that

positive coping skills tend to yield more efficacious results, evident in the data collected. Participants who considered the utilization of alternative coping mechanisms, such as forgiveness, rather than maintaining trauma-induced coping mechanisms, such as anger, demonstrated more intrapersonal integration and positive attitudes and thus appeared more satisfied. However, this research contends that the elicitation of positive consequences following a negative event does not alone determine or define resilience, and pushes for a more inclusive understanding. To determine what is or is not resilient requires close examination of context.

**Behavioral response.** Another noteworthy finding, tied to the emergence and extinguishment of these extreme coping responses, is that trauma-induced behavioral responses may be extremely hard for the individual to contend with due to their inherent nature. Many times, these behavioral responses are viewed as a choice; however, based on the descriptions given by these particular females, it was evident (due to traumatic circumstances and a perceived lack of control) that it was believed that there was no alternative possible. Some females described their behavioral responses, e.g., utilizing aggression, as a means to gain control in out-of-control situations. The chaotic environment was described as more manageable when the participant used coercive means to gain control, eliciting a favorable outcome and, therefore, reinforcing the reaction pattern.

But how does this pattern initiate and perpetuate? Within this research it was found that the females interviewed understood what healthy behaviors are and reported a positive value system; however, the general occurrence of chronic extreme conditions and failure to develop age-appropriate coping behaviors, coupled with the typical

occurrence of a perceived lack of control and invalidation, appeared to create a culture ripe with opportunity for these types of behavioral patterns to take seed and flourish. Perry, et al., (1995) indicated that humans have established primitive response patterns to perceived threat. With this said, it could be surmised that the early emergence of these observed behavioral responses could be better qualified as an involuntary response to perceived threat, rather than deemed impulsive, which, although indicating lack of foresight, still insinuates some level of control over the behavior. These response patterns may be better viewed on a continuum; on one end, there is no conscious awareness of the response, rather more likened to a primitive reflexive response, moving into an acknowledged awareness of the associated dysfunctional nature of the behaviors. Assuming that once the individual possesses a level of awareness of their behaviors, they can begin to exert a level of control over them, potentially modifying them overtime. However, this modification requires cognitive diligence and acuity, something that is proven reduced in populations exposed to trauma (DeNigris, 2008). Therefore, it should be understood that this might be a complicated and timely process, rather than a promptly remedied issue.

Evidence supports that structures involved in affect regulation are among the last to mature in the developing brain; therefore, many adolescents may not be adequately equipped to regulate their affect (Perry, et al., 1995). When this delicate developmental process is exposed to, and interrupted by, chaotic and hazardous environmental conditions, it can be greatly affected. With this understanding, it is no surprise that a general way of coping with distress amongst this particular population of females was to vacillate between acts of aggression and isolation. The overwhelming nature and amount

of emotional content experienced by these females appeared to render them perpetually in a state of "fight or flight." As one female participant indicated:

> I punch walls…I have a very short fuse, Well, all the things that have happened to me, I pile 'em up and bottle 'em up…It's just that once I—I don't—I think it's 'cause I've been told so much, I don't know how to express myself.

The threatening environment, which initially provoked the participants need to react in an extreme way, appeared to activate this type of response across all levels of stressful encounters. It appeared that the extreme coping responses many times solidified into primary coping mechanisms.

**Invalidating environments.** Playing a large role in uncertainty about self and disordered behaviors, cognitions, and emotions was the presence of a chronically invalidating environment. Typically, the females perceived their relationships as invalidating and tenuous, and generally these relationships displayed insecure and disorganized patterns contributing to a typically impaired ability to form or sustain relationships. The dysfunction present in relationships appeared to restrict the opportunities for validation due to limited occurrence and negative interpersonal transactional style.

**Unconditional support.** How do we buffer against and counteract this process? A salient finding was the positive impact that receiving unconditional support (from at least one individual) had on participants. In every interview, a source of strength and motivation was identified by the females as knowing one person whom they could confide in and trust. This finding demonstrates that one person has the ability to make a difference if their support is perceived as beneficial from the recipient. Further, it supports the plethora of research that indicates that the therapeutic alliance simply

"cannot be overemphasized" (Wheeler, 2007). She identified that although trauma survivors may initially encounter difficulties trusting the relationship, the relationship itself can serve as a corrective experience due to the established connection and support. These interviews provided a glimpse into this aforementioned identification by demonstrating the perception that a trusting relationship can evoke a desire for change and initiate and support the process. If these supports are enhanced and provided in regular doses to trauma survivors, it can bolster internal resources and crumble barriers and defenses to allow transformation, growth, and healing (Wheeler, 2007).

**Forgiveness.** A confirmation of the willingness to accept support and desire to change was the participant's typical endorsement of direct acknowledgement of a desire to change, but also the typical indication of the categories *forgiveness orientation*, *genuine desire to let go of resentment*, *attempt to put deep hurts into perspective*, and the *willingness to offer benevolence and compassion to the offender*. These endorsements strongly suggest that the participants retain a readiness to move forward, despite whether their environments may not have been conducive to healing and growth. Modification of the environment would help nurture this process, but modification of the environment is not necessary to apply forgiveness.

**Interview results.** Yet another solidification for willingness to accept support was the general reaction to, and perception of, the interview process. All participants perceived the interview as a positive process. This endorsement provides support for the relevance and need for qualitative research to be performed. The participants' reactions to the question, "What was this interview like for you?" depict the benefit of qualitative research. One female stated the process felt positive because she felt relieved she had

finally told someone her story. Another perceived the interview process as more emotionally open than her counseling relationship stating, “I don't even talk to the therapist…I don't talk to her about how I'm feeling.” Another participant described the process as helpful because it was perceived as less authoritarian, “Yeah, it was—it was nice to, like talk about it without—with someone who's not, like... well, bark, bark, bark, bark...” One female appeared to feel genuinely supported and validated by the process, which challenged previously held thoughts stating,

> The…fact that I get to talk about my life. It's not every day that I get to tell people about my life when they even—don't even really wanna listen…It just shown me [*sic]* that…people do care…People might—you might got people who say they don't care, but people really do care ‘cause who be wantin' to come and sit with a person that used to do bad things and listen to their whole life story?

Another participant described the interview as cathartic and healing, stating “…it make you feel good when you get it out ‘cause now you got somebody that—that knows what's goin' on and it don't like...it makes you feel good.” Namely, the interviews were perceived as positive, cathartic, validating, and supportive because the participants were open to this process and ready to accept the support. If this openness were not present, the interview data would cease to exist.

It was believed that these descriptions would be more appropriate to discuss in the conclusion section, rather than as an individual domain, because perceptions of (and implications about) the interview process could be more explicitly discussed in this area. A balance between the content of the questions and the interview style of the researcher needed to be achieved, to allow for the process to be both rich in data as well as beneficial for the participant. The questions asked during the process were concluded to be appropriate and of high quality, as it did not appear that the participants perceived

them as intrusive or inappropriate as a naturalistic discussion unfolded. The question content and order appeared suitable as they allowed for rapport and trust to be established while ensuring that the participants felt comfortable and secure. Although some participants initially appeared more reserved and hesitant to respond, the researcher's style appeared to guide them through the process in a manner that allowed detailed disclosures to evolve. The nature of the researcher's style was guided by the principles of the feminist perspective employing person-centered techniques. The overarching goal of the researcher was to empower and support the participant by providing space for her to reveal what she truly believes (Hill, et al., 2005). The researcher recognizes that many times suffering arises from interpersonal violations, unchanging circumstances, and chronic invalidation and thus provided an environment free from these injustices (Brown, 2004). This was done through building rapport, establishing a safe environment, and demonstrating value and honor for diverse perspectives by providing validation and unconditional positive regard for the participant's experience (Hill, et al., 2005). This style appeared accurate and apposite based on the detailed data collected and the expressed positive perceptions of the interview process. The researcher's style appeared to provide a forum for open and deep discussions to emerge, while facilitating and allowing for emotional vulnerabilities to be exposed, expressed, and supported. This finding is noteworthy not only due to the support it provides for an increase in qualitative research, but because it provides evidence of the importance of the therapeutic alliance within the counseling relationship. DeNigris (2008) emphasized that the vast majority of time in practice with trauma survivors, particularly youth, should be devoted to establishing rapport and solidifying the relationship. He deemed this extremely important

due to the usual resistance this population demonstrates in therapy. Just as the clinician's interpersonal style and style of engagement is vital in therapy, this research indicates that it is equally vital in research (DeNigris, 2008).

**Implications**

The depth and subtleties in each individual experience may fail to be as cathartically gathered and deeply represented if other research methods were utilized. This has important implications, as it provides researchers and clinicians with an understanding that regardless of presenting symptomatology, benefits exist in examining the root cause of a clinical disorder, e.g., depression, to determine if it is an entity of its own, e.g., a biological predisposition, or if it is a function of an underlying traumatic cause. This can make an extreme difference in the patient's perception of control over the disorder. If perceived as a biological underpinning, i.e., "this is just the way I am," it may leave the patient feeling helpless against, i.e., a victim of, the disorder. However, if perceived as an external experience that is causing and perpetuating the disorder, such as depression, being identified as a function or symptom of trauma, the patient may feel a sense of control in, and empowerment over, the change process.

In the field of psychology, a push for attention to the details of youths' lives needs to be made to help the clinician determine if their presentation is related to incidents of trauma. DeNigris (2008) emphasized that both adolescents and adults can have classic symptoms of PTSD, but that adolescents may demonstrate atypical symptoms due to an unfinished maturation process. It is important for clinicians to understand that trauma exposure is not synonymous with, and does not always result in, a diagnosis of PTSD; however, this does not mean that the exposure to trauma does not have significant

implications in the individual's presentation, is not meaningful, and does not need to be addressed. Perry, et al., (1995) noted that the worst mistake individuals can make is to minimize the impact of traumatic experiences in youths' lives. Youth that are subjected to trauma, particularly repetitive exposure, are known to be susceptible to a range of psychological, behavioral, and emotional problems, including social challenges and academic struggles (DeNigris, 2008; Paolucci, Genuis, & Violato, 2001). These findings were not only confirmed by this particular population of female adolescents, but were elaborated on from their perspective, providing a detailed description of how the constructs above evolve, perpetuate, and progress over time.

This provides invaluable information to clinicians as it helps identify the presence of (and clarify the course of) trauma. Attainment of delineated descriptions of symptoms, how they are experienced, and how they developed will allow clinicians to move beyond the symptoms themselves towards a holistic appreciation for the person, which will solidify the recognition that a "one-size-fits-all" model to diagnosis and treatment does not exist (Briere & Spinazzola, 2005). Emphasized in this analysis was that a deeper understanding of complex traumas, namely the developmental process of PTSD, not only informs diagnosis, but also aids the treatment course. When rich descriptions, such as the ones provided in the interviews, are sought out, it provides the clinician with not only specific examples of psychological, behavioral, and emotional symptoms, but begins to cultivate an understanding of the individual's specific challenges and contributing experiences. Providentially, when necessary attention is paid at the forefront of treatment, interventions can be applied that nurture resilience in youth by helping them assimilate the trauma into their lives (DeNigris, 2008).

These findings demonstrate the common occurrence of trauma and the devastating implications of invalidation of these experiences. This research aligned with Brown's (2004) supplication for acknowledgement that "traumatic experiences in the lives of women were not 'outside of the range of normal human experience,' but rather so common as to be normative". One may ponder why an emphasis is put on this alignment, with implications for research and practice. The main reason is to bring awareness to the potentially detrimental consequences of invalidating responses from clinicians and researchers when clientele and participants describe these experiences, and the extreme likeliness of this occurrence. This is an important area to consider, due to the likelihood that when clinicians and researchers are chronically exposed to stories of chronic trauma they may become desensitized, reticent, and complacent in their responses, possibly minimizing the survivor's experiences.

A couple of reasons for these types of responses may be due to the pronounced commonality of trauma exposure in our society and vicarious traumatization (Figley, 2002). Ironically, Figley postulates that it is important to desensitize clinicians to traumatic material so they can tolerate listening to it; however, this desensitization may be problematic if it prevents the provider from truly hearing the experience. If the clinician cannot truly hear what the patient is saying, can the clinician be empathic and validating? Based on the nature of the researchers interview style in this study, this researcher believes that without the participant perceiving that empathy and validation were present, the depth of the data gathered would not have existed. Figley goes on to indicate that the way to desensitize the clinician is by exposing her to traumatic material.

If the proposed treatment for desensitizing clinicians is exposing them to traumatic material, then one could conclude that this occurs on a daily basis in practices that regularly treat trauma survivors, and in research centered on trauma. As clinicians and researchers, it is imperative that we are vigilant and supportive. This ensures that we do not further invalidate the experience of our clients and participants, particularly when this research study illuminates the vast occurrence of invalidation already taking place.

This is an important factor to be astutely aware of when conducting research or engaging in practice with trauma survivors. Brown (2004) brought awareness to and enhanced the concept of a "traumagenic environment", when viewed through the feminist lens, means that many times the cause of trauma occurs by means of metaphorically conveying something. Through this lens it is asserted that the experience of trauma is not merely direct exposure to a traumatic event, but rather what is figuratively evoked by the experience and the style in which humanity responds to the person who has been traumatized. Based on her postulates and Figley's discussion on desensitization, we can conceive that a person can be retraumatized based on the response(s) provided when discussing a past trauma. Therefore, responses should be continually monitored and performed in an intentional manner.

The voluminous data collected, and conclusions drawn in this research, indicate the overall effectiveness and benefit in the way the data was collected. It is safe to surmise, based on the participants' positive remarks about the interview process, that the participants and the researchers benefited from the process. The interview questions and nature of the therapist's style appeared to be an accurate approach to both gather data and support the participant. Briere and Spinazzola (2005) called for the need of an inquiry

process that was sensitive enough to cultivate a safe environment allowing for detailed descriptions of trauma to emerge, hence providing a space for healing. They recognized, somewhat unlike Figley (2002), that a detached and direct approach can elicit stunted responses and non-healing properties. Based on the perceptions provided by participants, the interview protocol employed in this research project has been deemed appropriate enough to assess exposure to trauma in a sensitive but structured manner. Therefore, this interview protocol may be the answer to Briere and Spinazzola's call, as it moves beyond an acknowledgement of symptoms towards a description of symptoms, and it is in that description and accompanied response where the healing process takes place.

Overall, the interview process provided implications for future research, was beneficial for the participants, and demonstrated application for clinical practice. Specifically, the interview process was detailed and appeared cathartic, as well as provided relevance for the involvement of forgiveness-focused interventions when working with trauma survivors. This area bodes further acknowledgement due to the typical appearance of a forgiveness-orientation, benevolence and compassion, preference for letting go versus revenge, attempt to put deep hurts in perspective, and genuine desire to let go of resentment found in this population of interviewees. The appearance of these categories within this population demonstrated an already established readiness to "let go" and align with Enright's (1996) key elements of the forgiveness process: presence of an identified injustice, making the choice to forgive, and letting go of resentment to be replaced by compassion, trading thoughts of condemnation with thoughts of respect, and transcending revenge to embody goodwill.

The presence of these elements within this population suggests that this population exemplifies the main tenets of the forgiveness process and may benefit from additional help understanding how to use these tendencies to their advantage. Fourteen of the sixteen females interviewed appeared willing to forgive or were contemplating forgiveness; coupled with the known healing benefits that forgiveness demonstrates when trauma is involved, this may implicate forgiveness as beneficial to use with this population. Cultivation of these qualities may help them work through past injustices and deal with future deep hurts in a proactive, effective manner to embody healing rather than foster the development of resentment (Enright, 1996). Namely, specific consequences endorsed by participants in this study (anger, sexual abuse, loss and grief, academic impairments, and a lack of nurturing) have been implicated in past research as improved when Enright's forgiveness model was employed (Freedman & Enright, 1996; Gambaro, Enright, Baskin, & Klatt, 2008).

**Limitations**

**Classification of participants.** A limitation to the current study was the lack of distinguishment made between the younger and older participants. Participants thirteen to fourteen years old would have been better classified into the subsample "early adolescent phase", and fifteen to seventeen years old would have been better classified into the subsample "middle adolescent phase" (DeNigris, 2007). This recognition of differentiation may have reduced variability in the data by allowing the researchers to explore whether differences in responses existed among the subsamples (Hill, 2012). Ultimately, hesitation to divide the sample into subsamples was observed because the majority of participants, eleven out of sixteen, ranged in age from fifteen to seventeen.

This would yield less than seven participants in a subsample and an unequal division of the sample. The division would possibly create more heterogeneity among the subsamples and make it difficult for the researchers to make meaningful comparisons (Hill, 2012). With this said, this was deemed a limitation that bodes further discussion, and not only an implication for future research, as this division of participants was proposed prior to the commencement of the study based on the researchers' prior experience with similar populations. However, this was an unnecessary division based on research implications that perceptions of traumatic experiences and symptomatology expressed did not differ greatly among adolescents twelve to seventeen.

When data was analyzed, it became very clear that a couple of noticeable and meaningful differences existed between participants thirteen to fourteen years old and fifteen to seventeen years old, implicating this division to be considered in future research. First, initial willingness to disclose was higher in younger participants; older participants were slightly more reticent. The younger participants more openly discussed and elaborated on their experiences, whereas older participants resorted to simplistic answers, e.g., "I don't know." Second, the expressed emotional connection to the traumatic experiences and associated emotional challenges appeared less heightened and developed in the younger participants. The younger participants appeared less angry and resentful when describing their experiences and appeared more able to define variances amongst emotional experiences, whereas the older participants appeared to be more emotionally heightened, angry and resentful, but restricted in their descriptions of emotions. The older participants appeared more emotionally distraught and withholding, and the younger participants appeared more optimistic and accepting of their experiences.

Younger participants were more prone to describing severe experiences while exhibiting positive emotional expressions. Perry et al., (1995) makes sense of this disconnected, "unattached" response as utilization of the "surrender response" rather than a lack of being affected. This attribution was well-depicted by a thirteen-year-old female participant: "I…pull the shield over the crying and feelin' sad. I hold a shield over it. If I feel sad about something, I'm goin' expire it with anger because I don't like feelin' sad." Her description demonstrates the depth of the pain felt and the desire and effort applied to withhold its expression.

Another speculation, for this noticed difference in willingness to disclose and limited emotional response, is that younger individuals may be less equipped to analyze and integrate the experiences. It is felt that these participants had a deep sense these experiences were negative, but may not have fully recognized the implications of them. It is conjectured that if interviewed at earlier ages, the older participants would have presented similarly. This apparent lack of analysis, although initially appearing to help the individual, may have great consequences in the future as the individual begins to developmentally mature. This is because as the individual ages, they are left with unresolved negative life circumstances that may shade their worldviews as they become more equipped to grasp the severity of what happened to them. A similar way to view this is based on Piaget's theory (1955) and observed responses to death, a potentially traumatic experience. When a child is young and more prone to concrete thought processes they are less equipped to analyze and understand traumatic experiences, but as they become older the gravity and implications of that experience is better comprehended. Piagetian theory clarifies this observation by demonstrating that children

are unable to grasp the concept of the irreversibility of death (Piaget, 1955). When a lack of ability to understand the implication is coupled with the developmental complications that arise following trauma exposure, it becomes a bit clearer why the younger participants may have appeared less emotionally connected to experiences and less inhibited in their explanations.

Second, described behavioral responses to distress appear similar across ages. However, even though this initial, overarching similarity existed, subtle differences were observed to exist following behavioral responses. The similarity was that all the participants, regardless of challenges to affect regulation or emotional demoralization, appeared to have strong and longstanding behavioral responses stemming from trauma exposure. However, even though it was consistent throughout ages that these behavioral responses were described as impulsive in nature, i.e., lacking forethought, it appears that the older participants were more critical of and more likely to analyze their behaviors following response. These differences suggest that distinguishment between early- and middle-adolescents is more appropriate than less.

Considering the variations found in willingness to disclose, emotional response patterns, and behavioral expressions, not only could it be speculated that the earlier the intervention the better the outcome, but that there may be an age range wherein an individual is more readily available and equipped to receive intervention. More research in this area would help clinicians become adept at recognizing idiosyncratic presentations of trauma, attune to developmental differences that may have an impact on the presentation, and more equipped to tailor interventions based on individual differences and needs (DeNigris, 2008).

**Feminist theory.** The reason for conducting this research was to gain insight on the perspectives of an underrepresented population. In order to accurately respect and employ the tenets of the feminist perspective the process needed to unfold beyond gathering data in a semi-structured manner that conveyed emotional proximity through expressing respect for the participant, provided accurate empathy and reflection, and maximized benefits. In this sense, the principles of the feminist perspective were undoubtedly observed. During the interview process, numerous feminist ideals were observed. The feminist perspective informed the clinical work conducted by the researcher, wherein care was taken to minimize power differentials, reduce the potential for the recreation of injustices, allow space for the participant to discuss her experiences, and provide validation for the participant's reality.

Overall, the CQR process dominated the research, and the psychologist conducting the research dominated the CQR data analysis process. This was a moderate limitation because the interpretation of the results did not fully incorporate a feminist perspective. The tenets of feminist theory were not evident throughout the entirety of the data interpretation, although were represented somewhat by terminology that reflected the contribution of negative societal and environmental factors. Maintaining a balance between marginalizing and empowering language was attempted but not wholly successful. Not all the domains and categories evidenced an empowering tone, i.e., dysfunctional interaction patterns; however, it appeared that the language chosen was a close representation of the themes occurring. Even though the domains and categories were considered appropriate and representative of the data provided, the descriptive language used was overly clinical, relegated environmental factors, and reflected the

presence of a power differential, and is therefore a notable limitation.

Additionally, a core objective of the CQR methodology is to attempt to manage subjectivity and allow the raw data to be represented in a manner that is accurate and reflective of the participant's experience. In an attempt to meet this objective, the interpretation sacrificed terminology used to attempt to accurately characterize the data. Data interpretation did not always reflect the presence and impact of social and environmental injustices; although it appeared that the majority of the participants' identified challenges across domains, this connection was not always clearly established in the interview. With that said, to maintain the integrity of the CQR data analysis process it was determined that the results needed to be delivered in a manner that most closely represented the data provided by the participants. Despite that, the delivery of the conclusions reached could potentially lead to an interpretation that the challenges present were a result of participant factors versus environmental and societal factors.

**Interview protocol.** Creating an interview protocol that satisfied the specifications of Hill (2012) was a challenging task due to the nature of the population interviewed. Hill specifies that the optimal way to gauge the participant's truth is through administering a semi-structured interview consisting of open-ended questions. However, a limitation to the interview protocol created was the partial inclusion of closed-ended questions to assess the participants' experiences with trauma. Based on research by Briere and Spinazzola (2005) it was determined that the exclusive use of open-ended questions may have been perceived as overwhelming by the participants, potentially yielding restricted or inhibited responses. The interview protocol was developed with this knowledge in mind; therefore, the protocol contained a balance of broad and increasingly

targeted questions. The questions that were more specifically focused were followed with questions such as, “What does _____ personally mean to you?” This combination of questioning helped alleviate the potential for an overwhelming environment which too many broad questions can create, and solicited more descriptive responses from the participant.

**Subjectivity.** Based on the conclusions reached and implications made, the final limitation that warrants acknowledgment, as a limitation, and elicits additional discussion is the intersection between the researchers’ acknowledged biases and the appearance of them in the data interpretation. Ratner (2002) astutely noted that one might be accurate or inaccurate in one’s assessment of participant’s accounts of experiences. This subjectivity can bias the researcher and prevent the objective understanding of the participant’s reality to be gained (Ratner, 2002). However, Ratner acknowledged that this is avoidable if distorted perceptions are discussed and are replaced by perceptions that enhance objectivity. The researchers’ discussion about biases and expectations prior to analyzing the data increased awareness and allowed for alternative perspectives to be considered.

A specific area of subjectivity that emerged was regarding the research team’s history of working with populations who frequently encounter trauma. Paradoxically, this level of experience can impede one’s ability to be effective and objective. Therefore, it should be duly recognized as a potential strength and a potential limitation. Extensive counseling experiences may make such individuals increasingly adept at interpreting data and at understanding how to empathize with and support this population, but may also leave them somewhat desensitized (recognized or inadvertently) possibly causing a barrier to develop, thus impairing their ability to comprehend the severity of the

survivor's circumstances (Figley, 2002). The primary researcher who conducted the interviews was particularly at risk to be desensitized, and to also develop preconceived notions and favorable impressions during the research process, as she both conducted the interviews and analyzed the data, which rendered her susceptible to forming premature opinions about the data and to imposing her favorable impressions of the population interviewed on her interpretation and presentation of the results. The researcher protected against the potential barrier of desensitization during the research process, by consulting with the research team throughout the interview process, to discuss and process experiences discussed by the interviewees that were perceived by the researcher as unsettling. Further, to help control for the potential limitations of allowing favorable impressions and preconceived notions to overshadow the actual data during analysis, the research consulted closely with the research team members who did not have firsthand experiences with the participants. This ongoing consultation process helped all the researchers identify the emergence of, and protect against, attribution of inappropriate inferences about the actual data. Although the researcher was not able to completely safeguard against these concerns, she attempted to control for them throughout the entirety of the process.

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Table 1: Domains, Categories, and Subcategories

| Domain | Category | Subcategory | Frequency of: |
|---|---|---|---|
| Resiliency | Desire to adjust cognitions, behaviors, and attitudes | | Typical |
| | | In general | Typical |
| | | Once perceives control in life | Variant |
| | Perseverance | - | Typical |
| | Attempting to make meaning out of suffering | - | Typical |
| | Fundamental sense of care and faith in self | - | Typical |
| | Willingness to accept responsibility | - | Typical |
| | Insight into behaviors | - | Typical |
| | Uses alternative methods to convey life experiences | - | Typical |
| | Present-orientated | - | Variant |
| | Optimistic about future | - | Typical |
| | Identifies at least one support | - | General |
| | Aspirations to end cycle of abuse | - | Variant |
| | Surprised viewed as strong – "just normal" | - | Variant |
| Forgiveness | Forgiveness-Oriented | - | Typical |
| | Contemplating forgiveness | - | Variant |
| | Revenge-Oriented | - | Rare |
| | Used revenge, prefers | | Typical |

| | | | |
|---|---|---|---|
| | to "let go" | - | |
| | Attempts to put deep hurts into perspective | - | Typical |
| | Forgiveness makes them feel vulnerable | - | Typical |
| | Situational forgiveness | - | Variant |
| | Severity of offense evokes emotional conflict about forgiveness | - | Variant |
| | Genuine desire to let go of resentment | - | Typical |
| | Benevolent and compassionate | - | Typical |
| | Views retaliation as protection when threatened, not as revenge-seeking behavior | - | Variant |
| Affect regulation challenges | Oppositional/defiant attitude | - | Typical |
| | Aggressive | - | Typical |
| | Isolative | - | Typical |
| | Destructive behaviors | | Typical |
| | | Towards self | Variant |
| | | Towards others | Typical |
| | | Towards objects | Rare |
| | | Two or more destructive behaviors occurring in same interview | Variant |
| | Lack of self-soothing behaviors | - | Typical |
| | Perceived lack of control over environment | - | Typical |
| | Difficulty communicating wishes and needs | - | Typical |
| | Difficulty complying with rules | - | Typical |

| | | | |
|---|---|---|---|
| | Lack of guidance and modeling | - | General |

| | | | |
|---|---|---|---|
| Challenges to social functioning | Tenuous interpersonal relationships | | General |
| | | Poor boundaries | Variant |
| | | Dysfunctional interaction | General |
| | | Discontentment with relationships | Typical |
| | | Issues with authority | Typical |
| | Inconsistent placement | - | General |
| | Legal issues | - | Typical |
| | Academic impairment | - | Typical |
| | Environmental normality | - | General |
| | Challenges interacting adaptively in society | - | General |
| Cognitive dissonance | Difficulty committing to a decision or thought | - | Variant |
| | Communicated understanding of healthy behaviors | - | Typical |
| | Positive values challenged by environmental conditions yielding and solidifying negative behaviors | - | Typical |
| | Competing cognitions, emotions, attitudes, beliefs, and behaviors | - | Typical |
| | Thought dissonance | - | Typical |
| | Emotional dissonance | - | Variant |
| Environmental injury | Chronic extreme conditions | - | General |
| | Perceives world as untrustworthy and unsafe | - | Typical |

| | | | |
|---|---|---|---|
| | Abuse | | Typical |
| | | Physical | Typical |
| | | Sexual | Variant |
| | | Verbal | Typical |
| | | Two or more types of abuse occurred in same interview | Typical |
| | Loss and Grief | - | Typical |
| Internalized trauma | Distinct alterations is states of consciousness | | Typical |
| | | Disassociation | Typical |
| | | Depersonalization | Typical |
| | | Derealization | Rare |
| | | Two or more distinct alterations occurred in the same interview | Typical |
| | Disturbances in perception of reality | - | Variant |
| | Emotionally disconnected when describing trauma | - | Variant |
| Challenges in forming congruent self | Issues with self-esteem (low self-worth, negative self-image, and self-confidence) | - | Typical |
| | Failure to develop age-appropriate coping behaviors (when challenged negative behaviors emerge) | - | General |
| | Lack of continuous, predictable sense of self | - | Typical |
| | Invalidated experiences (feels unacknowledged and misunderstood) | - | Typical |
| Challenges to bonding | Impaired ability to form or sustain relationships | - | Typical |

| | | | |
|---|---|---|---|
| | Distrust and fear leading to isolation | - | Typical |
| | Insecure and disorganized relational patterns | - | General |
| | Gains relational control through coercive means | - | Variant |

| | | | |
|---|---|---|---|
| Emotional demoralization | Presence of emotional challenges | | Typical |
| | | Described | Typical |
| | | Diagnosed | Variant |
| | Feels overwhelmed and distressed | - | Variant |
| | Dispirited due to unchanging environment | - | Typical |
| | Apathetic | - | Variant |
| Cognitive demoralization | No alternative way to perceive situations ("just the way life is") | - | Typical |
| | Loss of control over experiences | | Typical |
| | | Difficulty identifying experiences | Variant |
| | | Difficulty describing experiences | Typical |
| Somatic complaints | Source of trauma | | Variant |
| | | Medical condition(s) | Variant |
| | Emerged during or after trauma | | Variant |
| | | Complaint directly related to trauma | Rare |
| | | Complaint emerged after trauma | Rare |

*NOTE:* Female interviewees (N = 16), general = 15 – 16 cases represented, typical = 8 – 14 cases represented, variant = 4 – 7 cases represented, and rare = 2 – 3 cases represented. Dashes indicate no subcategory for the indicated category.

Appendix A

The Interview Protocol

Welcome and thank you for agreeing to meet with me. I am going to be asking you some questions about yourself and your life. Some of these questions may be uncomfortable or hard to talk about but I want you to know that I am here to listen and walk with you through this experience. I value you and your experiences and respect that this may be a difficult process, but I want you to know that I am here to go through it with you. I want this to be a helpful process, one that will help you not only tell your story but make you feel validated, like your story has been heard and understood. It may feel difficult and uncomfortable to discuss these topics. You should know that some people find talking about difficult things beneficial and healing in the long run. Again, as we said in the permission slip, you can stop at any time you want in the process.

Do you have any questions before we begin?

DEMOGRAPHIC QUESTIONS

What is your ethnicity?

What is your age?

What is your grade level?

INTRODUCTION

Could you give me a few minute introduction about yourself, who you are as a person?

TRAUMA

All of us have had positive and negative experiences in life; can you think of some negative experiences that you have had?

**1)** How have these types of negative experiences affected and shaped your life?

**2)** Do you remember things that have happened to you that you do not like?

**3)** Do you try to go away in your mind or try not to think about your past and/or future?

**4)** What are ways that you have coped with these experiences

FORGIVENESS

1) Have you ever dealt with a negative situation by trying to get even with the person?

2) Have you ever dealt with a negative situation by letting the offense go and not trying to get even with the person?

3) We have talked about getting even and letting the offense go, which way has worked better for you in general?

4) Do you ever feel like after someone has treated you negatively you have tried to care for him or her in a positive way?

   How has this worked out for you?

DISTRESS

Do you feel like life is generally a struggle and hard for you?

1) Do you struggle with feeling like you are a valuable and worthwhile person?

2) Do you often worry that something bad might happen to you?

3) What are some things in your life that make you feel good about yourself and valuable?

CLOSING

What was this interview like for you?

Is there anything else that you would like to talk about or elaborate on?

Or is there anything else I can help you with?

Appendix B

UNIVERSITY OF WISCONSIN-MILWAUKEE
DEPARTMENT OF EDUCATIONAL PSYCHOLOGY
**CONSENT TO PARTICIPATE IN RESEARCH**

GUARDIAN/PARENTAL CONSENT FOR CHILD PARTICIPATION

Your daughter has been chosen to participate in an interview and subsequent one-on-one learning experience if she choses to participate. The participation in the interview and sessions are completely voluntary and your child's identity will be held confidential. A UWM doctoral graduate student from the Department of Educational Psychology will guide the interview and session process. The purpose of this experience is to enhance your child's well-being by assisting them in acquiring additional personal, social, and academic tools as well as give voice to her life experiences. The sessions will commence with an interview where the counselor will acquire information pertaining to your child's background and personal history.

The services offered have been arranged through the University of Wisconsin-Milwaukee. The services will be in the form of a 1 to 2 hour interview with your child. This interview will aim to discuss and process events in your child's life that may have impacted their development and/or emotional well-being in a significant manner. The interview will ideally only be one session. If your child expresses that subsequent sessions are needed they will be offered extra support from Dennis Cassidy the sites social worker. These sessions will be based on your child's overall needs and responsiveness to the services offered.

Your child's identity will be kept completely confidential and your child's session notes and interview information will be held securely on site. The UWM counselor/doctoral student will be supervised by her advisor Dr. Thomas Baskin during this process. The information gathered in interview will be utilized in the counseling student's dissertation manuscript. No data will be published that would individually identify your child. Your child's name and all other identifying demographic information will be held confidential.

The interviews will be conducted on Thursdays between the hours of 10am and 4pm. The time allotted for each interview is 2 hours. Ideally, each interview will be concluded in one session. The interview will be conducted in a private office.

The benefits of this research are that it will allow your child's unique worldview and perspectives to emerge in a non-threatening environment. This will allow your child to tell her story as it has unfolded in her life and to elaborate on how different events have affected her. Through this process your child will be able to begin to reorganize these life events in a matter that will bring forth emotional and psychological healing. Another possible benefit is that your child may experience a release of emotion through the discussing of her story that will help free her from emotional and psychological turmoil.

The possible risks of this research are that it may bring up new and old feelings that may be overwhelming to your child. These feelings of being overwhelmed, sad, scared, frustrated, and/or angry will be handled with care and respect by the interviewer. First and foremost, these feeling will be acknowledged as real and valid, which can be very healing. The interviewer will then help your child process and discuss these feelings in a caring manner that will allow for the emergence of feelings of positive regard and understanding between your child and the interviewer.

**What happens to the information collected?**

All information collected during the course of this study will be kept confidential to the extent permitted by law. We may decide to present what we find to others, or publish our results in scientific journals or at scientific conferences. The data will be stored in a locked cabinet. **Your child's real name will not be used in the final product, during the interview process numbers will be assigned to protect her identity and in the final write-up pseudonyms will be used to ensure confidentiality.**

All content discussed between your child and the counselor is privy to your viewing upon request. If you would like to meet with the counselor at anytime to discuss the progress of the interview/sessions an appointment can be made by contacting Carey Sorenson.

If you would not like your daughter to participate in the experience please do not sign the form. If you would like your child to participate please sign this permission slip upon your child's admission. Your child has the right to decline or terminate participation at any time for any reason. Early withdrawal from the interview will not affect her relationships or services.

**Participant: What happens if I decide not to be in this study?**

Your participation in this study is entirely voluntary. You may choose not to take part in this study. If you decide to take part, you can change your mind later and withdraw from the study. You are free to not answer any questions or withdraw at any time. Your decision will not change any present or future relationships with the University of Wisconsin Milwaukee.

We will use the information collected to that point with your consent.

On a personal level it is my pledge to you to always keep your best interest in the forefront of the sessions and notify you if there are any grounds for concern.
Sincerely,

Carey Sorenson
School Counseling, MS and Counseling Psychology Doctoral Student

**Who do I contact for questions about this study?**

For more information about the study or the study procedures or treatments, or to withdraw from the study, contact:

Carey Sorenson
UWM Department of Educational Psychology
Email: careyla2@uwm.edu

**Who do I contact for questions about my rights or complaints towards my treatment as a research subject?**

The Institutional Review Board may ask your name, but all complaints are kept in confidence.

Institutional Review Board
Human Research Protection Program
Department of University Safety and Assurances
University of Wisconsin – Milwaukee
P.O. Box 413
Milwaukee, WI 53201
(414) 229-3173

**Research Subject's Consent to Participate in Research:**

*To voluntarily agree to take part in this study, you must sign on the line below. If you choose to take part in this study, you may withdraw at any time. You are not giving up any of your legal rights by signing this form. Your signature below indicates that you have read or had read to you this entire consent form, including the risks and benefits, and have had all of your questions answered.*

_____
Printed Name of Subject/ Legally Authorized Representative

_____ _____
Signature of Subject/Legally Authorized Representative Date

**Research Subject's Consent to Audio/Video/Photo Recording:**

*It is okay to audiotape me while I am in this study and use my audiotaped data in the research.*

Please initial: ____Yes ____No

**Parental/Guardian Consent:**

_____
Printed Name of Parent/Guardian

_____ _____
Signature of Parent/Guardian Date

**Principal Investigator (or Designee)**
*I have given this research subject information on the study that is accurate and sufficient for the subject to fully understand the nature, risks and benefits of the study.*

_____ _____
Printed Name of Person Obtaining Consent Study Role

_____ _____
Signature of Person Obtaining Consent Date

Curriculum Vitae

# Carey Lynn Sorenson

Email: careyla2@uwm.edu

## EDUCATION

Doctorate in Counseling Psychology — 06/08-current
University of Wisconsin – Milwaukee
Current GPA 3.971
Graduation Date is Dec of 2013

M.A. in School Counseling — 09/06-05/08
University of Wisconsin - Milwaukee
School Counseling GPA 4.0

B.A. in Psychology — 01/03-12/05
University of Wisconsin – Milwaukee
Psychology GPA: 3.80

Milwaukee Area Technical College — 01/02-12/02

University of Wisconsin – Oshkosh — 09/99-12/00

**Advanced Undergraduate Course Work**

Experimental Psychophysiology
Health Psychology
Seminar in Social Psychology
Undergraduate Research-Upper Division
Experimental Social Psychology
Current Topics: Brain Injury and Recovery
Current Topics: Multicultural Issues in Clinical Psychology
Advanced Psychological Statistics
Psychology of Women
Psychopathology
Psychological Testing
Research Methods in Psychology
Psychological Statistics

**Advanced Graduate Course Work**

Intro. To School Counseling
Educational Statistical Methods I
Counseling Theories & Issues
Foundations of Career Development
Essentials in Counseling Practice
Multicultural Counseling
Group Counseling
Counseling Appraisals & Clinical Decision Making,
Psychophysiology, Proseminar in Multicultural Counseling, Practicum 975
Urban Education 701 and 801,
Practicum 976, Motivations,
Independent Reading (not required)
Supervised Practicum 1 and 2
Counseling in Schools
Family Systems,
Counseling Child & Adolescents,
Techniques of Educational Psychological Measurement,
Human Development, Psychology of Race and Ethnicity, Educational Statistical Methods II,
Psychopathology, History of Psychology, Advanced Experimental Design and Analysis, Assessments,
Vocational Psychology, and Psychotherapy Interventions

**Dissertation**

The dissertation is a qualitative study focused on female adolescent trauma survivors' worldviews and perspectives on forgiveness.

**Research Experience**

Research Assistant, Dr. Thomas Baskin's Forgiveness and Belongingness Laboratory
Department of Counseling Psychology, University of Wisconsin-Milwaukee 09/06-current

Responsibilities include: Implementation of "Forgiveness Intervention" in multiculturally diverse urban school settings and conducting a meta-analysis to link academic achievement to mental health.
Current research focus on: female adolescent trauma survivors perceptions on forgiveness and the development of psychological symptomatology following trauma exposure, ethnic attitude differences towards willingness to forgive, the ethnic identity process and its influence on willingness to forgive, and African American youth and the forgiveness process

Research Assistant, Dr. Nicole Roberts' Emotion and Culture Laboratory
Department of Psychology, University of Wisconsin-Milwaukee 12/04-12/05

Responsibilities included: Recruiting, contacting, and interviewing study participants; running laboratory sessions; designing questionnaire measures; entering and analyzing data using Excel and SPSS

Research Assistant, Dr. Raymond Fleming's Psychophysiology Laboratory
Department of Psychology, University of Wisconsin-Milwaukee 09/04-12/05

Responsibilities included: Recruiting, contacting, and interviewing study participants; entering data into SPSS

## CONSULTATION

Presentation on Self-Harm

Presented at Indian Community School in Franklin, 2009

## CLINICAL INTERNSHIP

Winnebago Mental Health Institute 06/12 - current
Oshkosh, WI
Psychology Intern specializing in youth services

Winnebago Mental Health Institute (WMHI) is a psychiatric hospital owned and operated by the Wisconsin Department of Health Services, Division of Mental Health and Substance Abuse Services. Winnebago specializes in serving both male and female children, adolescents, and adults with complex psychiatric conditions that are often combined with challenging behaviors. Winnebago provides a secure setting to meet the legal, behavioral, treatment and recovery needs of mental health care consumers.

New London School District 10/12 – 1/13
New London, WI
Psychology Intern

Spent three months working within the New London School District offering mental health services, both group and individual settings, to youth who were encountering mental health and academic struggles.

## ADDITIONAL CLINICAL EXPERIENCE

St. Rose Youth and Family Center, Inc. 09/10 - 07/11
Milwaukee, WI
Diagnostic Treatment Team

St. Rose is a residential care program that offers comprehensive therapeutic programs for girls and young women (ages 12 - 18) in need of 24-hour supervision in a structured and safe environment. The program specializes in helping girls with severe emotional and behavioral problems. The females at St. Rose have encountered issues with the law, school, peers, and/or family members. As a member of the diagnostic treatment team responsibilities included gathering personal and behavioral histories of each client, intellectual and psychological testing, developing referral and treatment planning for future treatment, and collaborating with other staff members to form integrative reports.

Wheaton Franciscan Health Care 09/09 - 09/10
Racine, WI
Psychology Student

Wheaton Franciscan Healthcare offers comprehensive outpatient and inpatient counseling. Multiculturally diverse populations are served varying in age range from children to elderly. As a practicum student responsibilities included providing individual and group counseling for individuals ranging in ages 5 to 85 with mental health concerns, diagnosing and providing individualized treatment, weekly social skills building groups, working with school aged children to provide behavioral and emotional treatment in the "fresh start" program, and working on the neuropsychology unit with the consultations liaisons team.

Gerald L. Ignace Indian Health Care Center, Inc. 09/08 - 08/09
Milwaukee, WI
Behavioral Health Consultant

Gerald L. Ignace is an urban Indian health center that offers medical, wellness, and social services for people of all tribes, races, and ethnicities. The aim of the clinic is to serve the American Indian community's diverse medical and psychological needs. As a behavioral health consultant duties included introducing community members to potential mental health treatment options, diagnosing and treating mental health concerns, and leading "talking circle" groups to help facilitate dialogue between community members suffering from mental health concerns.

Indian Community School Milwaukee, WI 09/08 - 06/09

The Indian Community School provides each child in their care with the best educational opportunities to develop spiritually, morally, emotionally, physically, socially, artistically, and intellectually in order to achieve the child's greatest personal and community potential. As a practicum student responsibilities included providing individualized counseling treatment for children suffering from issues pertaining to family instability, ADHD, anxiety, depression, and self-injurious behaviors. Other responsibilities included consultation with school faculty, family, and providing social skill building groups for eighth grade students.

Spotted Eagle High School Milwaukee, WI 09/07 - 05/08
School Counseling Practicum Placement

Spotted Eagle High School provides services for severely underserved, at-risk populations, mainly within the Native American Community. As a school counseling practicum student responsibilities included weekly meetings with students dealing with depression, anger, anxiety, ADHD, gang relations, and school and family issues. In addition to the individualized treatment programs offered weekly groups were offered to help students cope with mental health, family, and school issues.

Milwaukee Academy of the Sciences Milwaukee, WI 09/07 - 05/08
School counseling Practicum Placement
Milwaukee Academy of the Sciences provides urban students a rigorous 21st century science curriculum taught by master educators in collaboration with students, families, staff, and the community. As a school counseling practicum student at MAS responsibilities included providing individualized, weekly forgiveness-focused therapeutic interventions aimed to treat students suffering from depression, anxiety, anger, and self-esteem issues.

Messmer Preparatory Academy Milwaukee, WI 01/07 - 05/07
School Counseling Practicum Placement
Messmer Catholic Schools serve over 1,600 students in grades K4-12 at three campuses, which provides a strong focus on academics, grounded in faith and rich in diversity. As a school counseling practicum student at Messmer responsibilities included providing individualized, weekly forgiveness-focused therapeutic interventions aimed to treat students suffering from depression, anxiety, anger, and self-esteem issues.

**Skills**

Strong oral and written communication capabilities
Detail oriented and works/relates well with others
Well versed in clinical and counseling aspects of psychology
Extremely versatile and adapts well under pressure
Works efficiently and effectively with individuals

**Related Clinical Experience**

Continued clinical experience in and exposure to diagnosis and assessment procedures (age ranges child to elderly)
Continued exposure to multicultural populations and diverse mental health needs.
Conducting interviews with potential study participants.
Implementing forgiveness based interventions in multiculturally diverse, urban school settings.
Meta-analysis research on the relevance and impact of how positive/negative mental health affects academic achievement.
Masters practicum experience at Messmer Preparatory Elementary & Middle School, Milwaukee Academy of the Sciences, and Spotted Eagle High School
Doctoral practicum experience at Gerald L. Ignace Indian Health Care Center, Inc., Indian Community School, Wheaton Franciscan Health Care, and St. Rose Youth and Family Center, Inc.

**Psychological Test Administration Experience**

BDI-Y: Beck's Depression Inventory for Youth
BANI-Y: Beck's Anger Inventory for Youth
BAI-Y: Beck's Anxiety Inventory for Youth
Conner's Rating Scale (CRS)
EFI: Enright's Forgiveness Inventory
Folstein Mini-Mental State Examination

Kaufman Brief Intelligence Test, Second Edition (K-BIT)
NICHQ Vanderbilt Assessment for Parents and Teachers: Attention-Deficit Hyperactivity Disorder Assessment and Treatment Plan Implementation
MMPI-2: Minnesota Mulitphasic Personality Inventory
Minnesota Multiphasic Personality Inventory-Adolescent (MMPI-A)
Resiliency Scales for Adolescents
Semi-Structured Interview for Children and Adolescents
Trauma Symptom Checklist for Children (TSCC)
Wechsler Intelligence Scale – Fourth Edition (WAIS-IV)
Wechsler Intelligence Scale for Children (WISC-IV)
Woodcock-Johnson – Revised, Achievement (WJ-R)

## PERSONAL ACHIEVEMENTS

Co-authorship on meta-analysis publication in the Journal of Counseling Psychology
Member of American Psychological Association (APA), Division APA 17, Division 35, and Division 56
Member of Counseling Psychology Students Association (CPSA)
Member of Phi Kappa Phi

## MANUSCRIPTS

Baskin, T.W., Slaten, C.D., Sorenson, C., & **Glover-Russell, J.L**. (2010). Does youth psychotherapy improve academically related outcomes? A meta-analysis. *Journal of Counseling Psychology, 57,* 290-296.

## PRESENTATIONS

Slaten, C.D., **Sorenson, C.,** Glover, J.L., & Baskin, T.W. (2009, August). *Meta-Analysis of Youth Mental Health and Academic Outcomes.* Poster session to be presented at the American Psychological Association Conference, Toronto, CA.

Slaten, C.D., **Sorenson, C.,** Glover, J.L., & Baskin, T.W. (2008, March). *Counseling Outcomes: Linking Mental Health and Academic Achievement.* Poster session presented at the International Counseling Psychology Conference, Chicago, IL.