

---

Theses, Dissertations, and Projects

---

2013

## Resilience theory and trauma theory applied to adult women incest survivors

Hazvinei A. Vera  
*Smith College*

Follow this and additional works at: <https://scholarworks.smith.edu/theses>



Part of the [Social and Behavioral Sciences Commons](#)

---

### Recommended Citation

Vera, Hazvinei A., "Resilience theory and trauma theory applied to adult women incest survivors" (2013).  
Masters Thesis, Smith College, Northampton, MA.  
<https://scholarworks.smith.edu/theses/601>

This Masters Thesis has been accepted for inclusion in Theses, Dissertations, and Projects by an authorized administrator of Smith ScholarWorks. For more information, please contact [scholarworks@smith.edu](mailto:scholarworks@smith.edu).

## **ABSTRACT**

This theoretical study explored the issue of resilience in adult women incest survivors by applying resilience theory and trauma theory. Its purpose was to look at how some adult female survivors have been able to address the impact of such an experience in relation to resilience. The experience of incest affects people differently, there are some who are able to withstand the negative effects and come out strong, thus considering themselves survivors instead of victims of incest. Resilience theory and trauma theory provided a framework to trace and see how these survivors have managed to overcome the negative effects of incest by using different internal and external factors that lead them to live successful lives even after going through such an ordeal. These theoretical perspectives were helpful in understanding how resilience developed. They shift from examining the experiences of incest survivors and how they express themselves as either pathological or out of the norm under the circumstances of their experiences. Rather resilience theory and trauma theory are strengths based approaches. Case material of incest survivors taken from Bass, Thornton, and Brister's (1983) book on narratives by survivors of how they dealt with their incest experiences was used. This study showed that incest survivors do have the capability to be resilient even in the midst of their struggles and psychological symptoms. It is clear from the two theories used that understanding the survivors' perspective of their experience of resilience is beneficial in reinforcing survivors' narratives of strengths and survival.

RESILIENCE THEORY AND TRAUMA THEORY  
APPLIED TO ADULT WOMEN INCEST SURVIVORS

A project based upon an independent investigation,  
submitted in partial fulfillment of the requirements  
for the degree of Master of Social Work.

Hazvinei Aquila Vera

Smith College School for Social Work  
Northampton, Massachusetts 01063

2012

## ACKNOWLEDGEMENTS

My highest praise and gratitude go to God Who ordained steps for me through this process that I would never have expected but through which I have learned and grown in truly significant ways. For this, I am grateful.

Many thanks . . .

Dr. Corbin: your guidance and patience with me through this process helped me so much.

My uncle, Epiphany and your family: the sacrifices that you have made for me to be where I am today. Your love makes me stronger

To all my family members and friends: your prayers and support as I am far away from home have been greatly appreciated.

Finally, I wish to acknowledge the pain and suffering of those whose struggles have inspired this research. The longstanding community of resilient women warriors who find power and strength in their words, their voices and their journey of survival, I dedicate this research.

## TABLE OF CONTENTS

ACKNOWLEDGEMENTS.....	ii
TABLE OF CONTENTS.....	iii
CHAPTER	
I. INTRODUCTION.....	1
II. CONCEPTUALIZATION AND METHODOLOGY.....	5
Theoretical Perspectives.....	7
Method of Evaluation.....	9
Potential Biases.....	11
Strengths and Limitations.....	11
III. THE PHENOMENON.....	13
Definition and Scope of Phenomenon.....	14
History or Evolution of the Phenomenon.....	17
Review of the Research.....	18
Case Material.....	30
Conclusion.....	32
IV. RESILIENCE THEORY.....	34
Definition of Resilience.....	34
Concept of Resilience / Theories of Resilience.....	36
Empirical Research on Resilience.....	39
Application of Theory to the Case Material.....	44

V.	TRAUMA THEORY.....	49
	Definition of Trauma.....	50
	Concept of Trauma / Theories of Trauma.....	51
	Empirical Research on Trauma.....	57
	Application of Theory to the Case Material.....	62
VI.	DISCUSSION.....	65
	Analysis.....	67
	Synthesis.....	70
	Strengths and Weaknesses of This Study.....	73
	Implications for Social Work Practice.....	74
	Conclusion.....	75
	REFERENCES.....	77

## **CHAPTER I**

### **Introduction**

The purpose of this theoretical study is to explore the issue of resiliency among adult female incest survivors of childhood incest. Adult survivors of incest may view themselves differently compared to those who have not experienced childhood sexual abuse, particularly with respect to their strengths, by recognizing how they actively responded to hardship in the past, and may channel their survival strategies into confronting present challenges. Incest presents stressors that go beyond the adaptive capacities of most children, and it often produces long lasting effects (Anderson, 2006). Research proposes that individuals who have been sexually abused as children will experience both short- and long-term psychological effects, with the form and intensity of effects varying among individuals (Simpson, 2010). Recently, there has been a great deal of literature in the area of incest and the development of resilience in survivors and how the trauma of incest affects survivors. It has been proposed that engaging survivors in a conversation regarding the details and implications of their struggle may assist them in experiencing themselves as stronger, more insightful, and more capable of responding to the difficulties of their current lives (Anderson, 2010).

This research aims to look at incest in particular because of the complexity of the experience of incest survivors. “Being sexually assaulted in a close and trusting relationship such as with a father, stepfather, brother, or grandfather may cause harmful long-term consequences

because of the betrayal by a trusted family member and the lack of escape for the child” (Anderson, 2010, p.7). With the intricacy of incest this research will explore the impact of such an experience in relation to resilience and trauma theories.

Incest can be defined as sexual intercourse between close relatives (Blume, 1989) . A specific definition of incest will be provided in chapter three. Survivor in this study will refer to females who have experienced incest and have lived to witness to their experiences. Incest does not discriminate. It happens in families that are financially-privileged, as well as those of low socio-economic status. It happens to those of all racial and ethnic descent, and to those of all religious traditions. Estimates of the number of incest victims in the United States vary. These discrepancies can be attributed to the fact that incest remains an extremely under-reported crime; it is difficult to measure because of lack of reporting and lack of memory. All too often, pressure from family members in addition to threats or pressure from the abuser results in extreme reluctance to reveal abuse and to subsequently obtain help (Matsakis, 1991). It’s thus difficult to know how many people are affected by incestuous abuse because many incestuous abuse situations never get reported.

Whereas there is a substantive collection of scientific work focusing on sexual abuse and maladaptive family dynamics, it can be difficult for readers to comb through the empirical literature to determine the distinct aftereffects and specific treatment needs for survivors of incest. However, there are several researchers who have spent their careers addressing the problems of incest (Courtois, 2010; Anderson, 2010). Their persistence has enhanced the empirical literature addressing not only the prevalence of incest but also the family dynamics of incest survivors and appropriate treatment modalities. The phenomenon of incest experience in



childhood by adult females has implications for social work practice that are important for social work practitioners to be aware of. These include the reality that more victims today are reporting child sexual abuse, sharing their stories and seeking professional help to cope with previous incestuous abuse. Because of this, it is important for social work practitioners to gain knowledge about incestuous abuse issues. It is also important that therapists and social workers screen clients for a history of childhood sexual abuse. Survivors of incestuous abuse may be seeking help for reasons that they do not realize is related to sexual abuse. Approximately half of all survivors who seek treatment do not disclose their incestuous abuse history during intake and assessment (Courtois 1988), thus learning about the phenomenon of incest and how it affect adult female survivors will enhance the field of social work in helping this population.

In reality, many incest survivors struggle alone, uncounted and unrecorded. Many incest survivors have lost their voices, leaving the most damaged unable to make themselves heard. While the prevalence and severity of child abuse in the United States has been given an increasing amount of attention, attitudes, definitions and statistics continue to vary. The goal of this theoretical study is to understand the development of resilience in female survivors of childhood incest through the lenses of resilience theory and trauma theory.

This study aims to apply resilience theory and trauma theory to adult women incest survivors. The next chapter lays out the theoretical orientation of, and the methodological approach to, this study. Chapter Three investigates the phenomenon of incest as it gives an overview of incest specifically relating to female survivors. Chapters Four and Five present a more comprehensive discussion of resilience theory and trauma theory and link these theories to the experience of incest by female survivors. The last chapter will explore clinical possibilities

and responsibilities for working with female incest survivors using resilience theory and trauma theory as a basis in understanding and working through their experience.

## CHAPTER II

### Conceptualization and Methodology

This chapter outlines the methodological approach used to examine the impact of childhood incest on adult female survivors and the clinical significance of addressing such issues in therapeutic practice. First, I provide brief definitions of terminology found throughout this study to aid the reader in understanding the concepts. Next, I will briefly introduce the theories of resilience and trauma theory as key concepts in exploring the clinical implications of addressing the impact of childhood incest for adult female survivors. Finally, I will discuss potential biases and assumptions and conclude with the strengths and limitations of this study.

Any sexual contact, secret or explicit, between a child and a trusted individual is damaging to the child, whether these contacts include suggestive remarks, pornography, fondling or acts of sexual aggression or torture, needs to be dealt with robustly. These contacts scar practically all facets of victims' lives since they are left with little or no self-esteem. The child's emotional growth is arrested at the age of the first attack, and in most cases the surviving victim won't begin to work on recovery until adulthood, if then.

With the intricacy of incest this study will address the impact of such an experience through the framework of resilience theory and trauma theory. Anderson (2010) proposes that when survivors share their story of adversity, be it in a research or clinical setting, this can be an opportunity to contextualize the experience and to make choices about nesting the narrative as an

event in the life course. One of the motivations to embark in this study topic is to get an opportunity to explore survivors' stories as they will provide an understanding of their experiences. This is essential to break down barriers of silence often associated with family violence such as incest. Studies have shown that sexual abuse does not affect survivors the same, "there has been evidence suggesting that some victimized individuals demonstrate a resilient trajectory..." (Phasha, 2010, p.1235).

This study hopes to take a close look at the central symptoms of trauma in adult survivors of childhood sexual abuse (Bower, 1993). The study will use the lenses of resilience theory and trauma theory to understand the experience of childhood incest in female survivors. In order to provide a conceptual framework for this study, the two theoretical areas are presented in separate chapters. The areas of theoretical examination include resilience theory and trauma theory. The study will include case narratives presented in the two theory chapters used to examine potential clinical implications in the context of the two theories.

Individuals appear to differ widely in their ability to withstand and survive adverse conditions. Psychology's efforts to help individuals who struggle to adapt have focused on diagnosis and treatment rather than on understanding health and survival. A move away from interest in pathological conditions has been prevalent in the helping profession and has contributed to establishing a new field known as positive psychology (Seligman & Csikszentmihalyi, 2000). The focus of positive psychology is on finding ways to understand "healthy" or psychologically well-integrated individuals, including subjective concepts such as well-being, hope, optimism, happiness, perseverance, forgiveness, and originality. It is with positive psychology in mind that choosing resilience theory and trauma theory to explore the

experience of childhood incest for female survivors was chosen in this study. Both theories put importance on individual experiences and encourage survivors to narrate their own story of resilience, recovery and healing.

### **Theoretical Perspectives**

Resilience theory was chosen for this study because I wanted to understand how resilience developed in female survivors of childhood incest and trauma theory was chosen because incest is a significant trauma in the life course of an individual. Many people employ different aspects of resilience to deal with a significant trauma like incest. Thus the two theories together contribute in understanding the process of developing resilience in female survivors of childhood incest

The first component is a theoretical framework of resilience theory. At the core of the broaden-and-build theory is a view of human beings as active agents who select their experiences, shape their environments, and capitalize on their strengths to rebound from adversity. This view is consistent with a shift that has occurred in the resilience literature in general. Early research on resilience was aimed primarily at identifying personality traits and external factors that protect against the negative effects of adversity, and resilience was conceptualized as a set of abilities that one either has or has not (Garmezy, Masten, & Tellegen, 1984; Rutter, 1979; Werner & Smith, 1982). Since the 1990s, the focus has shifted toward an interest in understanding the processes that help individuals bounce back from severe life stressors. Increasingly, resilience has come to be seen less in terms of static characteristics within the individual and more as a dynamic and multifaceted family of processes that evolve over time (Egeland, Carlson, & Sroufe, 1993; Luthar, Cicchetti, & Becker, 2000; Roisman, 2005; Rutter,

1999; Wilkes, 2002). The meaning of adversity has been reconsidered as well, with it now being acknowledged that what constitutes adversity is largely a matter of subjective perspective (Luthar et al., 2000). Accordingly, researchers have been encouraged to take the individual's perspective into account in the study of resilience. Harvey (2007) suggests that there is a need to increase research on the psychopathology of trauma with investigations into developmental and contextual mediators of resilient response and the nature of interventions able to foster resilience in traumatized individuals and their communities.

The viewpoint of resilience is to determine what contributes to a "successful" and "well-adjusted" person. Many researchers have conducted studies on resilience in the individual. The focus of most literature about resiliency is on understanding what factors help individuals succeed and persevere despite great stress in their lives. Benson (1997) described these factors as developmental assets. These are the attributes of an individual and the environment that serve as protection between that person and stressful life situations. Resilience is not a static condition, rather an attribute that may change as circumstances become otherwise (Phasha, 2010).

The second component is the theoretical framework of trauma theory. Childhood trauma has been defined by Terr (1991) as "...the mental result of one sudden external blow or a series of blows, rendering the young person temporarily helpless and breaking past ordinary coping and defensive operations" (p. 11). The internal change thus provoked can be temporary or last for years. Lichtenberg and Kindler (1994) came up with a framework of applying trauma theory in clinical situation; using a self psychological perspective, they describe how they would organize clinical material based on the following factors: significant past or present life experiences; the clinician's knowledge of life experiences as organizers of fantasy and transference; and

unconscious fantasy and beliefs as based on past and present life experiences. Thus, it is vital to have a clinical lens that is focused on past and present traumas.

Epidemiological data indicate that most people experience at least one and usually several potential traumas during the normal course of their lives (Breslau, Davis, Peterson, & Schultz, 2000; Copeland, Keeler, Angold, & Costello, 2007; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Norris, 1992). But not everyone confronted with such events reacts the same way. Some people are debilitated; others struggle for months and then gradually recover. Some experience only temporary disruptions in functioning, and some cope remarkably well. That there would be a diversity of responses to potential trauma seems obvious. Yet, until recently, trauma researchers and theorists have paid relatively little attention to the full range of possible reactions exposed individuals might have (Bonanno, 2004). This study thus seeks to use trauma theory to understand the individual experiences of female survivors of childhood incest.

### **Method of Evaluation**

Resilience theory looks at resilience as a process and an individual's growth, which is likely to have ups and downs in the face of adversity (Anderson, 2006). This is useful in understanding the experience of female incest survivors as it shows the different ways that survivors can show their resilience, thus the choice of resilience theory as it has concepts useful to explore how resilience develops in the population of female survivors of childhood incest. In the same manner, trauma theory looks at incest as a type of damage to the psyche that occurs as a result of a traumatic event. An experience of trauma often leads to posttraumatic stress disorder. Childhood incest is a traumatic experience that has lasting effects on survivors. People who experience incest have experienced violation of trust and sexual exploitation, but they can and do

survive. There is no one “right way” to heal. Many will heal with the help of a counselor/therapist and/or support group, and others will heal on their own. Once a survivor has made a commitment to address incest issues, it may take some time to heal. The above contribute to the reasons why trauma theory is vital in understanding the experiences of female survivors of childhood incest and is thus being used in this study.

Resilience theory as discussed above is a strength based theory that focuses on survivors’ strengths, however there is need for greater empirical support for the effectiveness of this strengths-based understanding of survivors of childhood incest beyond descriptive case studies of its successes. While appreciative of the value of the strengths perspective, it’s not wise to be overly ambitious in claims about its potential. While its strength lies in its humanizing potential, more than a focus on individual capacity is needed to deliver the transformatory agenda it promises. Trauma theory has been effective in shifting researchers and practitioners’ focus off of the pathology of “hysterical” individuals, and onto the traumatic event as the source of survivors’ distress. In this framework, traumatic events are conceptualized as experiences that provoke feelings of fear, horror, and threat to life or integrity. The problem with this approach is that such conceptualizations highlight the extreme aspect of childhood incest and does not necessarily address the specific cultural, social, and relational context in which incest occurs. It is thus important when adopting trauma theory in understanding the experience of female incest survivors to not overlook cultural or societal influences (Saxe & Wolfe, 1999).

The final chapter, chapter six, includes an analysis and synthesis in the discussion of the study. Composite case material is provided as a means to illustrate the experiences and realities of female incest survivors. In this study I will apply the key concepts of the theoretical



frameworks of resilience theory and trauma theory presented in chapters four and five as a part of the analysis. In the synthesis of these two theories I will explore how resilience theory and trauma theory can be used together to enhance the healing of women who have experience childhood incest. I will also offer suggestions, recommendations, and clinical implications, based on this study's combined theoretical approach, for social workers working with female survivors of incest in clinical social work practice.

### **Potential Biases**

I have some personal and clinical experience that may skew my ability to present material objectively and may subjectively influence my opinions about the population of female survivors of incest. My beliefs about this population has motivated my career as a social worker, to be an advocate for and a helper through the struggles, the resilience, the recovery and the healing of those who have experienced childhood incest. Although my personal perspective can affect my viewpoints about the clinical issues and mental health concerns of female survivors of incest, I intend to use this perspective to empower this longstanding community of resilient women warriors who find power and strength in their words, their voices and their journey of survival.

### **Strengths and Limitations**

There are several strengths and limitations of this study. Although a theoretical approach allows for an in-depth exploration of a specific phenomenon, the present investigation is limited to an analysis of small volume of literature and research. An empirical study utilizing qualitative analysis may yield more concrete results through an assessment tool, in-depth interviews or questionnaire in understanding how resilience theory and trauma theory can be applied in clinical practice with female survivors of childhood incest. This study allows for a deeper theoretical and

conceptual consideration of the present phenomenon. Another limitation is that this theoretical study did not examine issues of diversity affecting women's experiences.

The next chapter will focus on the phenomenon of incest. An overview of the phenomenon, which includes the scope of childhood incest and the population involved, will be discussed. A detailed description of the phenomenon will be discussed and case materials will be incorporated as well as a summary of the literature.

## **CHAPTER III**

### **The Phenomenon**

The single common trait that contemporary social scientists and historians agree has been found in every known culture is the prohibition of incest (DeMause, 1991). The “taboo” on incest within the immediate family is one of the few known cultural universals (Peacock & Kirsch, 1970). Incest taboos have been found in Persian, Egyptian, Greek and Roman myths and religions such as Judeo-Christianity, Islam, Hinduism and Buddhism have prohibitions regarding incestuous relationships too (Seto, 2008). There are laws around the world that guard against incest; however despite these cultural, religious and legal embargos, incest still occurs (Seto, 2008).

Incest has been loosely defined as sexual contact that occurs between family members (Seto, 2008). The purpose of this chapter is to provide descriptive information about incest, including definitions, the scope of this issue, empirical data and information about the psychological outcomes of incest of survivors. Detailed material from survivors will be incorporated to better understand their experiences.

#### **Definition and Scope of Phenomenon**

Broadly defined incest involves sexual intercourse between close relatives that is illegal in the jurisdiction where it takes place and is conventionally considered a “taboo” meaning that

it's something which is forbidden in society (Lester, 1972). Incest may also apply to sexual activities between individuals of close "blood relationship"; members of the same household; step relatives related by adoption or marriage; and members of the same clan or lineage. Incest very generally is a sexual encounter initiated by a family member or by an extended family member. Incest and childhood sexual abuse can often be seen as synonymous as incest is the most common form of childhood sexual abuse (CSA) (Carlson, 2011; Valentine & Feinauer, 1993). Childhood incest has also been defined as the imposition of sexually inappropriate acts, or acts with sexual overtones by one or more persons who derive authority through ongoing emotional bonding with that child (Blume, 1990). This definition expands the traditional definition of incest to include sexual abuse by anyone who has authority or power over the child. This definition of incest includes as perpetrators: immediate and extended family members, babysitters, school teachers, scout masters, priests and or ministers (Carson, Council & Vole, 1989). For the sake of this study, "incest is defined as both nongenital (i.e. exhibitionism, sexual kissing, masturbating in front of the child) and genital contact (i.e. manual or oral genital contact, digital penetration, attempted or completed anal or vaginal intercourse) between a female child (birth to age 18) and a male, who is perceived by the child as a family member" (Anderson, 2010, p.6). Incest between an adult and a related child or adolescent is now recognized as the most prevalent form of child sexual abuse and as one with great potential for damage to the child (Courtois, 1988).

Most incest occurs between older male relatives and younger female children in families of every class and color (Sedlak & Broadhurst, 1996). The bulk of childhood sexual abuse is perpetrated either by a family member or by someone known to the child. The common pattern

of incestuous abuse is of repeated and progressive sexual activity, usually when the victim is between the ages of 7 and 12 years according to Valentine and Feinauer (1993). Grand and Alpert (1993) indicate in their study that incest occurs over a period of time, often ranging from 5-10 years. According to Russell (1986), even though stepfathers are seven times more likely than biological fathers to sexually abuse their daughters, fathers, as a group, are most common familial perpetrators of incest. It is reported that 25% - 44% of people seeking outpatient therapy are incest victims (Kilpatrick, Edmunds, & Seymour 1992).

The extent of incest and childhood sexual abuse is difficult to measure because of lack of reporting and lack of memory by survivors. One study in which adults were asked to report on past incidents found that one in four girls and one in ten boys experienced sexual abuse (Anderson, Martin, Mullen, Romans, & Harbinson, 1993). Research has shown that rape and incest differ in severity of effects, with incest leading to more severe effects (Terr, 1991; Grand & Alpert, 1993).

Research in the 1960s indicated that 4% of Americans had incest experiences (Gebhard, Gagnon, Pomeroy, & Christenson, 1965). In the 1990s there was indication that between 16%-20% of women in America maybe incest survivors (Lundberg-Love, Marmion, Ford, Geffner & Peacock, 1992), an increase of about 15% within 3 decades. Nearly one in three women is molested by someone known to them before the age of 18 (Anderson, 2006). Although both males and females are sexually abused, females comprise most victims of childhood incest while their perpetrators are often male family members (Anderson, 2010). Lundberg-Love, et al. (1992) point out that incest is common in all facets of society.

Even though approximately 40% of all victims/survivors of incest suffer aftereffects serious enough to require therapy in adulthood, research shows that millions of them lead successful lives without any formal therapy (Valentine & Feinauer, 1993; Feinauer, 1989). As a result of experiencing childhood incest, some individuals may exhibit significant impairment in their functioning if the trauma remains unaddressed in treatment or in their natural environment. Many researchers assert that individuals that have experienced childhood sexual abuse have a higher prevalence of borderline personality disorder, multiple personality disorder, and substance abuse by women, eating disorders, mood disorders sexual difficulties and somatoform disorders (Brand & Alexander, 2003; Carlson, 2011; Carson, Council & Volk, 1989; McClure, Chavez, Agars, Peacock & Matosian, 2008). Some investigators further argue that severe, repeated sexual assaults often produce post-traumatic stress disorder (PTSD), a cluster of symptoms including persistent sadness, feelings of unreality, social isolation, and either amnesia of traumatic events or constant reliving of traumatic events (Bower, 1993). The experience of incest impairs its victim from the essential ingredients for developing healthy relationships, such as trust, intimacy, security, and a capacity for personal boundary setting (Anderson, 2006). Childhood incest often continues for several years, leading to future sexual assaults, and is associated with disruptive and devastating consequences (Anderson, 2006; Nash, Zivnet, & Hulsey, 1993).

### **History or Evolution of the Phenomenon**

It has been argued that incest taboos were present in every society; however a lack of incest taboos has been documented in Ancient Iran and Ancient Egypt, to give but two examples (Lester, 1972). Although the specifically prohibited relationships vary across time and place, ethnographic and historical evidence indicates incest taboos are everywhere, especially with

regards to close relationships such as parent and child (Maisch, 1972; Van den Berghe, 1979). The few exceptions that have been found confine incestuous relationships to special circumstances such as maintaining family dynasty in ancient Egypt (Bixler, 1982)

Anthropologists and psychologists focused a lot on the study of incest in the late-nineteenth and early-twentieth centuries. Considered a universally prohibited act by most Victorians, it took center-stage when Sigmund Freud gave the wish for incest and its repression or sublimation a central role in human psychological growth and development (Byington, 2001). In contrast to this fairly recent anthropological and psychological interest, the significance of incest has long been acknowledged in literature; the subject gained special treatment in Jacobean Drama, the eighteenth-century novel, the novels of the American South, and in Romantic Poetry (Byington, 2001).

The taboo of incest in the physical, emotional, and moral senses, especially in father-daughter and brother-sister relationships, was a familiar and persistent theme in literature during the eighteenth, nineteenth, and early-twentieth centuries, and consequently has been a popular focus of modern critical discussion (Byington, 2001). The intricate human response to incest and its prohibition have taken an essential position in psychological and sociological research from these disciplines' early twentieth-century beginnings up through today.

Incest has predominately been viewed from a traditional, modernist, postmodernism perspective and its definition has mostly been from a postmodernist, modernist viewpoint. During the middle ages, the meaning of incest was contradictory: when used literally, the word signified the abominable sin of consanguineous sex; when represented metaphorically, it

signified a mystical union with God (Donavin, 1993). However a more postmodern, social constructionist standpoint moves away from the traditional definition and expands on what is considered as incest. Blume, (1990) suggest that childhood incest is an imposition of sexually inappropriate acts, or acts with sexual overtones by one or more persons who derive authority through ongoing emotional bonding with that child. According to the Darwinian theory of Evolution, incest results in defective offspring since the bloodline between siblings and parent-child is too close to be safe in producing children (Seto, 2008). The children of incestuous relationships therefore are thought to have a higher mortality and sterility rate than normal (Adams & Neel, 1967; Seemanova, 1971). For Darwin and researchers who supported his theory, incest taboo is as a result of genetic anomalies that are likely to occur if incest is allowed in the society. Incest taboo has been viewed as a survival instinct from the point of view of the Darwinian theory of evolution.

### **Review of the Research**

An experience of incest is associated with stressors that go beyond psychological and social adaptive competences of most children, for example, lasting difficulties in establishing and maintaining close relationships, especially sexual ones and often results in long lasting effects like damage to the survivors' emotional reactions and self-perceptions, relationship problems, problems with sexuality and difficulties in social functioning. (Anderson, 2006). Sexual abuse experiences in childhood are connected with feelings of anxiety, helplessness, and powerlessness. Autobiographical accounts have described the impact of incest upon a survivors' life like poor self-concept / self-esteem (Armstrong, 1978; Hill. 1985; McNaron & Morgan. 1982). Frequently, incestuous abuse results in intense suffering that includes experiences of



severe feelings of anxiety, stress or fear, known as Post Traumatic Stress Disorder (PTSD) as well as other long-term and often self-destructive consequences like alcoholism. Research proposes that individuals who have been sexually abused as children will experience both short- and long-term effects that include relationship problems: issues with trust and intimacy, psychiatric ill-health such as PTSD, self-injurious behavior, eating disorders, and attempted or completed suicide, with the form and intensity of effects varying among individuals (Simpson, 2010).

Factors such as the ability to confront one's own feelings of fear, terror, anger, rage, confusion, helplessness, and vulnerability helps some survivors of incest adjust better to their experiences and develop resilience more than others. These factors can be referred to as protective factors; protective factors reveal the process that helped adult survivors of incest defy the disparaging experiences and the negative outcome of their traumatic childhoods (Anderson, 2006). However there are other aspects of the incest experience that make it hard for survivors to develop resilience, these factors can be considered as risk factors. Risk factors are a combination of factors predictive of negative outcomes. Research has looked at ways women survivors of incest recall how they coped with incest in childhood and how they were able to foster resilience in the midst of a traumatic experience such as incest. Research has found that disclosing the abuse, making meaning of one's trauma, and developing supportive relationships have been important factors to recovery (Anderson, 2006; Carlson, 2011; Simpson, 2010; Phillips & Daniluk, 2004).

Gebhard, et al. (1965) carried out a survey in the United States and were able to document that 3.9% of the average population and 13.1% of a prison population both males and

females had experienced incest. From the literature on incest, it seems that father-daughter incest is most common (Rhinehart, 1961). However, the data of Gebhard, et al. indicated that brother-sister incest is about five times as common as father-daughter incest. Mother-son incest is the rarest of the three. Moore (1964) found that in the creation myths of societies brother-sister incest was five times more common than father-daughter incest and eleven times more common than mother-son incest. Current statistics have likely gone up, as Gebhard, et al. (1965) conducted their survey in the 1960s.

Women and children live at considerable risk of physical and sexual abuse within their own homes and most close relationships (Tjadeen & Thoennes, 1998, 2000). There is by now significant evidence that sexual abuse in childhood sets the stage for future abuse by other perpetrators (Follette, Polusny, Bechtle, & Naugle, 1996). Individuals differ considerably in their vulnerability to symptom development and the extent to which their early onset symptoms persist (McFarlane & de Yehuda, 1996; Norris, 1992). Those who do become symptomatic differ in the nature, duration, and intensity of their symptoms, their interpretations of their experience, and the avenues they pursue to secure symptom relief. These differences reflect a complex interplay of many influences, including: the nature and persistence of the events to which they have been exposed; demographic factors such as age, race, class, and gender; neurobiological mediators of hardiness and vulnerability; the influence and stability of relevant social, cultural, and political contexts; and any number of ecological factors that support or hinder access to natural support, comforting beliefs, and trauma-informed clinical care (Green, Wilson, & Lindy, 1985; Harvey, 1996; Hernandez, 2002; McFarlane & de Yehuda, 1996). Reactions to child sexual abuse including incest can vary tremendously depending on the child, the family, whether

it was reported to law enforcement, and the types of support that were available after disclosure. Responses can also vary by both characteristics of the sexual abuse and ethnicity of the child, thus it appears incest can have different meanings in different cultural contexts.

Adult women who were incestuously abused as children report greater psychological distress and higher levels of symptomology such as depression, feelings of shame and guilt, anxiety, than women in treatment who report no history of childhood sexual abuse (Lundberg-Love, Marmion, Ford, Geffner, & Peacock, 1992). There seems to be a connection between incest and family distress, Bower (1993) suggests that the problems observed among women who were sexually abused as children stem from their profoundly disturbed family lives rather than from isolated instances of abuse. The women, who reported both abuse and a highly disturbed family life while growing up, exhibited the most pronounced symptoms of psychological distress. Family functioning exerts significant influence on the long-term adjustment of childhood sexual abuse survivors and impacts how they feel about themselves, their ability to establish and sustain healthy, meaningful relationship with others, and their sense of competence in managing daily affairs (McClure et al, 2008). Some of the social maladjustments arising from incest are: alcoholism, drug addiction, self-injury, prostitution, promiscuity, sexual dysfunction and suicide. Eating or sleeping disorders, migraines, back or stomach pains are just few of the serious physical consequences that incest survivors may suffer. Food, sex, alcohol and/ or drugs deaden painful memories of the abuse and obscure reality temporarily (Bower, 1993). Psychological symptoms such as depression, anxiety and hostility are reported to be significantly higher in incest survivors compared to those who have not experienced incest (Carlson, 2011). It is however important to view every case of incest

individually, because the effect of abuse can present itself in so many ways, symptoms cannot be easily used without other evidence, to confirm the presence of incest (Bower, 1993). Anderson (2010) posits that mental health professionals tend to focus on pathology when attempting to explain individual behaviors in response to family violence such as incest, but such focus does not take into account how individuals actively engage in resisting their oppression and its consequences.

Many of the women who have experienced incest in their childhoods have struggled with guilt, depression, low-self-esteem, patterns of people pleasing and feeling overly responsible for others, and have experienced difficulty trusting, adult adjustment and challenges with establishing intimate relationships (Valentine & Feinauer, 1993; Carlson, 2011; Anderson, 2006). Research has concluded that the consequences after incest show that victims struggle with feelings tied to emotional regulation and identity concepts similar to what has been discussed above (Lorentzen, Nilsen, & Traeen, 2008). Incest violates the child's experience of being connected to others as well as her basic sense of physical-sensory continuity and going-on-being (Grand & Alpert, 1993). Grand and Alpert (1993) conclude in their paper on the core trauma of incest that there is relatively little empirical or theoretical literature that helps to understand the psychic experience of incest, they note that understanding the psychic experience will further reporting, dealing with disclosures and denial of disclosures, and validating childhood sexual abuse. The termination process of the incest may mediate feelings of guilt and shame, which may in turn influence the development and onset of psychopathology as reported by Lorentzen et al. (2008). Both childhood abuse and other trauma exposures significantly contribute to depressive symptom severity while resilience significantly mitigates it. Resilience seems to moderate

depression severity both as a main effect and an interaction with other trauma exposures (Wingo, Wrenn, Pelletier, Gutman, Bradley, & Ressler, 2010).

The literature has shown that survivors of female-perpetrated sexual abuse report experiences similar to those by survivors of male-perpetrated abuse as they report the same treatment issues (Loftus, 2005). Morrigan (2004) looked at sibling incest; the findings of this study suggest that incestuous families, appear to be unique with regards to patterns of enmeshment and a lack of self-differentiation in the family, invisible or covert loyalties (i.e. father-daughter alliances), and triangulation among family members (Hargett, 1998) thus survivors report inimitable experiences of how the incest affected them.

The resilience that trauma survivors of incest may bring to the challenge of trauma recovery requires that clinicians and researchers attend to the influence of cultural and contextual mediators of traumatic response (Hernandez, 2002; Tummala-Narra, 2001). While symptoms of PTSD have been found among trauma survivors of both genders, all ages, and diverse racial, ethnic, and cultural groups, it is also true that particular events such as incest and symptoms that include dissociation and somatic complaints, may have quite different meanings in different cultural contexts (Radan, 2007). Cultural and community values put forth profound influence over a survivor's willingness to disclose or not a particular incident of incest, for example, and cultural interpretations of the events to which they have been exposed shape survivors' own understandings of these events (Harvey, 2007). Cultural groups may differ very much in their descriptions of what is and is not resilient (Hobfoll, Jackson, Hobfoll, Pierce, & Young, 2002).

Bonanno (2004) has queried the approach that trauma researchers have taken to the study of cultural and community values exert profound influence over a victim's willingness to disclose (or not) a particular incident of violation or abuse (Haeri, 2007), for example, and cultural interpretations of the events to which they have been exposed shape survivors' own understandings of these events. Tummala-Narra (2007), suggested that the concentration on the struggles of trauma survivors who clearly require clinical care have led to the view that resilience is either a pathological position or something seen only in rare and exceptionally healthy individuals. Locating his critique in the spirit of Seligman's and Csikszentmihalyi's (2003) call for a "positive psychology," it is suggested that resilience is common, not rare; that individuals pursue multiple pathways to resilience; and that future research must identify the full range of outcomes people suffer and achieve post trauma. It is important to note that, with few exceptions, most trauma researchers would agree that it is typically a minority, though often a sizeable minority, of survivors who develop severe and long-lasting symptoms (Ballenger et al., 2004). Indeed, according to Yehuda (2004), the typical path is recovery, which is facilitated by an encouraging environment. Needed is knowledge about how to create and sustain such environments (Harvey, 2007).

Harvey (2007) suggests that there is need to increase research on the psychopathology of trauma with investigations into developmental and contextual mediators of resilient response and the nature of interventions able to foster resilience in traumatized individuals and their communities. It is also highlighted that there is relevance from the ecological theory to the understanding of resilience in trauma survivors and the salience of ecological considerations in the design and conduct of interventions to nurture and mobilize the resilient capacities of trauma

survivors and their communities (Harvey, 2007). A proposition of the ecological perspective is that resilience is transactional in nature, evident in qualities that are nurtured, shaped, and activated by a host of person-environment relations (Harvey, 2007). Resilience is the result not only of biologically given traits, but also of people's embeddedness in complex and dynamic social contexts, contexts that are themselves more or less vulnerable to harm, more or less yielding to change, and suitable focal points for intervention. Additionally, within these contexts, individuals are not simply the passive recipients of contextual forces; rather they are "agentic, capable of negotiating and influencing, as well as being influenced by context" (Riger, 2001, p. 75 in Harvey, 2007). Trauma experiences vary in their severity, as do reactions of those who have experienced incest. Even when the experience is severe, nonetheless, there is hope for healing. In one study, survivors reported that good came from the tragedy of their abuse (McMillen, Zuravin, and Rideout 1995). Some survivors describe how their abusive pasts made them more sensitive to the needs of others. Many survivors feel compelled to help others who have suffered similar experiences.

Nonetheless symptom account tells us little about the survivors' experiences of incest and about what they can teach us (Anderson, 2010). There is need to look beyond the symptoms and consider those survivors who experience minimal to no symptoms after experiencing incest hence the importance of looking at resilience and resilience factors that protect some survivors from developing psychological symptoms. What are the protective and risk factors that foster or hinder resilience in female survivors of incest?

Important factors to recovery reported by survivors of incest include disclosing the abuse, making meaning of one's trauma, and developing supportive relationships (Anderson &

Hiersteiner, 2008). Anderson and Hiersteiner (2008) in their study found that healing was viewed as unobtainable by survivors who felt it is associated with being “cured” and “whole”.

Participants want clinicians to acknowledge the significance of childhood sexual abuse which includes incest, when the client has brought it up. Disclosure is difficult for adult survivors because they fear it will be minimized or ignored as it was in their families (Anderson & Hiersteiner, 2008). To assist in the recovery process, helping professionals are encouraged to hear clients’ stories of childhood sexual abuse and handle the intensity of emotions that accompany it.

Prevalent resiliency themes extracted from the interview data in a study conducted by Valentine and Feinauer, (1993) included, the ability to find emotional support outside of the family; self-regard or ability to think well of someone; religion or spirituality; external attributions of blame and cognitive style; and an inner directed locus of control which seemed to emanate from internal values rather than from expectations and direction of others. These resilient themes that survivors report have been supported by other studies that have explored perspectives from the survivors themselves (Bogar & Hulse-Killack, 2006; Carlson, 2011; Anderson, 2006; McClure, Chavez, Agars, Peacock & Matosian, 2008). Bogar and Hulse-Killack (2006) reported five clusters that survivors identified as resiliency determinants; these included interpersonally skills, competent, high self-regard, spiritual and helpful life circumstances. Anderson (2006) found that survivors reported what they did to resist the incest, in her study it was found that participants were determined to survive despite enduring the incest. Participants in this study resisted feelings of powerlessness by coming up with strategies to prevent, stop, or defy their perpetrators and to fight oppressive dynamics within the family



(Anderson, 2006). This is supported by Valentine and Feinauer's (1993) study where survivors reported how rather than seeing the experience of sexual abuse as an insurmountable stumbling block, they were able to see it as a challenge and developed skills that helped them survive.

Carson et al. (1989) concluded in their study that temperamental predispositions may contribute to the individual's overall vulnerability and resiliency to stressful events such as incest and may contribute to influence psychological adjustment and self-esteem long after the incest has ceased. Lorentzen et al. (2008) in their study identified that survivors having good friends and functioning relatively well in school served as a protective factor. The literature suggests that incest survivors are able to survive with positive indicators of self-esteem if they placed the responsibility for the abuse with the abuser and not themselves (Simpson, 2010; Phasha, 2006; Anderson & Hiersteiner, 2008).

Brand and Alexander (2003) in their study found that survivors who had recollections of using avoidance to cope with incest were related to high levels of adult distress and depression. It is viewed that avoidant responses limit learning alternative responses, although avoidance may have made the sexual abuse more tolerable when it was happening, it did not prevent long-term difficulties. Brand and Alexander (2003) conclude that it is possible that distancing from current abuse is protective, whereas distancing after the abuse has ended is harmful. When abuse was frequent, chronic, and or perpetrated by a family member, distancing from current abuse may be beneficial notes Brand and Alexander (2003), distancing strategies such as looking for the silver lining so to speak, looking at the bright side of things, refusing to think about the abuse too much, as reported by survivors, may reflect a victim's attempt to contain dysphoria related to the incest and thereby maintaining relatively stable social functioning.

Spirituality has been identified as a protective factor to resilience in survivors of incest, Gall, Basque, Damasceno-Scott and Vardy (2007) found that the more important survivors considered spirituality in their lives, the less they experienced depressive mood and the more they reported experiencing personal growth and a sense of resolution to their history of abuse. In Lorentzen et al. (2008) found that those survivors who reported to have actively put a stop to the abuse develop fewer or less severe symptoms. Anderson (2006) reported in her study that, resilience stemmed from active resistance to participants' perpetrators and eventually matured into strategies to prevent, withstand, stop, or oppose their childhood oppression and its consequences. Greer (1994) found that, repression, dissociation, and associated symptomatology were adaptively useful to incest survivors. There was an absence of a significant relationship between age of onset and the level of resilience in Simpson's (2010) study, his study revealed that the combination of high control against deviance, ability to work with others, and the sense of acceptance and belonging to a family proved to be the best combination of protective factors in predicting resilience. Resilience can still be an outcome when the right combination of protective factors is available concluded Simpson (2010).

There are a number of qualitative methods studies in this literature review that have provided an in depth understanding about the experiences of women survivors of incest (Simpson, 2010; Anderson, 2006; McClure et al, 2008; Carlson, 2011; Phillips & Daniluk, 2004; Anderson & Hiersteiner, 2008). This makes it possible to get the personal experiences of survivors and help understand their coping strategies. Some of the studies explored have been able to begin with observations and look for patterns, themes and or common categories that makes it possible to contribute to hypothesis and theory development on the resilience factors

identified by participants in their studies. The sincerity of the qualitative approach used by the literature reviewed allows for greater latitude for the discovery of some unexpected regularities or disparities that probably would not have been anticipated by pre-established theory or hypothesis.

There are limitations in the studies explored which focus on incest survivors and their development of resilience as a result of their experiences. Most studies have focused on strategies used by survivors to cope specifically with the abuse itself (Anderson & Hiersteiner, 2008; Anderson, 2006; Bogar & Hulse-Killacky, 2006). By not specifically asking how these women coped with the abuse, studies may have unintentionally assessed general coping styles or how women coped with negative family responses following disclosure of incest (Spaccarelli, 1994; Long & Jackson, 1993; Gold, Miyall & Jonhson, 1994). Another drawback of the literature reviewed is that few studies included participants of color in the samples (Simpson, 2010; Carlson, 2011; McClure et al, 2008, Carson et al, 1989; Wingo et al, 2010) and some of the empirical studies did not mention this aspect of the participants at all (Phillips & Daniluk, 2004; Anderson & Hiersteiner, 2008; Anderson, 2006). An implication for this study is that there is need to attend to include a more diverse sample.

Valuable as many of the empirical studies reviewed for this literature review can be, they are not able to provide a basis for establishing general theories from which treatment principles could be persuasively drawn from, for they are hindered by the very fact that they derive from information gleaned only from persons who have wanted treatment or been placed in treatment for mental distress of some sort. The empirical studies are not necessarily representative of the general population of incest survivors. Furthermore, almost all the studies are retrospective,

asking participants about events from the past, a process subject to the vagaries of memory and post-event minimization or elaboration (Brand & Alexander, 2003; Bogar & Hulse-Killacky, 2006; Anderson, 2006; Phillips & Daniluk, 2004; Anderson & Hiersteiner, 2008). Few of these studies used control groups (Lundberg-Love et al., 1992).

### **Case Material**

*I Never Told Anyone* (Bass, Thornton, & Brister, 1983) contains a collection of numerous child sexual abuse testimonials from a wide range of original source material including book excerpts, poems, and essays. There are first-person accounts of child sexual abuse written by women of all ages and circumstances of the abuse they experienced either as young girls or as teenagers (Bass, et al. 1983). Three cases from this collection will be discussed below.

Maggie Hoyal was molested by her father from the age of 9 months until she was sixteen years old. She ran away from home at age 16 and she expressed how she tried to put the past behind her. Maggie recounts the events of the incest that she remembered as a little girl, including the abandonment from her mother because of the abuse Maggie was suffering from her father. Maggie Hoyal reports that, “Because I could never talk about what had happened to me, it dominated my life. Then, through my writing, I discovered that I have an intellect that is not stupid but unstretched, a heart which can feel more than pain, a body that once again belongs to me.” (Bass, et al. 1983, p. 69). This is supported by Anderson and Hiersteiner (2008) who mention that one important factor to recovery for survivors of incest include disclosing the abuse. Talking about the abuse appears to have helped Maggie deal with her experience. Maggie at age 22 reports that “I remember thinking I had never heard the sound of my own voice above normal speaking tone. I had never yelled, never screamed, never felt anger or expressed it. I

began to wonder why” Maggie reports of her experience of survival through a women’s writing workshop, she reports that she found “one other person who wanted to listen and after listening, was angry for me” Through writing Maggie learned to respect herself for the first time because she survived.

Jill Morgan was sexually abused by her father for most of her childhood in a particularly brutal manner. She remembers how it started when she was only 4 years old and her father would bath her, “often he let his soupy hands slide over my vulva” (Bass, et al. 1983, p. 108). Jill reports of an attack by her father that led to her being hospitalized. Jill relates what her father did after raping her, “...he dropped me on the floor like a discarded dishrag. Then with a belt in hand he began beating me...he took me in the bedroom, re-dressed me in the same play clothes... I know that I fell asleep crying and comforted myself with the rag doll I found there” (Bass, et al. 1983, p.108). At the age of 9 years Jill remembers his father touching her, squirming away, her father slapped her and threw her on a bed and raped her with her hands tied by his belt. Though Jill reported to the adults around her the “horror” she was enduring, “NO ONE listened... or they believed that my parents were such pillars of the community that they would not be guilty of the crime. Later, therapists referred to Oedipal fantasies instead of listening to what I was saying” (Bass, et al. 1983, p. 107). Some research has indicated that disclosure is difficult for adult survivors because they fear it will be minimized or ignored as it was in their families (Anderson & Hiersteiner, 2008). This is shown in Jill’s story, even when she disclosed the abuse, it was not validated. Jill expresses that what helped her survive and overcome the abuse as an adult included writing, therapy and participating in a support group for incest survivors. Making meaning of one’s trauma and developing supportive relationships has been indicated as ways

survivors have learned to accept and overcome their experience of incest (Anderson & Hiersteiner, 2008). In Jill's case therapy and being part of a support group helped her.

Desi was sexually abused by her grandmother from the time she was 5 years until she was 7 years old. As noted by Loftus (2005) survivors of female-perpetrated sexual abuse report experiences similar to those by survivors of male-perpetrated abuse as they report the same treatment issues. Desi reported that at bath time her grandmother would make her lie on her back in the tub and spread her legs while separating her genitals, she used a washcloth first, and then she would use her hands, she reports how extremely painful it was because her grandmother had long fingernails. Due to this abuse, Desi came to think of a woman's touch as meaning pain and fear and all the old feelings she knew as a child (Bass, et al. 1983, p. 139). However what she says helped her is when she was 19 years old, she met a woman who is still her best friend, and this friendship enables her to begin to trust women again. Lorentzen et al. (2008) in their study identified that survivors having good friends serves as a protective factor

### **Conclusion**

The incidence of prosecuted cases of incest is commonly held to be rare. Weinberg (1955) reported that the incidence of prosecuted incest participants in the USA is one to two cases per million per year. Prohibitions against incest are believed to be universal. However as the literature above shows, incest occurs regardless of the prohibitions. It is experienced by people regardless of their socioeconomic status, age, ethnicity or race. Women are mostly affected by incest; it is an issue that is underreported. With the number of psychological problems that are experienced by incest survivors it is amazing how literature points out their will to overcome those problems. Resilience in the face of incest is something to be cultivated

within survivors in order to deal better with the negative psychological impact on individuals. Despite all the difficulties that may result from incest, it can be easy to pathologize victims of incest. However that focus does not take into account how individuals actively engage in positively adapting to their experience of incest and its consequences. Anderson (2010) points out survivors of incest can be heroic, that treatment that focuses on their resiliency would reinforce this conceptualization. Resilient capacities are often submerged beneath pain and discomfort, and are difficult to access if those engaged in the helping relationship are not equipped to view protective strategies as strengths.

The following chapter intends to explore the resilience theory and how it relates to incest. Resilience theory will be examined, definitions of resilience will be discussed and the scope of the theory will be outlined in this chapter. The theory will be applied to case materials.

## **CHAPTER IV**

### **Resilience Theory**

Resilience theory, has developed over the past 70-80 years, it has benefited from revitalization in the past two or three decades. It started as an enquiry into the childhood roots of resilience and has grown into an extensive, dynamic and exciting field of study. Resilience theory currently addresses individuals (both children and adults), families, communities, workplaces and policies (VanBreda, 2001).

This chapter intends to provide explanatory information about resilience theory and how it is applied to the experience of incest in adult female survivors. Definitions of resilience and the scope of the theory will be explored. Narrative material from survivors will be incorporated to better understand their experiences within the framework of resilience theory.

#### **Definition of Resilience**

The question as to “what works?” and why can be considered to be the basis of resilience, at times focusing on these questions can be easily ignored. When one has experienced trauma like incest he/she often underestimate his/her own resources and potential, it appears easier to see himself/herself as a victims. Bernard (2004) points out that professionals working with trauma survivors often reinforce this underestimation by focusing on clients’ deficits and pathology to the detriment of recognizing family support, other strengths that survivors have and the resources they carry with them. Bass, Thornton, & Brister, (1983) note in their book that it is important to



look clearly at what incest has meant in the lives of women survivors without averting our eyes to avoid the pain.

Resilience looks at how people make it in spite of difficult circumstances/experiences. McClure, Chavez, Agars, Peacock and Matosian (2008) have defined resilience as self-acceptance, ability to engage in positive relationships with others, and environmental mastery. From the literature explored resilience can better be understood as a process and an individual's growth is likely to have ups and downs in the face of adversity. Resilience means a positive outcome despite the experience of adversity, the ability to continue to be positive or effectively function in adverse circumstances and the recovery process after significant childhood incest by women survivors of incest. Resilience turns victims into survivors and allows survivors to thrive. Resilient individuals can get distressed, but they are able to manage the negative behavioral outcomes in the face of risks without becoming debilitated. Anderson (2006) notes that a definition of resilience based on competence is restrictive because it categorizes people who have been exposed to adversity as either resilient, if they are doing well, or dysfunctional, if they are having problems. This is important even as this research intends on focusing on definitions of resilience that are strengths based.

Resilience has often been viewed in terms of a person's capacity to avoid psychopathology despite difficult circumstances, however McClure et al. (2008) have supported that resilience ought to refer to more than simply the absence of psychopathology. Not everyone with a history of childhood incest or any other abuse and trauma exposure experiences psychopathology, highlighting the significance of resilience. Resilience has been defined as the ability to adapt well in the face of trauma or adversity (Wingo, Wrenn, Pelletier, Gutman, Bradly

& Ressler, 2010). There has been evidence suggesting that some victimized individuals demonstrate a resilient trajectory, thus suggesting an individual's positive pole in responding to a stressful event or adversity (Phasha, 2010; Rutter, 1987; Kelly, 2005).

Research has advocated for resilience to refer to more than simply the absence of psychopathology as discussed above (McClure et al., 2008). McClure et al (2008) adds that there have been some factors identified as indicators of resilience that include academic and interpersonal competence and other positive characteristics. Resiliency as inferred from the above discussion can be explained as the ability that adult incest survivors have to spring back from and positively adapt to the adversity of childhood incest.

### **Concept of Resilience / Theories of Resilience**

The concept of resilience has profound roots in social work, although social work research related to it is fairly recent (Social Work Policy Organization, 2011). There is discussion within the profession as to whether a Resilience Theory exists, or if resilience is a concept that describes a set or series of person-environment interactions (Phasha, 2010). As social work and related mental health, behavioral, and social science practitioners transitioned from a pathology focus to a strengths perspective, increased attention is being paid to personal qualities and social influence that promote or reflect health and well-being. The theoretical driver is not only on what needs to be fixed or changed, but what positives can be reinforced. Research related to resiliency focuses on answering the questions "what works?" and "why?" (Social Work Policy Organization, 2011).

Resilience theory addresses the strengths that people and systems demonstrate that enable them to rise above adversity. The emergence of resilience theory is associated with a reduction in emphasis on pathology and an increase in emphasis on strengths (Rak & Patterson, 1996). The theory of resilience outlines three conjectures, that is, individuals considered resilient (1) have a positive outcome despite the experience of adversity, (2) continue to be positive or effectively function in adverse circumstances, and (3) recover after a significant trauma (Schoon, 2006). The theory of resilience suggests that there is a presence of a protective factor that interacts with a factor that poses a risk to an individual. Nevertheless, the presence of a protective factor would not automatically generate a positive response to adversity. Roisman (2005) proposes that resilience can best be viewed as a family of loosely connected phenomena involving adequate or better adaptation in the context of adversity. Rutter (1987) elucidates that the theory of resilience highlights the importance of protective mechanisms and processes of why some people appear to cope well in spite of facing the same adversities that lead other people to give up or respond negatively. From the literature reviewed one can conclude that there is no one factor that leads to an individual's resilience, many aspects of a person's life, internal and external, combined makes some people able to withstand difficult and traumatic experiences more than others. This means that resilience should not be considered a static condition, but an attribute that may change as circumstances become otherwise (Rutter, 1987). Dass-Brailsford (2005, in Phasha, 2010, p. 1235) puts it like this, "what may be considered resilient in one context or in one individual may not be so in another." Some factors that are associated with resilience include the ability to tell one's story of incest, being able to identify the struggles that he/she went through; academic and

interpersonal competence; family support; response of family and support network to disclosure of incest and cultural beliefs.

Bonanno (2004) seems to regard resilience as an all-or-none phenomenon, that is, one is either resilient or not resilient, affected or not affected. Clinical practice and recent research suggest that resilience is a multidimensional phenomenon and that he/she is indeed both complexly traumatized and resilient (Lynch, Keasler, Reaves, Channer, & Bukowski, 2007). When resilience is defined as multidimensional, it becomes possible to see trauma survivors as simultaneously suffering and surviving, and to suggest that both trauma recovery and the process of posttraumatic growth require the survivor to somehow access his or her resilient capacities (Harvey, 1996; Roisman, 2005; Rutter, 1987).

Resilience has also been described as the ability to adapt well in the face of trauma or adversity (Wingo et al., 2010). This does not mean that individuals who struggle with the experience of trauma or adversity are not resilient as shown in Lynn's case to be discussed later in this chapter. Resilience is not merely an absence of struggles or pathology. Bogar & Hulse-Killacky (2006) have pointed out that resiliency is a process rather than a compilation of protective factors. To be resilient, one must first be exposed to a traumatic situation, then act in a way that provides protection from negative effects that would typically occur. What might serve as a protective factor for one person in a particular situation may be a risk factor in another situation for someone else (Rutter, 1987 in Bogar & Hulse-Killacky, 2006). Resilience literature generally asserts that the concept encompasses not merely surviving; but in addition it includes both thriving and having benefited from the stressor experience.

### **Empirical Research on Resilience**

Empirical research approaches taken to come up with a working definition of resilience have varied across studies (Cicchetti & Garmezy, 1993; Gordon & Song, 1994; Kaufman, Cook, Arny, Jones, & Pittinsky, 1994; Luthar & Cushing, 1999; Stouthamer-Loeber, Loeber, Farrington, Zhang, van Kammen, & Maguin, 1993; Tarter & Vanyukov, 1999; Tolan, 1996). For example adversity conditions examined have ranged from single stressful life experiences such as exposure to war and to aggregate experiences across multiple negative events such as domestic violence, physical and sexual abuse including incest. There has been considerable diversity in defining positive adjustment among individuals at risk. Some researchers have predetermined that to qualify for labels of resilience, at-risk children must excel in multiple adjustment domains (Tolan, 1996), whereas others have required excellence in one significant sphere with at least average performance in other areas (Luthar, 1991; Luthar, Doernberger, & Zigler, 1993).

Resilience among adults who have experienced childhood incest represents a distinct and empirically separable outcome trajectory from that normally associated with recovery from other trauma. Literature suggests that resilience is more prevalent in adult survivors of incest than generally accepted in either the lay or professional contexts (Bonanno, 2005). As can be inferred from the literature on resilience, focusing on resilience fits well with strengths and solution-based interventions that recognize and appreciate one's potential for growth in the face of adversity (Anderson, 2006). For adult survivors of incest, stories that exemplify their struggle with incest help in coming to see themselves as resilient and provide a more comprehensive understanding to the many dimensions of their incest experiences.

Boger and Hulse-Killacky (2006) explored the experiences of 10 female adult survivors of childhood sexual abuse from someone known to them in a qualitative study. Participants all lived in the southern region of the USA, they were 30 years or older, two of the participants were African American and eight were Caucasian. Their findings indicated that for incest survivors, the ability to refocus on more productive or rewarding aspects of their lives, thereby minimizing thoughts of their abuse experience, is essential to their recovery process and their ability to become resilient adults. Resilience determinants were proposed in Boger and Hulse-Killacky's (2006) study. Their research found that, interpersonal skills, feeling competent, having high self-regard, spirituality and helpful life circumstances contribute to incest survivors' developing and maintaining resilience. Boger and Hulse-Killacky (2006) note that;

...having strong interpersonal skills contributed to participants' ability to lead happy and fulfilling lives. They were able to connect with others appropriately, genuinely, and in meaningful ways as evidenced by their sustained intimate friendships, and love relationships, successful parenting of their children, and development of career or volunteer interests. (p.321)

Being excellent in school was a dominant pattern among most of the women interviewed in Boger and Hulse-Killacky's (2006) study. Creativity in a variety of forms was also highlighted among the participants as an example of competence, which is one of the resiliency determinants pointed above (Boger & Hulse-Killack, 2006). Positive and negative circumstances in the lives of participants were indicated as helpful life circumstances that helped foster resilience both in childhood and adulthood; "Participants often indicated that the challenging times of their lives

actually contributed to their ability to become strong, resourceful, or compassionate women.” (Boger & Hulse-Killacky, 2006, p. 322)

They also identified four clusters as resilience processes, these are; coping strategies, refocusing and moving on, active healing and achieving closure (Boger & Hulse-Killacky, 2006). The women in Boger and Hulse-Killacky’s (2006) were found to have used various coping strategies in the process of developing and maintaining resilience, these included writing, self-talk such as prayer or palliatives, symbolism, overcompensating, avoiding the perpetrator, keeping busy, depersonalization and memory loss, healthy distrust, and setting limits and boundaries. Some of the participants also reported using some unhealthy coping strategies that include drug and alcohol abuse, running away from home, suicide attempts, sexual acting out, overeating, and smoking (Boger & Hulse-Killacky, 2006).

Similar to Boger and Hulse-Killacky’s (2006) study is Valentine and Feinauer’s (1993) qualitative study; they had in-depth interviews with 22 adult women who experienced sexual abuse in childhood. Participants were working class women with a mean age of 39years, all were Caucasian. The purpose of this study was to explore what kind of experiences survivors of childhood sexual abuse perceive as helpful in assisting them to overcome the early experience of that abuse. Valentine and Feinauer (1993) also sought to know about the resources of those incest survivors who are able to escape with few symptoms. This study found that there were prevalent resiliency themes extracted from the interview data that include; the ability to find emotional support outside the family; self-regard or the ability to think well of oneself; religion or spirituality; external attributions for blame and cognitive style; and an inner directed locus of

control which seemed to emanate from internal values rather than from expectations and directions of others (Valentine & Feinauer, 1993).

Simpson (2010) conducted a quantitative study to identify the protective factors that best predict resilience in a sample of 134 female adults who were members of AMAC (Adults Molested as Children), a web-based survey method was used. The aim of the study was to identify the protective factors that best predict resilience. The findings indicated that there was an absence of a significant relationship between age of onset of the incest and the level of resilience one developed. The combination of high control against deviance, ability to work with others, and the sense of acceptance and belonging to a family proved to be the best combination of protective factors in predicting resilience. Simpson (2010) also found that resilience can still be an outcome when the right combination of protective factors is available.

McClure, Chavez, Agars, Peacock, and Matosian (2008) conducted a quantitative study looking at resilience in sexually abused women with regards to risk and protective factors. Participants were 177 university women who had experienced childhood sexual abuse who were asked to complete a questionnaire. Of the 177 participants, 47% were White, 25% were Latino, 16% were Black and 12% were other. The results of this study indicated that there is a positive relationship between severity-cumulative and both self-acceptance and environmental mastery. That is, subjects who had experienced several different abusive incidents (e.g. being kissed, fondled, and asked to engage in oral sex) felt more accepting of themselves and also felt competent in managing their lives' daily routines and demands. Family functioning was found to exert significant influence on the long-term adjustment of childhood sexual abuse survivors and



impacted how they felt about themselves, their ability to establish and sustain healthy, meaningful relationships with others, and their sense of competence in managing daily affairs.

These findings indicate the main themes in the resiliency research with regard to women who have experienced incest in childhood (Bogar & Hulse-Killacky, 2006; Simpson, 2010; Valentine & Feinauer, 1993). The themes include the ability to find emotional support outside of the family, high self-regard, spiritual connection attached to a certain religion, coping strategies, refocusing and moving on, active healing and achieving closure, and helpful life circumstances. Some researchers have looked at resilience as an individual's capacity to thrive and fulfill potential despite or perhaps even because of the trauma they experience (Ginzenko & Fisher, 1992; Luthar, 1993). Resilient individuals are more inclined to see problems as opportunities for growth. In other words, resilient individuals seem not only to cope well with unusual strains and stressors but actually to experience such challenges as learning and development opportunities.

There have been factors or characteristics that have been identified as ways to enhance resilience in people (Valentine & Feinauer, 1993; Bogar & Hulse-Killacky, 2006; McClure et al., 2008; Anderson, 2010; Simpson, 2010; Phasha, 2011), these include;

- Ability to "bounce back" and "pull through from almost anything"
- Have a "where there's a will, there's a way" attitude
- Propensity to see problems as opportunities
- Capacity to "hang tough" when things are difficult
- Have deep-rooted faith in a system of meaning (religion, spirituality)

- Have a healthy social support network (family, friends, church, community etc.)
- Has the wherewithal to competently handle most different kinds of situations
- Able to recover from experiences of a traumatic nature

The literature explored has provided an in depth understanding about the experiences of women survivors of incest in relation to resilience (Simpson, 2010; Bogar & Hulse-Killacky, 2006; Valentine & Feinauer, 1993). This makes it possible to get the personal experiences of survivors and help understand their coping strategies.

There are however limitations in the studies looked at which focus on incest survivors and their development of resilience as a result of their experiences. Most studies have focused on strategies used by survivors to cope specifically with the abuse itself (Bogar & Hulse-Killacky, 2006). By not specifically asking how these women coped with the abuse, studies may have unintentionally assessed general coping styles or how women coped with negative family responses following disclosure of incest. Another drawback of the literature reviewed is that few studies included participants of color in the samples (Simpson, 2010) and some of the empirical studies did not mention this aspect of the participants at all (Bogar & Hulse-Killacky, 2006; Valentine & Feinauer, 1993). An implication for future studies is that there is need to attend to include a more diverse sample.

### **Application of Theory to the Case Material**

Maggie Hoyal's story narrated by Bass et al. (1983) indicates how she developed resilience after having experienced incest at the hands of her father. The experience bringing distress in her life, Maggie was able to manage the negative behavioral outcomes in the face of

risks without becoming incapacitated. Maggie Hoyal expresses that before realizing her resilience she was trying to run away from her memories,

I did not think at the time that I was running away from memories... I had simply put the past out of my mind altogether. At age twenty-two, I remember thinking I had never heard the sound of my own voice above a normal tone. I had never yelled, never screamed, never felt anger or expressed it. I began to wonder why. (Bass et al., 1983, p. 69)

It was when Maggie started accepting herself and her experience that she found herself and could positively express herself despite the incest that she had experienced. According to the definition of resilience given by McClure et al. (2008) Maggie Hoyal development of self-acceptance is an indication of resilience. Resilience was developed in her once she started opening up about her experience by not ignoring her past but embracing it;

Because I could never talk about what had happened to me, it dominated my life. Then, through my writing, I discovered that I have an intellect that is not stupid but unstretched, a heart that can feel more than pain, a body that once again belongs to me. (Bass, et al., 1983, p. 69)

Maggie's case supports what some researchers have looked at as an individual's capacity to thrive and fulfill potential despite or perhaps even because of the trauma they experience (Ginzenko & Fisher, 1992; Luthar, 1993). It is through her incest experience that Maggie learned to have a positive self-regard. Maggie's experience is in line with Boger and Hulse-Killacky's (2006) research findings which indicate that for incest survivors, the ability to refocus on more

productive or rewarding aspects of their lives, thereby minimizing thoughts of their abuse experience, is essential to their recovery process and their ability to become resilient adults.

Lynn Swenson's case presented by Bass et al. (1983) expresses how resilience is multidimensional and how incest survivors can simultaneously suffer and survive. Lynn was molested by her grandfather at the age of 11 years old. This experience contributed to her being promiscuous, equating sex with affection. Lynn reports how she had little self-respect. Within her struggles, Lynn found a way to deal with her trauma by writing poetry and through psychological help; "... Lynn attempted to overcome the effects of the abuse... she began writing poetry, finding it to be a healing experience... she saw a psychiatrist and learned that simply telling someone helped her." (Bass et al., 1983, p 117)

Lynn's resilient capacities are indicated by her change in promiscuous behaviors and how she found help in talking about her experiences with the psychiatrist. Lynn's case shows how survivors of incest's stories exemplifies their struggle with incest and helps them in coming to see themselves as resilient and provide a more comprehensive understanding to the many dimensions of their incest experiences. As discussed in this chapter, resilience does not mean the absence of struggles, Lynn struggled to deal with her experience of incest, however she was able to "bounce back" and pull through. Lynn states that; "Gradually I became less promiscuous, and began to form relationships with men. I learned to say no" (Bass et al. 1983, p 117)

Jill Morgan, who was sexually abused by her father for most of her childhood in a particularly brutal manner, presents a good example of the resilience conjectures discussed above. After the gruesome experience of incest from her father, Jill has written articles on incest

and molestation and hopes to counsel other survivors of child sexual abuse in the future. It appears Jill was able to name her experiences of oppression, its effects, and has been able to confront it through her writing and will to help other survivors (Anderson, 2010).

Jill continues to heal, to grow stronger and more confident of her own power (Bass et al. 1983). She states that; “After twenty-six years of pain, I have found some joy and affirmation in my life, and each day has become worth living” (Bass et al., 1983, p. 108); “If the experience of my past taught me anything, it is that I survive” (Bass et al., 1983, p. 111). These statements indicate how Jill survived; these words could be seen as in line with Valentine and Feinauer’s (1993) study findings that include having self-regard or ability to think well about self and an inner directed locus of control which comes from inner values rather than from expectations and direction of others. The prevalent resiliency themes Valentine and Feinauer’s (1993) found from the interview data they had seem to support Jill’s experience. Jill seems to have had the ability to find emotional support outside the family as she points out how her family was not supportive; “We all maintained the lie that child abuse and rape did not occur in our house.” (Bass et al., 1983, p. 107) She reports finding support in her therapist and reports that this is the one way that she got her memory back and has learned to live with her past through hypnosis and age regression. Jill has a sense of self-regard, and an ability to think well of herself as indicated above from her words about being able to survive.

Incest survivors who have shown signs of being resilient have their fair share of struggles and psychological symptoms; however it is within these struggles that their resilient capacities are shown. Resilience theory encourages those working with trauma survivors to focus on strengths and what the survivor has done to survive rather than focus on negative symptoms.

Incest survivors' ability to overcome and live positively with their trauma can be viewed as the core to their resilience. Research has highlighted that the priority for mental health practitioners and researchers must be to help adult survivors name their experiences of oppression, its effects, and their confrontation to it (Anderson, 2010). Resilience literature generally affirms that the concept encompasses not merely surviving; but in addition it includes both thriving and having benefited from the stressor experience in this case being the experience of incest. Clinicians and researchers can learn much from carefully listening to what survivors say assisted them in coping with and surviving the difficult experience of childhood incest.

In the following chapter the Trauma theory will be explored as it relates to incest. The chapter will look at the definitions of trauma and the scope of the theory. The Trauma theory will be explained and applied to the experience of incest in adult female survivors.

## **CHAPTER V**

### **Trauma Theory**

The traumatic event is not experienced as it occurs; it is fully evident only in connection with another place, and in another time (Caruth, 1995). Trauma theory offers a framework for understanding the impact of experiences such as neglect, sexual abuse (incest), physical abuse, and emotional abuse and their impact on development and relationships. Specifically, this theory helps us understand the importance of addressing the complex effects of trauma and extreme stress. Traumatic responses occur in the face of an event or environment so intense and frightening that it overwhelms familiar coping mechanisms. “Fight or flight” and “freezing” are typical responses to trauma (Benight, 2012). Whether a person is immobilized, runs away, or goes on the attack, these are automatic, biological survival responses that do not involve complex thought.

The trauma theory seeks to normalize symptoms and behaviors that are present after the trauma experience that have traditionally been pathologized and viewed as examples of personal and social deviance (Bloom, 1997). A trauma-based approach primarily views the individual as having been harmed by something or, more often, some person or persons, consequently connecting the personal and the socio-political environments (Bloom, 1997). Instead of asking survivors "What is wrong with you?" the trauma-based approach asks: "What happened to you?"

This framework expects individuals to learn about the nature of their injuries and to take responsibility in their own recovery (Bloom, 2000).

This chapter will provide explanatory information about trauma theory and how it is applied to the experience of incest in adult female survivors. Definitions of trauma and the scope of the theory will be explored. Narrative case material from survivors will be incorporated to better understand their experiences within the trauma theory.

### **Definition of Trauma**

To understand what trauma does we have to understand what it is. Psychological trauma has usually been defined as a response to an overpowering event resulting in psychological damage, (Rodi-Risberg, 2010) but instead of understanding trauma according to event and/or response, Caruth (1995) who is one of the key figures in contemporary trauma theory has famously redefined trauma according to “the structure of its experience”; “the event is not assimilated or experienced fully at the time, but only belatedly, in its repeated possession of the one who experiences it” (p. 4). The “meaning of threat” transforms a trauma from a neutral structure to a “fear structure” in memory (Foa, Steketee, & Rothbaum, 1989, p. 166). Herman (1992) has defined trauma as an affliction of the powerless. At the moment of trauma, the victim is rendered helpless by overpowering force. Traumatic events overwhelm the ordinary systems of care that give people a sense of control, connection, and meaning. Traumatic events are extraordinary, not because they occur rarely, but rather because they overwhelm the ordinary human adaptations to life. The common denominator of psychological trauma has been identified as a feeling of “intense fear, helplessness, loss of control, and threat of annihilation.” (Herman, 1992, p. 33). Trauma put differently involves an overwhelming experience of sudden or



catastrophic events in which the response to the event occurs in the often delayed, uncontrolled, repetitive appearance of hallucinations and other intrusive phenomenon (Caruth, 1995).

A broad definition of psychic trauma was provided by Greenacre (1967), he put it as “any conditions which seem definitely adverse, noxious, or dramatically injurious to the developing young individual” (p.128). A narrower definition is that psychic trauma is associated with devastating and shattering experiences that result in internal disruption as a result of putting ego functioning and ego mediation out of action, and may interfere with or threaten the integrity of the sense of self. Psychic traumas can have organizing influences on the mental sphere, and play a dramatic role in shaping the further development of the individual. “The residues of the past and the content of the future tend to be formulated, constructed, and reconstructed in terms of that [traumatic] experience” (Dowling, 1986, p. 212).

A traumatic experience impacts the entire person; the way we think, the way we learn, the way we remember things, the way we feel about ourselves, the way we feel about other people, and the way we make sense of the world are all profoundly altered by traumatic experience (Bloom, 1999). When a trauma is severe enough, it can create a lot of damage and the reality of the survivor who has been sexually abused is more important than theory. The trauma is so destructive that it has to be recognized as the cause for the survivor’s problems.

### **Concept of Trauma / Theories of Trauma**

Investigations into trauma originally began in the study of hysteria (Herman, 1994). Key indicators of trauma were outlined by Freud in 1920 who said that a feeling of helplessness associated with sudden onset; surprise; an impact that is overwhelming; and obligatory repetition in the service of mastery. The subsequent literature includes many definitions of trauma.

Ferenczi (1933) added betrayal of trust, underscoring the importance of relational issues. An overall framework includes the components of a traumatic event, a traumatic process, and a traumatic effect, accompanied by painful affect (Rangell, 1967, p 79).

Freud developed trauma (tic) theories by treating cases of hysteria in mostly female patients, and first used the term “Nachträglichkeit” in Part II of his posthumously published “Project for a Scientific Psychology” (in Rodi-Risberg, 2010, p. 8). Freud (1981) noted that, “We invariably find that a memory is repressed which has only become a trauma by deferred action” (p. 356). Put differently, for Freud (1981), the memory of an experience gives rise to an emotion, which was not originally aroused upon occurrence, in accordance with a new way of understanding, indicating that the event or the memory of the experience becomes traumatic only the second time around, after it has become internally revived.

Key indicators of psychic trauma include a feeling of helplessness associated with sudden onset; surprise; an impact that is overwhelming; and obligatory repetition in the service of mastery. Caruth (1995) emphasizes a delay inherent in the traumatic moment itself; the traumatic experience is not fully registered in the first place, but experienced as trauma only belatedly and someplace else when and where it re-surfaces in a fragmented form as traumatic flashbacks, nightmares, intrusive thoughts, and repetitive re-enactments. Rather than remembered as something that happened in the past, then, the trauma becomes part of the survivor’s identity, and is compulsively performed in the present, as though it happens in real time. For Caruth (1995), it is precisely this time and placelessness, the collapsing of the distances between past and present, here and another place that constitutes the force of trauma.

Psychological reactions to trauma generally fall under the umbrella description of post traumatic stress syndrome (PTSD). All trauma survivors, including Vietnam veterans, accident victims, and child abuse victims may exhibit these symptoms. These include, as presented by the Illinois Coalition Against Sexual Assault (ICASA) document on Adult survivors of child sexual abuse manual (2007):

- Depression – guilt/shame, low self-esteem, grief;
- Anxiety – phobias, flashbacks, trauma symptoms;
- Sexual problems;
- Interpersonal problems – destructive relationships, problems sustaining relationships, distrust, isolation, poor social skills, parenting problems;
- Self-destructiveness – substance abuse, eating disorders, self-mutilations, suicide attempts, self-defeating behaviors;
- Perceptual disturbances – visual (shadowy figures), auditory (footsteps), tactile (sense of being touched);
- Somatic complaints – pelvic pain, migraines, sleep disturbances;
- Aggressiveness – sex offending, physical abuse.

Caruth (1995) notes that trauma is not found in the simple violent or original event in a survivor's past, but rather in the way that its very unassimilated nature, the way it was precisely not known in the first instance, returns to haunt the survivor later on. Trauma, therefore, is not a single, unitary occurrence but is forever being displaced. Inaccessible, completely non-linguistic,

and resistant to understanding, trauma also causes other traumatic events and has lasting effects. The trauma returns in dreadful visual images and/or as olfactory, auditory, kinesthetic, visceral, sensations. For example, a victim of father-daughter incest may experience a panic attack whenever she sees a red bedspread. Since trauma is thought to stand outside experience, or, is a caesura of experience, it outstrips discursive and representational resources (Grogan, 2011). The traumatic event, although real, takes place outside the parameters of, normal reality, such as causality, sequence, place and time. Because of its peculiar nature, trauma is a shattering experience that distorts memory and is particularly susceptible and vulnerable to problems of understanding and reporting events (Grogan, 2011).

Rodi-Risberg (2010) highlights that incest became linked to trauma after the feminist movement of the 1960s and 70s, when it became known that more women than men suffered from the long-term effects of psychological trauma and that these women were traumatized in private life rather than in war. Until 1980, the year marking the birth of contemporary trauma studies with the acknowledgment of PTSD by the American Psychiatric Association in their official Diagnostic and Statistical Manual (DSM III) – as a result of Vietnam veterans’ activist campaigning, the understanding of trauma derived mainly from research into the effects suffered by combat veterans, that is that of adult males. To a large extent due to the efforts made by the noted Herman (1992), who brought together until then separated experiences of trauma caused by domestic and sexual violence, war, and terrorism in her quest for a more inclusive and general approach to trauma, the women’s symptoms came to be understood in connection with PTSD. The study of incest has since been part of contemporary trauma studies but, as is visible in the recovered memory/false memory syndrome debate of the 1990s where the False Memory

Syndrome Foundation (FMSF) disputed memories of abuse recovered in therapeutic sessions, it has not always gone unchallenged.

The expansion of trauma theory involves the formulation that the experience of being overwhelmed, a mark of the traumatic moment, can also be anticipated and associated with controlled anxiety, and hence be included in the basic danger series (Hurvich, 2001). Thus, issues related to being overwhelmed or annihilated may be part of a traumatic moment in present time, or may constitute a danger situation that is anticipated in future time: concerns about being overwhelmed may thus be either present, actual, or potential threat (Hurvich, 2003; Schur, 1953). Traumatic events are experiences processed by the subject as constituting a threat to psychic and/or physical survival. Annihilation-survival fantasies comprise key psychic contents of trauma. Annihilation anxieties involve concerns over survival, self -preservation, and safety (Hurvich, 2004). Two central areas of concern are for the integrity of the sense of self and the intactness of the ego functions. Annihilation anxieties are triggered by survival threat; are found early but can be engendered throughout the life cycle; constitute a basic danger; are residuals of psychic trauma; have specifiable sub-dimensions; may occur in presymbolic form or be associated with fantasies in conflict and compromise formation; may arise with or without anticipation; may be accompanied by controlled or uncontrolled anxiety; are motives for defense; and may be associated with particularly recalcitrant resistances (Hurvich, 2004).

Herman (2009) discusses how the theory of psychological trauma evolved out of medical, philosophical, and social history. Ferenczi (1933) added betrayal of trust, underscoring the importance of relational issues. An overall framework includes the components of a traumatic event, a traumatic process, and a traumatic effect, accompanied by painful affect. (Rangell, 1967)

There has been a differentiation of trauma into simple and complex trauma. Simple trauma refers to a single isolated event that occurs in the context of relative emotional and physical safety. Complex trauma is characterized by on-going, unrelenting negative experiences. The resultant “toxic stress” describes a situation in which the traumatized individual has no relief from the physical and emotional destabilizing effects of trauma. Childhood abuse is increasingly being recognized as producing complex post traumatic syndromes (Cole & Putnam, 1992). Complex PTSD (as identified by Herman, 1992), also known as "disorder of extreme stress, not otherwise specified" (DESNOS), is thought to arise from severe, prolonged and repeated trauma, almost always of an interpersonal nature, such as child abuse (Briere & Scott, 2006). The relational and identity disturbance subsumed under Complex PTSD includes: the tendency to be involved in chaotic and frequently maladaptive relationships, to have difficulties negotiating interpersonal boundaries, and reduced awareness of one's entitlements and needs in the presence of others. This is often attributed to a history of inadequate parent-child attachment (Briere & Scott, 2006). If these traumatic experiences are not addressed, understood, and integrated, they can become an overpowering factor in personality development and identity formation. The trauma can then be used to explain all subsequent responses and reactions, which ultimately reduces the richness and complexity of development to a single event or configuration of events.

Trauma theory guides and defines an understanding of the complex and far-reaching impact of pervasive negative experiences. The theory strives to help survivors recognize that trauma can be addressed, overcome, and integrated into a healthy sense of self. Bills (2003) notes that a person who experiences a traumatic event can suffer from the following: a) cognitive dysfunction i.e. memory and attention deficits; b) emotional problems i.e. affective

dysregulation, depression, severe anxiety; c) behavioral manifestations including self-mutilation, substance abuse, sex addiction, impulsivity and aggression; d) learning difficulties due to increased arousal and lack of attention or concentration i.e. state-dependent learning; and e) memory dysfunction from dissociation and the biochemical changes with memory processing during extreme stress.

### **Empirical Research on Trauma**

When a given experience is perceived as traumatic, it is understood by the specific meaning attributed to it by the individual, not by external events alone (Abend, 1986; Blum, 1986; Brenner, 1986; Levine, 1990). The impact of the actual experience depends on many factors: innate endowment; stages of cognitive and sexual development as well as the perceived sense of self; response of caretakers; prior experiences; and preexisting psychic conflicts (Fischer, 1991; Steele & Alexander, 1981).

The role of incest in the etiology of initial and long-term psychological aftereffects conducive to adult dysfunction and psychopathology has been documented repeatedly in recent years (Courtois, 1992). Incest is a most serious childhood trauma because of many of its major dynamics, including the kinship ties between child and perpetrator; the betrayal inherent in the abuse; the child's immaturity, accessibility, and powerlessness; and the shame and denial surrounding the abuse that allow it to occur repeatedly, often for years, and to intensify over time (Courtois, 1992). Sexual abuse in childhood usually creates emotional and psychological problems that last into adulthood. Incest may cause even greater harm because of the betrayal and the complications of the close personal relationship.

The recovery process in the trauma of incest is conceptualized to be gradual and not time limited but rather recovery is linked to the building of skills and ego strengths before dealing with the processing of memories of the trauma (Briere, 1996; Courtois, 1997; Herman, 1992). Herman (1992) cautions that;

The same woman who looks like a helpless and ‘deteriorated’ patient in the traditional medical or mental health clinic may look and act like a ‘strong survivor’ in a shelter environment where her experience is validated and her strengths are recognized and encouraged. (p.134)

This highlights the importance of the quality of the relationship between the incest survivor and the helping professional in promoting psychological healing from trauma (Pack, 2011).

There is an enduring interplay between real events and fantasy activity. When childhood experiences include traumatic events, these events are incorporated into fantasies, affecting one’s responses to actual events. The actual experience is layered upon preexisting fantasies. The real experience serves to strengthen and confirm the fantasy. The younger the child, the greater the likelihood of confusion between reality and fantasy and the greater its potential impact, because of the plasticity and immaturity of the ego (Burland & Raskin, 1990).

Schlesinger (2006) conducted a case study with a female survivor of incest as she tried to understand the treatment implications of this female incest survivor’s misplaced guilt. For the survivor under this case study Schlesinger (2006) found that understanding the unconscious fantasies that accompanied her early traumatic experiences led to the alleviation of her misplaced guilt and to more adaptive compromise formations. She found that for others who have been



exposed to the trauma of sexual mistreatment, the nature of the unconscious fantasy activity will differ when its composition is influenced by earlier stages of psychosexual, cognitive, and narcissistic development, and by a more limited innate endowment or constitutional temperament (Schlesinger, 2006). She proposed that unless the unconscious fantasies attached to the incest are understood and worked through, intellectual awareness of inappropriate guilt will not suffice to diminish it (Schlesinger, 2006). Unconscious fantasy activity is distinctively determined. The work of understanding the particular meaning and impact of incest is unique for each individual. Over time, as the workings of the survivor's mind are explored, unconscious fantasies are revealed and understood. With this understanding, structural change occurs as inappropriate unconscious guilt is recognized and modified (Schlesinger, 2006).

Langmuir and Kirsh (2012) conducted a pilot study of body-oriented group psychotherapy; they wanted to see how adapting sensorimotor psychotherapy would work for group treatment of trauma. Ten women with a history of childhood abuse participated in 20 weekly sessions of sensorimotor psychotherapy (SP) informed group therapy and were assessed at pretreatment, post treatment, and at 6-month follow-up. SP is a practice that addresses the emotional and sensorimotor processing, both of which affect post-traumatic stress symptoms (PTSD). SP involves a repetitive cycle of interaction between mind and body that has the effect of keeping the past trauma alive because once the procedural memory is activated; it feels as though the trauma is being re-experienced in the present moment. SP is thus an attachment-informed, somatic, and sensory-focused therapy for trauma survivors and may be especially helpful for clients with a history of chronic childhood traumatization who have experienced a disruption of their attachment to their caregiver, resulting in both a limited ability to modulate

their own arousal and a diminished capacity for social engagement (Langmuir, Kirsh, & Classen, 2011). Participants in Langmuir and Kirsh's (2012) study demonstrated significant improvement in body awareness, dissociation, and receptivity to soothing. This study of an SP-informed group therapy for women provided preliminary evidence of the effectiveness of SP in reducing trauma-related symptoms (Langmuir & Kirsh, 2012).

Brand, Warner, and Alexander (1997) conducted a qualitative study with 101 female incest victims they recruited through newspaper advertisements. They found in their study that the most common coping strategies these females used to deal with the trauma of incest included: behavioral sublimation, avoidance of abuser, emotional expression, cognitive avoidance, dissociation, emotional suppression, verbal confrontation, rumination, withdrawal, addictive behaviors, and seeking social support. DiPalma (1994) had a similar study with 15 incest victims. In this study she found that the victims coped in childhood by attempting to stop the abuse, avoidance, psychological escape, and compensation. As adult survivors learned to break away from their families and created their own dreams, cognitive coping, self-discovery, and revisiting the past, they became more able to deal with their trauma in a positive way.

Merrill, Guimond, Thomsen, Milner (2003) conducted a study with 547 female U.S. Navy recruits who had experienced any sexual contact with a family member or with a non-family member. It was a quantitative study in which they used a "How I Deal with Things Scale." They found that there is a positive relationship between childhood sexual abuse severity and avoidant and self-destructive coping. There are self-destructive coping ways that participants engaged in that related to dysfunctional sexual behavior and increased number of sex partners, and avoidance associated with increased sexual concerns and decreased numbers of sex partners

(Merrill et al., 2003). The more severe the sexual abuse experienced, the more survivors used avoidant and self-destructive coping ways. This explains the many symptomology usually identified in incest survivors who are struggling. There is thus a basis to conclude that underlying traumatic residues play a role in the background of many seriously disturbed patients who do not meet the criteria for traumatic neurosis or PTSD (Hurvich, 2004).

Survivors of incest may need to remain unaware of the trauma they experienced, not to reduce suffering but rather to promote survival. Amnesia enables the survivor to maintain an attachment with a figure vital to survival, development, and thriving. Analysis of evolutionary pressures, mental modules, social cognition, and developmental needs suggests that the degree to which the most fundamental human ethics are violated can influence the nature, form, and processes of trauma and responses to trauma (Freyd, 1994).

Courtois (2010) has derived three overarching principles of incest treatment: (a) therapy requires direct treatment of the incest and its original and compounding effects; (b) treatment should integrate a multifold perspective employing feminist, traumatic stress, developmental, relational, and loss models complemented by a family systems approach; and (c) successful treatment involves the development and maintenance of a strong, safe therapeutic alliance and emotional environment.

Empirical studies discussed above provide initial information regarding early sexual abuse, treatment modalities and subsequent coping processes incest survivors used to cope with the trauma they experienced in childhood. However, this literature is limited by several theoretical and methodological issues, including a failure to specify the process of coping as it occurs, a disparity between theory and research, lack of diversity in the participants and limited

applicability to clinical practice. Future research need to understand coping as a process, identification of coping in relation to adaptive outcomes, and considerations of more complex mediational and moderational processes in the study of coping with incest in relation to trauma (Walsh, Fortier, & DiLillo, 2010).

### **Application of Theory to the Case Material**

Maggie Hoyal relates her story of incest in the book *I never told anyone: writings by women survivors of child sexual abuse* by Bass et al. (1983). She recounts; “Because I could never talk about what had happened to me, it dominated my life...” (Bass et al., 1983, p.69). Finding no platform to talk about and express herself by telling her story of trauma affected her more. Maggie’s trauma could be considered to have had organizing influences on her mental sphere, and might have played a dramatic role in shaping further her development. "The residues of the past and the content of the future tend to be formulated, constructed, and reconstructed in terms of that [traumatic] experience" (Dowling, 1986, p. 212). Thus her incest trauma at the hands of her father dominated her life, as pointed out from the above statement, this childhood experiences of traumatic event could have been incorporated into fantasies, affecting Maggie’s responses to actual events (Burland and Raskin, 1990). In Maggie’s case, she “...repressed all thoughts and feelings...” concerning the trauma of incest (Bass et al., 1983, p. 69). Maggie relates how she “...simply put the past out of my mind altogether...” (Bass et al., 1983, p. 69). This confirms the results of Brand, Warner, and Alexander (1997) study findings that found that some incest survivors tend to use cognitive avoidance.

Yarrow Morgan was molested by her father and mother from infancy until she was seven or eight years old (Bass et al., 1983). When she opened up to her mother about what her father

was doing to her, her mother told her to forget about it and she reports that she forgot; “I did forget- both that incident and my father’s molesting me” Freyd (1994) notes that amnesia enables the survivor to maintain an attachment with a figure vital to survival, development, and thriving. This seems to be how Yarrow dealt with her experience of incest at some point as indicated by the statement above. Yarrow’s childhood attempt to stop the abuse by reporting to her mother did not work rather it made her mother angry with her and her mother even tried to strangle her when she mentioned the incest (Bass et al., 1983). Yarrow’s way of coping with the incest involved promiscuity, drug abuse, isolation, difficulty in trusting, and picking abusive sexual partners. This way of coping confirms Brand, Warner, and Alexander (1997) finding in their study, they reported that some incest survivors coped by withdrawing, which Yarrow did by isolating herself and also by addictive behaviors.

Jill Morgan was sexually abused by her father for most of her childhood in a particularly brutal manner (Bass et al., 1983). She told adults of the horror she was enduring, but no one listened to her. She relates that people in her community believed that her parents were such pillars of the community that they could not be guilty of the crime of incest. Jill was seen by therapist who referred to oedipal fantasies instead of listening to what she was saying. As an adult, Jill has learned to break away from her family and created her own dreams, she has used cognitive coping and self-discovery to cope. This confirms the results that DiPalma (1994) found in his study; this is indicated by the quotes; “She has moved away from her parents,” “She continues to heal, to grow stronger and more confident of her own power. Recently she gave birth to her first healthy child Joey” (Bass et al., 1983, p. 107). There seems to be efforts in Jill’s life to attempt to compensate her experience of incest by focusing on her own child to find

fulfillment and avoid aspects of her life that remind her of her experience of incest for example by moving away from her parents.

The literature on trauma highlights the importance of addressing the complex effects of trauma and extreme stress. In most instances it is not enough to ask female survivors of childhood incest "What is wrong with you?" but rather "What happened to you?" The empirical studies referred to above focus mainly on the narratives of survivors. In the book *I never told anyone: writings by women survivors of child sexual abuse* by Bass et al. (1983) as survivors relate the stories of their trauma, they open up to different ways of dealing with the trauma. As some of the survivors presented by Bass et al. (1983) like Lynn Swenson who was molested by her grandfather at age 11 years old and never told anyone, she expresses, "The effects of this silence were far-reaching" (p.117). It is in talking about her experience that she felt able to deal and move positively in her life.

Trauma theory guides and defines an understanding of the complex and far-reaching impact of pervasive negative experiences such as incest. This chapter has strived to recognize that trauma can be addressed, overcome, and integrated into a healthy sense of self. An understanding of incest as betrayal trauma and a complex trauma is essential in understanding the different facets of responses that female incest survivors present in treatment.

## **CHAPTER VI**

### **Discussion**

The purpose of this theoretical study was to explore the issue of resilience among female incest survivors. This question was explored using resilience theory and trauma theory in relation to the incest experience. Everyone is unique and the effects of incest vary from one person to another. The consequences of incest can impact on every aspect of a survivor's life including their emotional, physical, mental, and spiritual being. Consequences of incest may include self-injurious behaviors, suicidal ideation, alcohol or substance abuse, fear of intimacy, low self-esteem, anger or aggression, anxiety or depression, nightmares and sleep disturbances, eating disorders, ulcers, headaches, or a deviant, dysfunctional or non-existent sexuality. The discussion that follows will focus on how the impact of incest is overcome by survivors using different internal and external factors that lead them to live successful lives even after going through such an ordeal. Factors that help survivors of childhood incest in dealing with their experience of childhood incest were explored in this theoretical study.

The major concepts of resilience theory and trauma theory will be explored in relation to the narratives given by female survivors of incest. I will assert in support of the literature explored within this study (Anderson, 2010), that it is effective for clinicians and researchers to listen to and understand the experience of childhood incest in female survivors in terms of how they survived than it is for them to look at and work towards eradicating symptoms.

The three types of resilience that have been identified by Masten et al. (1990) as essential in approaching and understanding the treatment of female incest survivors. The first one being that some incest survivors have been able to show excellent effects after the adversity by being able to adjust and move on in their adult life after childhood incest. Secondly, effects may take different forms at different stages of a survivor's life and recovery. And thirdly, occasionally, the effects of having gone through childhood incest can remain guarded or hidden away, repression and dissociation are protective mechanisms often used by survivors to keep the memory of their abuse out of their consciousness. Although on the surface, these coping mechanisms may appear to shield survivors, over the long term, they may prove harmful because they keep survivors from dealing with their pain and trauma, pain and hurt that can resurface again or be triggered by significant life events. It is however amazing looking at those incest survivors who while not exceptional in their functioning show positive development in the context of adversity, research has shown female survivors in individual and group therapy who are able to adjust well after struggling with symptoms related to their incest experience. Female incest survivors who may initially show negative consequences of trauma over time have recovered adaptive functioning for example they might have psychological problems like Post Traumatic Stress Disorder, through therapy and social support they are able to adjust to their trauma. It is important then that mental health workers keep in mind that resilience is a process and an individual's growth is expected to have ups and downs in the face of hardship (Anderson, 2006).

As trauma theory shows, interpersonal traumatization causes more severe reaction in the victim than does traumatization that is impersonal such as the result of a random event or an such as a disaster (i.e., a natural disaster such as a hurricane or tsunami, a technological disaster) or an



accident (i.e., a motor vehicle or other transportation accident, a building collapse) due to its deliberate versus accidental causation.

This chapter will explore clinical possibilities and responsibilities for working with female incest survivors using resilience theory and trauma theory as a basis in understanding and working through their experience. The chapter will conclude by discussing the strengths and weaknesses of the approach presented, as well as the clinical implications for social work practice, policy, and research.

### **Analysis**

While resilience theory looks at transitioning from a pathology focus to a strengths perspective, trauma theory looks to normalize symptoms and behaviors that have traditionally been pathologized and observed as examples of personal and social deviance. These two theories try to move away from looking at the experiences of incest survivors and how they express themselves as either pathological or out of the norm under the circumstances of their experiences. Resilience theory has increased attention to personal qualities and social influence that promote or reflect health and well-being in incest survivors. The theoretical driver in both theories is not only on what needs to be fixed or changed, but what positives can be reinforced and how the needs of survivors are to be met. Research related to resiliency focuses on answering the questions “what works?” and “why?” Instead of asking survivors "What is wrong with you?" Using the trauma theory perspective it asks, "What happened to you?" This framework of the trauma approach expects individuals to learn about the nature of their injuries and to take responsibility in their own recovery.

Resilience theory suggests that there are three assumptions that indicate the development of individuals considered resilient, they (1) have a positive outcome despite the experience of adversity, (2) continue to be positive or effectively function in adverse circumstances, and (3) recover after a significant trauma (Schoon, 2006). This may suggest that individuals without these three conjectures might not develop resilience. With trauma theory however the standpoint is not necessarily whether survivors will develop a healthy way of dealing with incest, but rather, expects individuals to learn about the nature of their injuries and to take responsibility in their own recovery (Bloom, 2000).

The most significant barrier in resilience research is the assumption that a lack of psychological symptoms constitutes resilience. The absence of a standard definition of resilience can lead one to conclude that any construct that promotes health leads to resilience. Rutter (1987) proposes that the theory of resilience highlights the importance of protective mechanisms and processes of why some people appear to cope well in spite of facing the same adversities that lead other people to give up or respond negatively. With regards to childhood incest it can be complicated to evaluate resilience in such a way as some incest survivors function better in other parts of their lives compared to others. It is vital to keep in mind that there are incest survivors who in the daytime perform exceedingly well at a challenging job where they enjoy amicable relationships with their colleagues, but at night may be afraid to sleep because of recurrent nightmares in which they relive the many horrors of their childhood. Some female survivors of incest have learnt to function well during the workweek, but maybe isolated, anxious, and lonely on the weekends. It is in these situations that questions are posed, are they resilient? Are they impaired? Is it possible that they might be both?

Within trauma theory, the above situation is understood in this way, it is believed that when a female survivor is assaulted as a child there is a delay underlying in the traumatic moment itself; the traumatic experience is not fully registered in the first place, but experienced as trauma only belatedly and someplace else when and where it re-surfaces in a fragmented form as traumatic flashbacks, nightmares, intrusive thoughts, and repetitive re-enactments (Caruth, 1995). Rather than remembered as something that happened in the past, then, the incest experience becomes part of the survivor's identity, and is compulsively performed in the present, as though it happens in real time. For Caruth (1995), it is precisely this time and placelessness, the collapsing of the distances between past and present, here and another place that constitutes the force of trauma. With this understanding, trauma theory does not necessarily need to look at when the incest survivor is functioning well during the week but rather those times when the survivor is struggling, it is in these moments that trauma theory seeks to help the survivor narrate and help understand the symptoms that are linked to the childhood trauma of incest. Trauma theory guides and defines an understanding of the complex and far-reaching impact of pervasive negative experiences. The key fundamentals of the trauma theory include; (1) trauma is a normal reaction to an abnormal situation, (2) a given experience is perceived as traumatic as understood by the specific meaning attributed to it by the individual, not by exterior events alone, and (3) the recovery process from the trauma is seen to be gradual and not time limited but rather is linked to the building of skills and ego strengths before dealing with the processing of memories of the trauma.

## Synthesis

With the number of psychological problems that are experienced by incest survivors it is remarkable how resilience theory and trauma theory highlight ways survivors can overcome those problems. Trauma theory offers an important support for clinicians to help incest survivors understand their experience in their own way as they deal with the effects of trauma. Trauma theory provides a framework to understand post traumatic stress disorder (PTSD) in incest survivors that is helpful in giving psycho education for incest survivors as they go through treatment. Trauma theory highlights the importance for incest survivors to understand that the effects of incest are not necessarily universal but rather that different individual survivors respond to their experiences in a unique way. Within trauma theory a vital point highlighted is that incest as a traumatic experience affects the whole person, their worldview is profoundly altered by the traumatic experience.

The research on resilience theory that has been examined in this study helps clinicians understand the themes involved in the experience and healing from incest. These have been highlighted as the ability to get emotional support outside of the family, high self-regard, spiritual connection attached to a certain religion, coping strategies, refocusing and moving on, active healing and achieving closure, and helpful life circumstances like doing well academically. Resilience that incest survivors present involves the ability to succeed and accomplish their potential in spite of or probably even because of the trauma they experienced.

Both trauma theory and resilience theory in relation to incest promote individual survivors telling their own stories of survival. Having individuals share their stories of trauma recovery validates their insight and experiences and, at the same time, helps to develop a deeper understanding regarding the many dimensions of healing from childhood incest. Trauma theory

suggests that exposure to psychological and/or physical trauma such as incest may have long-lasting negative consequences for survivors. Trauma and exposure to high levels of adversity are similar concepts. Trauma is often discussed in conjunction with resilience. Some theorists suggest that trauma and resilience can co-occur and a survivor may exhibit signs of being highly traumatized and resilient at the same time (Harvey, 2007). This idea fits with research that suggests resilience may be domain specific, with survivors able to competently function in some areas of their lives but not others.

Caruth (1995) notes that trauma is not a single, unitary occurrence but is an ongoing experience for survivors. Resilience is therefore referred to as a process, thus understanding that trauma survivors are continually displacing their experience of incest for example helps understand their process of developing resilience. Resilience is described as the ability to adapt well in the face of trauma or adversity. Incest survivors explored in this study have struggled with the experience of their trauma or adversity and have still been resilient; thus resilience is not merely an absence of struggles or pathology, it is in the existence of both adversity and the ability to cope with the adversity that makes incest survivors deal with their symptoms caused by the trauma of incest. Resilience theory and trauma theory together help in the understanding of how incest survivors simultaneously struggle and cope with the effects of childhood incest. Trauma theory posits that there are psychological reactions to trauma; these are seen as generally falling under the umbrella description of post traumatic stress syndrome (PTSD). While trauma theory gives light as to how PTSD comes about in incest survivors, resilience theory goes further in shedding light to how incest survivors have coped with PTSD. In this investigation a major factor is that survivors of incest help to shape practice theory and methodology in the area of

trauma, resilience and recovery as they share their journey of survival as it is characterized by struggles and successes simultaneously. “Participants often indicated that the challenging times of their lives actually contributed to their ability to become strong, resourceful, or compassionate women” (Boger & Hulse-Killacky, 2006, p. 322).

The case narratives explored in this investigation have shown the different ways that female survivors learned to cope with the incest experience. Trauma theory contributed in understanding that the remnants of the past and the content of the future tend to be formulated, constructed, and reconstructed in terms of the incest experience. The lives of the women discussed in the case narratives of this study has shown how the experience of incest tended to dominate their lives, it also showed how expressing themselves either by being in therapy or through expressive arts like poetry writing, these women found their voice and the ability to develop resilience as they used their negative experience of incest to succeed in their individual lives. The case material also revealed that the signs of being resilient are not without struggles and psychological symptoms; but that it is within these struggles that their resilient capacities are shown. Resilience theory proposes that those working with trauma survivors center on strengths and what the survivors have done to survive rather than focus on negative symptoms. Incest survivors’ ability to overcome and live positively with their trauma can be viewed as the core to both resilience and trauma theories.

### **Strengths and Weaknesses of This Study**

There were a number of qualitative methods studies in this investigation that provided an in depth understanding about the experiences of female survivors of incest. This made it possible to get the personal experiences of survivors and help understand their coping strategies. The case

material presented in this study also helped in linking the theories to actual stories and presentations of survivors of incest. Some of the empirical studies explored began with observations and looked for patterns, themes and or common categories that make it possible to contribute to hypothesis and theory development on factors such as resilience, recovery and coping strategies identified by participants.

Research with survivors of incest is however challenging. There were some limitations to this study that included several theoretical and methodological issues, including sampling bias, weakness in conceptualizing of concepts, and lack of diversity in the sample used. It is difficult to access sufficiently large samples of incest survivors, thus most of the empirical research explored in this study was conducted with those survivors in treatment or who were willing to come forward and share their experiences, this contributed to the sampling bias. The results in this study cannot be generalized to this population due to this sample bias. A conceptual problem in this study was with regards to the understanding of coping and resilience as a process. There is need in future studies for the identification of coping and resilience in relation to adaptive outcomes, and considerations of more complex mediational and moderational processes in the study of coping with incest in relation to trauma. An implication for future studies is that there is need to attend to include more diverse samples.

Valuable as many of the empirical studies reviewed for this theoretical thesis have been, they are not able to provide a basis for establishing general theories from which treatment principles could be persuasively drawn from, for they are hindered by the very fact that they derive from information gleaned only from persons who have wanted treatment or been placed in

treatment for mental distress of some sort. The empirical studies are not necessarily representative of the general population of incest survivors. Furthermore, almost all the studies are retrospective, asking participants about events from the past, a process subject to the vagaries of memory and post-event minimization or elaboration.

The strength in the synthesis of resilience theory and trauma theory is that these two theories work well in assessing and understanding the experience of childhood incest survivors. The approach used by both theories is strength based and looks at where the survivor is at by allowing the survivor to dictate how they have coped with the experience of childhood incest. Trauma theory focuses more on symptoms that arise as a result of the trauma of incest with particular interest in PTSD and how survivors have learned to deal with these symptoms. Resilience theory's framework on the other hand is focused more on the process survivors have gone through to cope with their experience so as to function in a healthy way in the different areas of responsibilities.

### **Implications for Social Work Practice**

If clinicians can understand what helps some female incest survivors to function well in the context of high adversity, social work practice may be able to incorporate this knowledge into new practice strategies. This study has tried to explore so as to understand and help incest survivors build and or maintain resilience in their daily lives as they cope with their trauma. A close look at the central symptoms of trauma in adult survivors of childhood incest have been looked at in this study, these have been highlighted in trauma theory as, cognitive dysfunction, emotional problems, behavioral manifestations, learning difficulties and memory dysfunction.



Understanding these symptoms together with coping strategies that survivors have shared in the literature is helpful information for social work practice as it will likely enhance individual and group work with survivors. The two theories investigated in this study are capable of promoting a paradigm shift in expanding the knowledge base of the social work field as highlighted in the profession's core values and mission statement. In working with female incest survivors it has been shown to be important that professional helpers working with female incest survivors be guided by the view that participants' 'storied lives on storied landscapes' can inform professional theory and practice (Anderson & Hiersteiner, 2008).

### **Conclusion**

Some female incest survivors do strive and become healthy functional individuals in society, some walking around with the pain, but none the less, walking with their 'heads up high.' Looking at female incest survivors through the lenses of trauma theory and resilience theory is beneficial in understanding how the childhood incest experience can be addressed, overcome, and integrated into a healthy sense of self.

Throughout this study, I have argued for a theoretical stance that examines the impact childhood trauma on female survivors and how they have learned to cope with their childhood experience in adulthood. I applied resilience theory and trauma theory to case narratives of female survivors of incest. This study has shown that incest survivors have the capability to be resilient even in the midst of their struggles and psychological symptoms. This study also showed that understanding survivors' perspective of their experience of resilience was helpful in reinforcing survivors' narratives of strengths and survival. Symptom inventories tell little about

survivors' experiences of incest and about the knowledge we can draw from their experience. Having individuals share their stories of trauma recovery validates their wisdom and experiences and, at the same time, helps to develop a deeper understanding regarding the many dimensions of healing from childhood incest. Resilience theory encourages those working with trauma survivors to focus on strengths and what the survivor has done to survive rather than focus on negative symptoms. This is also echoed in trauma theory, which directs and describes an understanding of the intricate and far-reaching impact of the experience of incest as an important component to recovery. These two theories hold that it is important to understand the process in which incest survivors go through to deal with their experience of childhood incest in adulthood. The trauma of childhood incest can create a lot of damage and the reality of the survivor is more important than theory.

## REFERENCES

- Adams, M. S. & Neel, J. V. (1967). Children of incest. *Pediatrics*, 40(1), 55- 62.
- Anderson, K. M. (2010). *Enhancing resilience in survivors of family violence*. New York, NY: Springer Publishing Company.
- Anderson, K. M. & Hiersteiner, C. (2008). Recovering from childhood sexual abuse: Is a “storybook ending” possible? *The American Journal of Family Therapy*, 36(5), 413-424.
- Anderson, K. M. (2006). Surviving incest: The art of resistance. *Families in Society: The Journal of Contemporary Social Services*, 87(3), 409-416.
- Armstrong, L. (1978). *Kiss daddy goodnight*. New York: Hawthorne.
- Bass, E., Thornton, L., & Brister, J. (1983). *I never told anyone: Writings by women survivors of child sexual abuse*. New York: Harper & Row.
- Benight, C. C. (2012). Understanding human adaptation to traumatic stress exposure: Beyond the medical model. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(1), 1-8.
- Blume, E. S. (1989). *Secret survivors: Uncovering incest and its aftereffects in women*. New York, N.Y.: Wiley.
- Bloom, S. L. (1999). *Trauma Abbreviated*. Final action plan: A coordinated community response to family violence.

[http://www.sanctuaryweb.com/PDFs\\_new/Bloom%20Trauma%20Theory%20Abbreviated.pdf](http://www.sanctuaryweb.com/PDFs_new/Bloom%20Trauma%20Theory%20Abbreviated.pdf) Retrieved 04/27/2012.

Bogar C. B. & Hulse-Killacky D. (2006). Resiliency determinants and resiliency processes among female adult survivors of childhood sexual abuse. *Journal of Counseling and Development, 84*(3), 318-327.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20–28.

Brand, B. L., & Alexander, P. C. (2003). Coping with incest: The relationship between recollections of childhood coping and adult functioning in female survivors of incest. *Journal of traumatic Stress, 16*(3), 285-293.

Briere, J. (1996) *Therapy for adults molested as children: Beyond survival*, Springer Publishing Co., New York.

Breslau, N., Davis, G. C., Peterson, E. L., & Schultz, L. (2000). A second look at comorbidity in victims of trauma: The posttraumatic stress disorder–major depression connection. *Biological Psychiatry, 48*(9), 902– 909.

Byington, J. (2001) "Incest in Victorian literature - Introduction." *Nineteenth-Century literary criticism*. Ed. 92. Gale Cengage. <http://www.enotes.com/incest-victorian-literature-criticism/incest-victorian-literature/introduction> Retrieved 02/26/2012.

Carlson B. E. (2011) Sibling incest: Adjustment in adult women survivors. *Families in Society: The Journal of Contemporary Social Services, 92*(1), 77-83.

Carson, D. K., Council, J. R., & Vole, M. A. (1989). Temperament as a predictor of psychological adjustment in female adult incest victims. *Journal of Clinical Psychology, 45*(2), 330- 335.

Caruth, C., (Ed). (1995). *Trauma: Explorations in memory*. Baltimore: Johns Hopkins University Press.

Cicchetti D, & Garmezy N, (1993). Milestones in the development of resilience [Special issue]. *Development and Psychopathology, 5*(4), 497–774.

Copeland, W. E., Keeler, G., Angold, A., & Costello, E. J. (2007). Traumatic events and posttraumatic stress in childhood. *Archives of General Psychiatry, 64*(5), 577– 584.

Courtois, C. A. (2010). *Healing the incest wound: Adult survivors in therapy* (2nd ed.). New York, NY: W. W. Norton & Company.

Courtois, C. A. (1997) ‘Healing the incest wound: a treatment update with attention to recovered memory issues’, *American Journal of Psychotherapy, 51*(4), 464-496.

Courtois, C. A. (1992). Therapy for recovery from incest trauma. *Psyccritiques, 37*(9), 907-908.

Courtois, C. (1988). *Healing the incest wound*. New York, NY: W. W. Norton & Company.

DeMause, L. (1991). The universality of incest. *The Journal of Psychohistory, 19*(2), 157-164.

Dowling, S. (1986). Discussion of the various contributions. In Rothstein, 1986, *The Reconstruction of Trauma*. Madison, CT: International Universities Press.

- Egeland, B., Carlson, E., & Sroufe, L. A. (1993). Resilience as process. *Development and Psychopathology*, 5(4), 517– 528.
- Finkelhor, D., (1983). *The dark side of families: Current family violence research*. Newbury Park, CA: Sage Publications.
- Foa, E. B., Steketee, G., & Rothbaum, B. (1989) Behavioral/cognitive conceptualizations of post-traumatic stress disorder. *Behavior Therapy*, 20, 155-176.
- Freyd, J. J. (1994). Betrayal trauma: Traumatic amnesia as an adaptive response to childhood abuse. *Ethics & Behavior* 4(4) 307-329.
- Freud, S. (1981/1895) “Project for a scientific psychology.” *The standard edition of the complete psychological works of Sigmund Freud. 1* (1886-1889). Trans. James Strachey. London: Hogarth Press. 24, 283-397.
- Garnezy, N., Masten, A. S., & Tellegen, A. (1984). The study of stress and competence in children: A building block for developmental psychopathology. *Child Development*, 55(1), 97– 111.
- Gebhard , P.H., Gagnon,J. H., Pomeroy, W. B., & Christenson, C. V. (1965). *Sex offenders*. New York: Harper & Row.
- Ginzenko, N. & Fisher, C. (1992). Review of studies of risk and protective factors for psychopathology in children. *Canadian Journal of Psychiatry*, 37, 711-721.

- Gordon, E.W., & Song, L.D., (1994). Variations in the experience of resilience. In: Wang MC, Gordon EW, editors. Educational resilience in inner-city America: Challenges and prospects. Erlbaum; Hillsdale, NJ.
- Grand, S. & Alpert, J. L. (1993). The core trauma of incest: an object relations view. *Professional Psychology: Research and practice* 24(3), 330-334.
- Green, B., Wilson, J. P., & Lindy, J. (1985). Conceptualizing post-traumatic stress disorder: A psychosocial framework. In Figley, C. R. (Ed.), *Trauma and its wake: The study and treatment of post-traumatic stress disorder* (pp. 53-69). New York: Bruner/Mazel.
- Greer, J. M. G. (1994). "Return of the repressed" in the analysis of an adult incest survivor: A case study and some tentative generalizations. *Psychoanalytic Psychology*, 11(4), 545-561.
- Greenacre, P. (1967). The influence of psychic trauma on genetic patterns. In S. Furst, ed, *Psychic trauma*. New York: Basic Books.
- Grogan, C., L. (2011). The wound and the voiceless: The insidious trauma of father-daughter incest in six American texts. Graduate School Theses and Dissertations, University of South Florida.
- Harvey, M. R. (2007). Towards an ecological understanding of resilience in trauma survivors: Implications for theory, research and practice. *Journal of Aggression, Maltreatment and Trauma*, 2007, 14(1), 1-32.

- Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9*(1), 3-23.
- Hayes, R. (1990, summer). Child sexual abuse. *Crime Prevention Journal*.
- Herman, J., L. (1994) *Trauma and recovery. From domestic abuse to political terror*. London: HarperCollins.
- Herman, J. (1992) *Trauma and recovery*, Basic Books, New York.
- Hernandez, P. (2002). Trauma in war and political persecution: Expanding the concept. *American Journal of Orthopsychiatry, 72*(1), 16-25.
- Hill, E. (1985). *The family secret: A personal account of incest*. Santa Barbara, CA: Capra Press.
- Hobfoll, S. E., Jackson, A., Hobfoll, I., Pierce, C. A., & Young, S. (2002). The impact of communal-mastery versus self-mastery on emotional outcomes during stressful conditions: A prospective study of Native American women. *American Journal of Community Psychology, 30*(6), 853-871.
- Hopper, J., (2004). Child abuse statistics, research and resources. [www.jimhopper.com](http://www.jimhopper.com)  
Retrieved 04/30/2012.
- Hurvich, M (2004) Psychic trauma and fears of annihilation. In D. Knafo, ed.: *Living with terror, working with trauma: A clinician's handbook*. Jason Aronson: NJ.



Illinois Coalition against sexual assault (ICASA), (2007). Adult survivors of child sexual abuse chapter in "By the numbers" manual 2007.

<http://www.icasa.org/forms.aspx?PageID=465> Retrieved 05/12/2012.

Kaufman J, Cook A, Arny L, Jones B, & Pittinsky T. (1994). Problems defining resiliency: Illustrations from the study of maltreated children. *Development and Psychopathology*, 6, 215-229.

Kelly, T. M. (2005). Natural resilience and innate mental health. *American Psychologist* 60(3), 265-267.

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the national comorbidity survey. *Archives of General Psychiatry*, 52, 1048– 1060.

Kilpatrick, D.G., Edmunds, C.N., & Seymour, A. (1992). *Rape in America: A report to the nation*. Arlington, VA: National Victim Center.

Langmuir, J.I., Kirsh, S. G., & Classen, C. C. (2012) A pilot study of body-oriented group psychotherapy: Adapting sensorimotor psychotherapy for the group treatment of trauma. *Psychological Trauma: Theory, Research, Practice, and Policy*, 4(2), 214–220.

Lester, D. (1972). Incest. *The Journal of Sex Research*, 8(4), 268-285.

Lichtenberg, J. D. & Kindler, A. R. (1994). A motivational systems approach to the clinical experience. *Journal of American Psychoanalysis Association*, 42(2), 405-420.

- Loftus, A. M. (2005) Treatment issues when working with adult female survivors of childhood sexual abuse perpetrated by adult females. Smith College School for Social Work Thesis.
- Lundberg-Love, P. K., Marmion, S., Ford, K., Geffner, R., & Peacock, L. (1992). The long-term consequences of childhood incestuous victimization upon adult women's psychological symptomology. *Journal of Child Sexual Abuse, 1*(1), 81-102.
- Luthar, S. S., Cicchetti, D., & Becker, B. (2000). The construct of resilience: A critical evaluation and guidelines for future work. *Child Development, 71*, 543– 562.
- Luthar, S. S., & Cushing G. (1999). Measurement issues in the empirical study of resilience: An overview. In: Glantz MD, Johnson JL, editors. *Resilience and development: Positive life adaptations*. Plenum; New York.
- Luthar, S. S. (1993). Annotation: Methodological and conceptual issues in research on childhood resilience. *Journal of Child Psychology and Psychiatry and Allied Disciplines, 34*(4), 441-453.
- Luthar, S. S., Doernberger, C. H., & Zigler, E. (1993). Resilience is not a unidimensional construct: Insights from a prospective study on inner-city adolescents. *Development and Psychopathology, 5*(4), 703-717.
- Luthar, S. S., (1991). Vulnerability and resilience: A study of high-risk adolescents. *Child Development, 62*(3), 600-616.

Lynch S. M, Keasler AL, Reaves, R. C, Channer E. G, & Bukowski L. T. (2007). The story of my strength: An exploration of resilience in the narratives of trauma survivors early in recovery. *Journal of Aggression, Maltreatment & Trauma* 14(1-2), 75-97.

Matsakis, A., (1991). *When the bough breaks*. Oakland, CA: New Harbinger Publications.

McClure, F. H., Chavez, D. V., Agars, M. D., Peacock, M. J., & Matosian, A. (2008) Resilience in sexually abused women: Risk and protective factors. *Journal of Family Violence*, 23(2), 81-88.

McFarlane, A. C., & de Yehuda, R. (1996). Resilience, vulnerability and the course of posttraumatic reactions. In B. A. van der Kolk, A. C. McFarlane, & L. Weisaeth (Eds.), *Traumatic stress: The effects of overwhelming experience on mind, body and society*. New York: Guilford Press.

McMillen, C., Zuravin, S., & Rideout, G. (1995). "Perceived benefit from child sexual abuse." *Journal of Consulting and Clinical Psychology* 63(6), 1037–1043.

McNaron, T. & Morgan, Y. (1982). *Voices in the night: Women speaking about incest*. Minneapolis, MN: Cleis Press.

Morrigan, D. B. (2004). Psychotherapy with adult survivors of childhood sibling incest: Therapists' experiences and views. Smith College School for Social Work Thesis.

- Nash, M., Zivney, S., & Hulsey, T. (1993). Characteristics of sexual abuse associated with greater psychological impairment among children. *Child Abuse and Neglect, 17*(3), 401-408.
- Norris, F. H. (1992). Epidemiology of trauma: Frequency and impact of different potentially traumatic events on different demographic groups. *Journal of Consulting and Clinical Psychology, 60*, 409– 418.
- Peacock, J. L. & Kirsch A. T. (1970). *The human direction: An evolutionary approach to social and cultural anthropology*. New York: Appleton-Century-Crofts.
- Phasha, T.N. (2010). Educational resilience among African survivors of child sexual abuse in South Africa. *Journal of Black Studies, 40*(6), 1234-1253.
- Phillips A. & Daniluk J. C. (2004) “Beyond survivor”: How childhood sexual abuse informs the identity of adult women at the end of the therapeutic process. *Journal of Counseling and Development, 82*(2), 177-184.
- Rodi-Risberg, M. (2010). *Writing trauma, writing time and space*. Jane Smiley’s a thousand acres and the Lear group of father-daughter incest narratives. Acta Wasaensia No 229. Literary and cultural studies 5. Vaasa: Universitas Wasaensis.
- Roisman, G.I. (2005). Conceptual clarifications in the study of resilience. *American Psychologist, 60*(3), 264-265.

- Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Rutter, M. (1999). Resilience concepts and findings: Implications for family therapy. *Journal of Family Therapy*, 21, 119– 144.
- Rutter M. (1987). Parental mental disorder as a psychiatric risk factor. In: Hales R, Frances A, editors. *American psychiatric association annual review*.6, 647–663 American Psychiatric Press, Inc.; Washington, DC.
- Rutter, M. (1979). Protective factors in children's responses to stress and disadvantages. In Kent, M. W. & Rolf, J. E. (Eds.), *Primary prevention of psychopathology: Vol. 3. Social competence in children* (pp. 49– 79). Hanover, NH: University Press of New England.
- Schoon, I. (2006). *Risk and resilience: Adaptations in changing times*. Cambridge: Cambridge University Press.
- Schlesinger, N.J. (2006). Treatment implications of a female incest survivor's misplaced guilt *Psychoanalysis Social Work*, 13(2), 53-66.
- Seemanova, E. (1971). 'A study of children of incestuous matings'. *Human heredity* 21(1), 108-128.
- Sedlak, A. J. & Broadhurst, D.D. (1996), *Executive summary of the third national incidence study of child abuse and neglect*. Washington, DC: U.S. Department of Health and Human Services.

Seligman, M. E. P., & Csikszentmihalyi, M. (2000). Positive psychology: An introduction.

*American Psychologist*, 55(1), 5–14.

Seto, M. C. (2008). Introduction: Defining pedophilia. In M. C. Seto (Ed.), *Pedophilia and sexual offending against children: Theory, assessment, and intervention*. Washington, DC US: American Psychological Association.

Simpson, C. L. (2010) Resilience in women sexually abused as children. *Families in Society: The Journal of Contemporary Social Services*, 91(3), 241-247.

Social Work Policy Organization, (2011).

<http://www.socialworkpolicy.org/research/resiliency.html> Retrieved 06/2/11

Stouthamer-Loeber M., Loeber R., Farrington, D. P., Zhang, Q., van Kammen, W., & Maguin, E., (1993). The double edge of protective and risk factors for delinquency: Interrelations and developmental patterns. *Development and Psychopathology*, 5, 683- 701.

Tarter, R. E., & Vanyukov M., (1999). Re-visiting the validity of the construct of resilience. In: Glantz MD, Johnson JL, editors. *Resiliency and development: Positive life adaptations*. Plenum; New York.

Terr, L. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 148(1), 10-20.

Thompson K. M. (2009) “Sibling incest”: A model for group practice with female victims of brother-sister incest. *Journal of Family Violence*, 24(7), 531-537.

- Tolan, P. T., (1996). How resilient is the concept of resilience? *The Community Psychologist*, 29(1), 12–15.
- Valentine L. & Feinauer L.L. (1993) Resilience factors associated with female survivors of childhood sexual abuse. *The American Journal of Family Therapy*, 21(3), 216-224.
- VanBreda, A. D. (2001). Resilience theory: A literature review.  
<http://www.vanbreda.org/adrian/resilience/resilience1.pdf> Retrieved 04/07/11.
- Walsh, K., Fortier, M. A., & DiLillo, D. (2010) Adult coping with childhood sexual abuse: A theoretical and empirical review. *Aggression and Violent Behavior*, 15(1), 1-13.
- Werner, E. E., & Smith, R. S. (1982). *Vulnerable but invincible: A longitudinal study of resilient children and youth*. New York: McGraw-Hill.
- Wilkes, G. (2002). Introduction: A second generation of resilience research. *Journal of Clinical Psychology*, 58, 229– 232.
- Wingo, A. P., Wrenn, G., Pelletier, T., Gutman, A. R., Bradley, B., & Ressler, K. J. (2010). Moderating effects of resilience on depression in individuals with a history of childhood abuse or trauma exposure. *Journal of Affective Disorders*, 126(3), 411-414.