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EXPERIENCING THE DEATH OF A FORMERLY ABUSIVE PARENT

A Dissertation

Presented to the Faculty of

Antioch University Seattle

Seattle, WA

In Partial Fulfillment

of the Requirements of the Degree

Doctor of Psychology

By

Heather Spence

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EXPERIENCING THE DEATH OF A FORMERLY ABUSIVE PARENT

This dissertation, by Heather Spence, has
been approved by the Committee Members signed below
who recommend that it be accepted by the faculty of the
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fulfillment
of requirements for the degree of

DOCTOR OF PSYCHOLOGY

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ABSTRACT

EXPERIENCING THE DEATH OF A FORMERLY ABUSIVE PARENT

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It is well documented that approximately 25–33% of children experience abuse, many of those at the hands of a primary caretaker. Within the literature on child maltreatment, there exists a paucity of research about the long-term effects of early maltreatment on adult attachments with the previous abuser, including the experiences of adults who experience the death of their previous caretakers. Additionally, most of the research on grief and bereavement assumes positive affect for the deceased by survivors. This dissertation is an in-depth examination of five adults, aged 50–70 years old, who experienced the recent death of a parent or stepparent who had sexually or physically abused them during their childhood. Individual interviews were conducted and analyzed, using Interpretative Phenomenological Analysis. Six primary themes were identified, and include: Effects of Abuse, Survival, Healing Process, Adult Relationship with Abuser, Responses to Death, and Next Steps. Each participant described their story through a developmental perspective, sharing how they had changed from the abuse as well as their coping and healing processes. Responses to death included differences from the existing grief and bereavement literature, including emotional reactions, changes in attachment styles, as well as further healing from the abuse. This dissertation is available in open access at AURA, http://aura.antioch.edu/ and Ohio Link ETD Center, https://etd.ohiolink.edu/etd

Dedication

This dissertation is dedicated to my participants, who bravely shared their stories with me so that their experiences could serve to increase understanding and support for others. I found your narratives to be powerful and touching, and I will be forever changed by your presence in my life.

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It is with sincere gratitude that I would like to thank my committee: Drs. Heusler, Wieneke, and Brown. Dr. Brown: without finding your book, *Your Turn for Care,* with the serendipitous encouragement for an interested person to pursue this topic further, this dissertation would not exist. Dr. Wieneke: thank you for your warm support and structure for helping me to make progress forward, especially when it became most difficult. Dr. Heusler: special thanks to you for your encouragement to challenge myself, and to do so with a sense of humor and self-compassion. Thank you to the psychologists at the Cleveland State Counseling Center for listening to me bounce my ideas around and for your continued support to keep going. Thank you also to the many friends, colleagues, and family members who offered words of encouragement, discussed ideas, and helped me to celebrate the milestones along the way—you know who you are. My deepest gratitude, however, is reserved for my participants, who shared their stories so that others might benefit. It is my hope that I honored them by listening well and by giving those stories voice within these pages.

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Introduction

This dissertation explores, through an interpretative phenomenological analysis, how adults experience the death of a primary caregiver who maltreated them as children. This project serves multiple purposes. Firstly, it contributes to the literature in an area that has been largely ignored; namely, grief and loss, as they may be affected by a history of child abuse, do not appear to have been explored in depth thus far. Secondly, it serves to fill a knowledge gap in long-term clinical outcomes for people who have experienced trauma in their childhoods, as therapists often comment that these events are pivotal in the recovery process. Thirdly, and importantly, it also provides participants with an opportunity to tell their stories in an accepting environment. By expressing how they are making meaning of their lived experiences, the hope is that participants felt heard and validated.

This dissertation begins with a review of the relevant literature, including a general background of the prevalence of childhood maltreatment in the United States. Gaining an understanding of the context in which the participants have lived is important for conducting this study; therefore, the research on biopsychosocial etiology of child abuse is considered, followed by what is believed to be common outcomes of maltreatment, particularly sexual and physical abuse. As this project is about the long-term effects of abuse by a caretaker on the parent/child relationship as the child becomes an adult, special attention is paid to attachment theory and what research has suggested about how attachment relationships are affected by abuse.

Furthermore, as this project relies on participants being able to tell their stories about their abuse histories and how they have made sense of their experiences when the

abuser dies, it is important to consider how memory functioning might be affected by an abuse history. Therefore, literature on memory functioning and abuse are presented, with particular attention to child sexual abuse (CSA), as this topic has been controversial. It is also important to understand those who have been abused outside of a trauma lens. The individuals who participated in this project demonstrated qualities that could be reflective of the early trauma that was inflicted on them, as well as resiliency characteristics that have supported posttraumatic growth. Therefore, the literature review also includes a discussion of the research on resiliency within a childhood maltreatment context.

Although this study is focused on the experiences of those who had a history of childhood maltreatment by a primary caretaker, it is the experience of losing the abuser to death that is central to the dissertation topic. Therefore, the literature review includes the relevant research on grief and bereavement. The literature review also provides the structure within which the study will be conceptualized. Based in this framework, the specifics of the study methodology are presented, including: study significance, an introduction to interpretative phenomenological analysis, the specific procedures that were undertaken to complete this project, relevant results, and a discussion of those results that relate to the current research literature. Finally, the dissertation will include discussion of the researcher's process and description of the participant's perspectives on participation in this study. Exploration of study validity and research limitations are discussed. Lastly, recommendations for future research are presented.

Literature Review

Although it is generally acknowledged that many cases of childhood abuse and neglect remain unreported, the United States Department of Health and Human Services (USDHS) conveyed that in 2012 there were an estimated 686,000 victims of abuse and neglect nationally, resulting in a rate of 9.2 victims per 1,000 children in the population (Biggerstaff & Thompson, 2008). According to USDHS (2010), approximately 81% of the children abused are harmed by their own parents. Of these accounts, 18.3% were physical abuse, and 9.3% were sexual abuse (USDHS, 2013). These reports were primarily made by professionals who are mandated by law to report child abuse, including: teachers, health professionals, and members of law enforcement (Scannapieco & Connell-Carrick, 2005). This means that this is only a baseline estimate of the true number of children who have been maltreated by their primary caregivers physically, sexually, or emotionally, and others have estimated the true rates of childhood maltreatment to be anywhere from 10–33% of the overall population (Brown, 2012; Felitti et al., 1998).

A challenge in researching childhood maltreatment is the disagreement about how the term is used within the literature. Many studies on the subject do not operationally define maltreatment or abuse, or they use information from secondary sources without describing how the data was collected (Scannapieco & Connell-Carrick, 2005). Additionally, what is considered child maltreatment is based on society's current values, and these change over time; for example, much of what would be considered physical abuse today would not have been defined this way in the 1960s (Scannapieco & Connell-Carrick, 2005). Cultural issues must be considered as well, as families' sociocultural

contexts determine how childhood is conceived and children are treated (Alhusen, Gross, Hayat, Rose, & Sharps, 2012; Scannapieco & Connell-Carrick, 2005). According to the Federal Child Abuse Protection and Treatment Act (CAPTA) (42 U.S.C.A. § 5106g), as amended by the CAPTA Reauthorization Act of 2010, child abuse is defined by:

> Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm. (USDHS, 2013)

This definition is intentionally broad, and researchers must further define the phenomenon in ways that they are able to measure. This description also leaves open to interpretation what specifically denotes "serious harm," or what presents an "imminent risk." Additionally, it does not address cultural behavior that could be considered abuse to an outsider, but is part of a normative experience for those within that context (Scannapieco & Connell-Carrick, 2005).

Furthermore, for a study on an individuals' experiences of maltreatment and the death of the abusers, it is the adults' perceived experiences that they were mistreated by their primary caretakers that is of primary concern for this study. It is likely that behavior that constitutes child maltreatment as perceived by an outsider, but not by the individual concerned, would have different implications for that person's relationships with his or her caretaker and the psychological effect of those experiences. The same is likely true for experience that was considered abusive by the child, but was not verified by an outside source. Therefore, a definition is required that captures the individual's phenomenological experience, within that person's historical and cultural context. Therefore, for the purpose of this dissertation, child abuse and neglect will be defined according to criteria established by Glaser (2000), which includes behavior considered to

be outside normative child and adult relationships with actual or potential perceived harm done to the child, regardless of intent.

Ecological Theory of Child Maltreatment

In the early 1960s, Kempe and others first wrote about *battered child syndrome*, introducing the idea of child abuse to psychology research (Scannapieco & Connell-Carrick, 2005). At this time, child abuse was considered to be centered in the pathology of the abuser and was considered to be an individual's failing, devoid of social context. In the 1970s, this understanding was broadened to consider external influences, in terms of sociological factors such as poverty, social seclusion, and cultural power differentials that were believed to affect a caretaker's likelihood to maltreat a child (Scannapieco & Connell-Carrick, 2005; Stith et al., 2009). Although these newer approaches captured a more complex understanding of child maltreatment, they have had weak predictive value at discerning actual child abuse risk.

In the early 1980s, however, Belsky (1980) created a more complex model for understanding child abuse risk, which is an adaptation of Bronfenbrenner's ecological theory of development (Belsky, 1980; Scannapieco & Connell-Carrick, 2005). This model integrates the ontogenic (including biological), psychological, and social development of an individual within historical and cultural context in order to explore how a person's ecology leads to a higher risk of child abuse. This model, and those that have followed, draw from health sciences, psychology, sociology, and other fields of research where appropriate.

Starting at the center—the child. Although consideration of child-specific traits and abuse could be interpreted as blaming the child for abuse, many researchers have considered how child characteristics might increase risk for abusive behavior. For example, research has considered demographic features of children, such as gender and age; yet, only weak links have been found with child maltreatment (Stith et al., 2009). However, it does appear that boys are at greater risk for physical abuse, and girls are more often the recipients of sexual abuse (Scannapieco & Connell-Carrick, 2005; Streeck-Fischer & van der Kolk, 2000; USDHS, 2010). This could conceivably be due to Western society's depictions of males as physical creatures, while females tend to be sexualized. Negative behavior and affect on the part of the child have been linked to increased abuse; however, the effect sizes appear to be weak, and disappear when parental perception of the child is included in analysis (Scannapieco & Connell-Carrick, 2005). Additionally, as many studies are cross-sectional in nature, causality cannot be determined. It is plausible that child abuse contributes to, rather than is caused by, negative affect and behavior in children.

It is also conceivable that child traits and abuse by caretakers interact in a cyclical fashion, with parental maltreatment of the child increasing negative affect and behavior on the part of the child, and poor child behavior being targeted by increasing abuse from the parent. At birth, children's limbic systems are not fully developed and they rely on caretakers to help them to self-regulate their emotions and reactive behavior (Cozolino, 2010; De Bellis, Spratt, & Hooper, 2011; A. Schore, 2010, 2012). In fact, A. Schore (2010) argued that this self-regulation process is so important to child development that attachment theory, which will be discussed in greater detail below, would be better

described as a "regulation theory" (p. 20). According to A. Schore (2010) this regulation occurs when a caretaker is able to respond to a child's behavior in ways that help the child to maintain a stable internal state of arousal. In abusive parental relationships, however, cognitive and affective development can be stunted, leading to deleterious outcomes for child memory and cognitive development, as well as affective regulation (Cozolino, 2010; De Bellis et al., 2011; Neigh, Gillespie, & Nemeroff, 2009; A. Schore, 2010, 2013). This can create a cycle where children continue to lag behind in these skills, leading to increasing parental frustration.

According to Zielinski and Bradshaw (2006), both children and adults appear to have an upper limit on the amount of stress they can handle without becoming dysregulated, and this limit might be lower for parents and children caught in abusive cycles. Furthermore, abusive behavior can intensify during particular developmental stages; for example, child abuse can increase during toilet training as the parent becomes stressed over the child's difficulty in reaching this milestone (Scannapieco & Connell-Carrick, 2005).

Also at the center—the parents. Early models of understanding child maltreatment focused on individual factors within a parent (e.g., psychopathology) to predict child abuse risk (Belsky, 1980; Finkelhor, 1978; Scannapieco & Connell-Carrick, 2005). These models have failed to produce adequate understandings of the etiology of child abuse, however, failing to locate psychopathology in the parents that would explain the behavior. For example, Finkelhor (1978) stated that early research found incestuous fathers to be people who have "a surprisingly normal sex drive, a fairly normal sexual development, and who [are] not abnormally criminal nor abnormally stupid" (p. 43).

Additionally, these approaches have not been able to explain the fact that most parents with abuse histories, or with mental health diagnoses, do not abuse their children (Scannapieco & Connell-Carrick, 2005).

By looking at individual parental factors within a biopsychosocial framework, however, researchers are gaining understanding of how child and parental factors interact to increase abusive behavior. Rather than child traits precipitating abuse, for example, it is parents' cognitions about their children that appear to be the best predictors for child maltreatment. In two reviews of the literature on child abuse risk factors, Scannapieco and Connell-Carrick (2005) and Stith et al. (2009) found that parents' perceptions about their children's personalities, abilities, and behaviors had the largest effect sizes on abusive behavior compared to all other variables considered.

Although most parents with a history of having been abused do not go on to mistreat their children, a history of having been maltreated is associated with higher rates of becoming a perpetrator (Maté, 2003; Scannapieco & Connell-Carrick, 2005). In fact, previously abused parents might have altered brain chemistry, as neurobiological research indicates long-term, increased activity in the hypothalamic-pituitary-adrenal (HPA) axis in these populations, which is central in the body's sympathetic stress response (Neigh et al., 2009; Yehuda, 1999, 2002). The process by which this is thought to occur is described in more detail in the outcomes of childhood maltreatment section.

In her research on the biological implications of trauma, Yehuda (2002) found that some people with exposure to interpersonal violence indicate long-term over activation of the HPA axis, resulting in ongoing low levels of cortisol in the body. These reduced cortisol levels can result in people experiencing greater sensitivity to stressful

events, even to non-dangerous incidents (Yehuda, 2002). Furthermore, this effect appears to be "dose-dependent," with repeated or more severe exposure increasing this disturbance in the body's homeostatic systems (Yehuda, 2002, p. 127).

Additionally, these physiological alterations can result in affective changes (thought to be due to effects on the limbic system), increases in depressive and anxious behaviors, disturbed sleep patterns, increased fear response, hypervigilance, and intensified startle reaction (Neigh et al., 2009; Jovanovic et al., 2009; Yehuda, 2002). As Yehuda (2002) discussed, people who have been exposed to trauma often develop strategies in order to avoid triggering stimuli or environments. When this behavior is not available, for example, while caring for a child, people with compromised stress responses could become over-reactive. In a review of the literature on the etiology of child maltreatment within an ecological model, Stith et al. (2009) found that parent anger and parent hyper-reactivity was the strongest predictor of abuse. Therefore, it is possible that biological changes that sometimes occur as an outcome of abuse might contribute to continuing the cycle when a childhood abuse victim becomes a child-rearing adult.

Cognitive and affective determinants are also strongly related to increased child maltreatment, including maternal depression, pre-existing psychopathology, and low self-esteem (Scannapieco & Connell-Carrick, 2005; A. Schore, 2010; Stith et al., 2009; Zielinski & Bradshaw, 2006). A. Schore (2010) argued that maternal stress played an integral role in social interactions between mothers and children, and could lead to relational trauma, including abuse. Most research on individual parental risk factors for abuse has been conducted on mothers and assumes that the mother is abuser to the child (Stith et al., 2009).

However, the data on abuse prevalence does not consistently support this, and in a study on fathers and risk for child physical abuse, Guterman and Lee (2005) found that young paternal age and lack of coping skills significantly increased the instances of child abuse. People's cognitive capabilities are not fully developed until their twenties and perhaps thirties, which could indicate that some young men lack the cognitive capacity and affective control to cope with the stresses of parenting. Similarly, substance abuse and poverty are also risk factors for child maltreatment by mothers and fathers (Guterman & Lee, 2005; Zielinski & Bradshaw, 2006). Importantly, both substance use and poverty are correlated with negative attributions about children's behavior as well as increased negative affect, further implicating the role of cognition and affect in cases of child abuse (Guterman & Lee, 2005; Scannapieco & Connell-Carrick, 2005; Zielinski & Bradshaw, 2006).

Family relationships. Parental perception about social support also matters, as those who do not feel that they have adequate assistance from parenting partners and other family members are more likely to abuse their children than those who perceive that there is help available for them (Zielinski & Bradshaw, 2006). Parental perceptions of the child are important as well. Within the parenting relationship, authoritarian parenting, in which the parent's power over the child is accentuated, is associated with increased child maltreatment (Zielinkski & Bradshaw, 2006). Parents who have unrealistic expectations of their children as well as beliefs that their child is intentionally annoying are also at higher risk of maltreating their children (Stith et al., 2009).

Greater family conflict and role reversals are also risk factors for abusive behavior towards a child (Stith et al., 2009). The affective ties between the mother and father

appears to be particularly important, as poor relationships within the parental unit is correlated with abusive behavior towards children (Finkelhor, 1978; Guterman & Lee, 2005; Stith et al., 2009). Finkelhor explicitly discussed the role of the mother in families where the father was the perpetrator of CSA towards the daughter. In his review of the literature, he contended that mothers in incestuous families tend to have depressive qualities, are debilitated, or otherwise not involved in parenting. There tends to be a pattern of role reversal between the mother and daughter, according to Finkelhor, which would leave the daughter without a caregiver to protect her from the CSA. His description was not intended to be blaming of the mother, rather he stated that these women "often lack social and economic resources to defend themselves" (p. 45). Regardless, it is important to take the entire family system into account when attempting to understand the social context that informs both the CSA and how individuals cope with it.

If there is domestic violence in a home, children are more likely to be abused as well as to behave aggressively towards others (Scannapieco & Connell-Carrick, 2005). Additionally, abusive families tend to have fewer relationships and less social contact outside of the family unit (Finkelhor, 1978; Scannapieco & Connell-Carrick, 2005). It is important to recognize that it is not these relational factors acting independently to increase the likelihood that a child is maltreated, rather, these variables likely interact with other individual and systemic features to create an environment in which violence is perpetuated.

Community and culture. Poverty and high unemployment rates are also associated with increased occurrences of child abuse within a community (Scannapieco

& Connell-Carrick, 2005). Similarly, in a literature review on parental sensitivity, Mesman, van Ijzendoorn, and Bakermans-Kranenburg (2012) found that ethnic minority families are more likely to experience increased family stress due to economic disadvantage, which was related to higher negative affect about parenting. However, Scannapieco and Connell-Carrick (2005) also found that communities with more medical, mental health, and social services did not share this same risk. It is probable that having access to assistance, including childcare resources, helps to alleviate stress for parents, as well as reflects a supportive community culture.

Additionally, Scannapieco and Connell-Carrick (2005) discussed how cultural factors within the United States contribute to increased child abuse. As these researchers contended, dominant culture within the United States tolerates violence, and the lines between appropriate punishment and cruelty is ambiguous. Corporal punishment remains legal according to federal law within school systems, which is believed to further contribute to a culture that tolerates violence against children (Scannapieco & Connell-Carrick, 2005). Finally, cultural expectations for ideal parenting practices are unattainable for many, as there are not adequate resources available for numerous people to reach these standards. For example, expectations of parents to be able to maintain gainful employment in environments where that is not possible could contribute to family stress, negative parental affect, and behavioral acting out in children.

Attachment Theory

Although understanding the ecological framework of the variables that contribute to childhood maltreatment is important, this project will be focused on understanding the affects of abuse on the relationship between a parent and child and how that changes over

a lifetime. Attachment theory has a long research history and provides valuable theoretical knowledge about how parent/child relationships might develop within an abusive context with continued affects into adulthood. Therefore, a review of attachment theory and how it applies to situations that include abuse follows.

In the 1960s and the following decades, there was a burgeoning movement away from a purely behaviorist approach to understanding human development to one that considered human relational and social functioning as integral to adaptive maturation. John Bowlby (1988) hypothesized that human beings learn to relate to one another through their most important relationships with their primary caretakers throughout infancy and early childhood. This process is explained in attachment theory, which has been expanded upon and tested throughout the years since its development (Fraley, 2002; Mercer, 2011; J. Schore & Schore, 2008; A. Schore, 2013). Attachment theory describes an infant's process of attending to and maintaining contact with a primary caregiver, usually the mother, who serves as a *secure base* from which the infant can learn to safely navigate the physical and emotional world (Ainsworth, Blehar, Waters, & Wall 1978; Bowlby, 1988).

When the mother (or other primary caregiver) is able to provide sensitive attunement to the child, the child is likely to form a *secure* attachment to her parent, allowing her to confidently explore her world and tolerate anxiety-producing, temporary separations from her attachment figure (Ainsworth et al., 1978; Bowlby, 1988). However, when parents are unable to provide appropriate caretaking and attunement, for whatever reason, children have been found to develop *insecure* attachments to their parents (Ainsworth et al., 1978; Bowlby, 1988). These insecure attachments can be avoidant,

anxious, or disorganized and are theorized to be less functional ways of being in the world (Ainsworth et al., 1978; Bowlby, 1988). According to Bowlby (1988), it is from these early attachments that children form *internal working models* that represent the child's repeated interactions with her primary caretaker. According to attachment theory, this internal system is a part of the child, and she takes it with her into future interactions with others in the world, particularly with those with whom she is in close relationship (e.g., romantic partners) (Bowlby, 1988; Fraley, 2002).

The literature is robust with studies exploring the affect of childhood maltreatment on attachment. Many of these studies indicate that childhood maltreatment is associated with insecure attachments to primary caregivers as well as a variety of disadvantageous social outcomes throughout childhood and into adolescence (Bacon & Richardson, 2001; Sousa et al., 2011; Stronach et al., 2011). Additionally, in a recent meta-analysis examining over 80 studies on childhood maltreatment and attachment, types of maltreatment (emotional, physical, and sexual abuse as well as neglect) were all found to be significantly associated with the development of insecure and disorganized attachment styles (Baer & Martinez, 2006). Although many of these studies are correlational in design, longitudinal data appears to demonstrate these connections as well. As an example, in the Minnesota Longitudinal Study, begun in 1975, individuals who exhibited behavior consistent with insecure attachment styles were more likely to have been maltreated in childhood (Carlivati & Collins, 2007).

Conversely, some have found that attachment needs can serve to reinforce abusive behavior as well. For example, Finkelhor (1978) described the environment of families in which CSA occurs as being "dominated by the fear of abandonment" (p. 46). In

particular, this author explored how incest that occurs over long periods of time might occur. Although Finkelhor (1978) did not position his research directly in the attachment literature, he aptly described how important it is for children to receive affection and attention from their primary caregivers, and how children will use fantasy and dissociative techniques in order to cope with a contradictory reality.

Additionally, it is important to note that parenting does not occur in a vacuum. In studies that considered the role of environmental factors in childhood maltreatment and attachment, poverty and low SES background were also found to adversely affect children's abilities to form secure attachments to their primary caregivers (Alhusen et al., 2012; Mesman et al., 2012). In these studies, it was hypothesized that poverty affects the parenting relationship by contributing to maternal depression, as well as the mother's ability to spend quality time with her child (Alhusen et al., 2012; Mesman et al., 2012).

Although attachment styles are not considered to be unchangeable, there is evidence that internal working models remains pertinent in adulthood. Fraley (2002) described two theories that describe stability and change in attachment throughout childhood and into adulthood. The *revisionist perspective*, according to Fraley (2002), contends that early internal working models are flexible and are altered through subsequent experiences that deviate from the individual's expectations. The *prototype perspective*, on the other hand, theorizes that early internal working models remain relatively unchanged and influence subsequent relational experiences (Fraley, 2002).

Although new experiences can influence the individual and her way of relating in the world, the prototype perspective assumes that early attachment patterns are highly consistent throughout a variety of life experiences and into adulthood (Fraley, 2002).

Beyond Fraley's (2002) analysis of the literature that supports the prototype perspective, other researchers have found significant stability of early attachment experiences into adulthood as well (Carlivati & Collins, 2007; Grossmann, Grossmann, & Waters, 2005). As in studies on early childhood, however, attachment style cannot be researched alone; in several longitudinal studies, attachment styles became significant predictors of adulthood social outcomes when additional social measures were included, like education level and SES (Grossmann et al., 2005).

Dr. Mary Main's (2000) work has been essential to understanding how early attachment patterns appear to relate to "a state of mind with respect to overall attachment history" in adults (p. 1079). She has progressed this understanding by developing the Adult Attachment Interview (AAI) a structured interview about the individual's family history and experiences throughout childhood (Main, 2000). Through this work, Main (2000), and the researchers who have followed her, have been able to record stability of attachment styles into adulthood, as well as their affect on a variety of outcomes, including parenting styles and attachment to the parents' own children, as well as increased mental distress in preoccupied/dismissing groups.

On the other hand, adult studies consistently indicate profound resilience amongst groups who are insecurely attached (Main, 2000). Consistent with Bowlby's early claims, although there is a general trend to remain in a similar attachment category throughout the lifespan, many individuals achieve "earned" secure categorization after having been insecurely attached to a primary caregiver (Bowlby, 1988; Main, 2000). This is thought to occur through forming strong attachments with other people in ways that create positive, lasting changes in the individual's internal working model.

Memory Functioning and Abuse

As this study relies on participants to verbalize their experiences within the context of historical trauma that began 30–60 years ago, it is important to consider what researchers have learned about childhood maltreatment and memory functioning. For many years, psychology researchers have been exploring the mechanisms of cognition and affect, including emotion's affects on memory functioning. Much of the research in this area has been completed on people with a history of sexual abuse; therefore, the primary focus of this review also relates to that area.

Emotion and memory. According to Levine and Edelstein (2010) emotional activation during an event tends to improve memory around central features while suppressing peripheral details. This statement has face validity as many people have experienced vivid and lasting memories of emotional events, such as: first kisses, embarrassing teenage moments, or car accidents, where peripheral details are lost while the defining event is seemingly ingrained in memory. This tendency is found in contrived research experiments where emotional provocation is low to real-world scenarios that consist of highly emotional responses to an event, like CSA (Alexander et al., 2005; Levine & Edelstein, 2010; Stein, Hanna, Vaerum, & Koverola, 1999).

Yet, considerable variance is seen in people's ability to remember CSA as well as in their memory accuracy. It is not uncommon for survivors of CSA to experience amnesia for their abuse (either short or long-termed), to recover memories later in life through therapeutic process, spontaneously, through contextual reminders (e.g., returning to the location of the abuse), or to maintain accurate and detailed memories into adulthood (Briere & Conte, 1993; Elliot & Briere, 1995; Freyd, 1996; Ward & Carroll,

1997). A variety of studies have found that anywhere from 19–59% of people with histories of CSA have periods of forgetting the abuse; this holds whether the maltreatment is self-reported or verified, as well as in clinical and nonclinical populations (Alexander et al., 2005; Briere & Conte, 1993; Elliot & Briere, 1995; Wolf & Nochajski, 2013). Due to these differences, it is likely that complex memory mechanisms as well as contextual and individual differences contribute to these varied outcomes.

Role of rehearsal on memory encoding. Many theories of long-term memory encoding state that rehearsal, or the repeated processing of a memory, is thought to make short-term memories more salient, and thus more likely to be encoded into long-term memory and accessible for future retrieval (Levine & Edelstein, 2010; Wolf & Nochajski, 2013). Traumatic or highly emotional events are thought to be more likely to be reviewed in this way and could account for the tendency of some to remember these occasions more vividly. However, as has been indicated in studies that were designed to prevent participants from rehearsing an emotionally laden event, rehearsal is not necessary for the improved memory of affective information (Levine & Edelstein, 2010).

However, rehearsal can be further divided into the concepts of *perceptual rehearsal* (the sensory remembering of an event), and *apperceptive rehearsal* (an emotional and cognitive associative process) that leads to contextual embellishment of the memory (Ward & Carroll, 1997). Ward and Carroll (1997) found that emotional reflection reduced the perceptual quality of a memory, which in turn tended to contribute to feeling that the memory was imagined. However, these same authors theorized that this is only the case when emotional rehearsal occurs without complimentary perceptual

rehearsal, which was consistent with the results that they found in their study on reality monitoring in CSA survivors (Ward & Carroll, 1997).

  Memory encoding and retrieval in CSA survivors. According to Levine and Edelstein (2010), memories with highly emotional content tend to be more accessible to retrieval than memories that are unemotional. According to neuropsychological theories of memory function, this is thought to be due to the activity in the limbic system, including the amygdala and the hippocampus, during both encoding and retrieval of affect-laden events. However, as Levine and Edelstein (2010) discussed, this could be related to the improvements in initial coding of a highly emotional event rather than a difference in the retrieval strength. In practice, the two processes appear to be iterative with initial encoding affecting retrieval, and successful retrieval reinforcing strong encoding.

  Briere and Conte (1993) and Elliot and Briere (1995) found that increased violence and threats of violence tended to be associated with amnesia for the CSA. In these studies, these authors theorized that increased violence and aggression could have made the events more emotionally salient for the people experiencing the CSA. This, they argued, could have been affectively overwhelming, leading to dissociation and eventual repression of the event (Briere & Conte, 1993; Elliot & Briere, 1995). This idea was reinforced in findings from the Briere and Conte (1993) study in which they found that remembering appeared to elicit intrusive, affective symptoms in the participants.

  Freyd (1996) described a contrasting attachment-based theory of memory mechanism to better understand the memory process in survivors of CSA. Rather than depicting the encoding and retrieval process as part of the same mechanism in traumatic

and nontraumatic situations, the researcher contended that the activation of the amygdala qualitatively changes the memory process (Freyd, 1996). Specifically, this model states that as the amygdala becomes increasingly activated, other parts of the brain, including the hippocampus and prefrontal cortex (both of which are theorized to be important for forming attachments to caregivers) become affected. The result of these processes can mean mildly emotional events become more vividly encoded and easily retrieved, while highly traumatic events are encoded with less detail, or not at all (Freyd, 1996). In addition, the attachment goals of the person are theorized to directly affect amygdala activation, specifically how much it responds to a CSA event. The variance in the abuse, in the person, and in the environment, Freyd (1996) argued, could explain why there is variety in whether, and how much, people remember of their CSA experiences.

That the amygdala, which is important for emotional processing, becomes activated during memory retrieval and encoding is important to understanding how memory is affected in cases of CSA (Levine & Edelstein, 2010; Streek & van der Kolk, 2000). Specifically, Levine and Edelstein asserted that retrieval of memory will often elicit emotional reactions that are consistent with the remembered event, particularly when the amygdala indicates activity during the retrieval process. Attachment models of memory function could shed light on why this process might inhibit memory of CSA in some people, while others' memories remain intact.

Edelstein et al. (2005) studied 102 participants for memory accuracy about documented CSA events, based on their adult attachment style (avoidant, anxious, or secure). There were challenges in this study; for example, childhood attachment was not measured at the time of the CSA, and all participants had been involved in the legal

system due to the CSA (which could have affected memory further). In spite of these limitations, Edelstein et al. found that those with avoidant attachment styles were found to have fewer memories of their CSA, particularly those with more severe abuse histories (Edelstein et al., 2005). This could be because people with avoidant attachment styles have the tendency to suppress memory of emotional events, especially if memory retrieval were to elicit similar uncomfortable emotions.

Research has also explored whether a history of child maltreatment alters memory functioning beyond the traumatic event. For example, Hunter and Andrews (2002) studied a nonclinical population of women to explore whether dissociation around CSA would have diminished memory around other autobiographical events. Although they found that people who had histories of CSA did not differ in their ability to remember autobiographical events, they reported that the group with CSA histories were much more likely to have difficulty remembering semantic facts from childhood (e.g., addresses, names of personally important people) (Hunter & Andrews, 2002). This specifically applied to the women who had reported periods of amnesia for the CSA. The authors hypothesized that having particular difficulty remembering semantic facts could be related to diminished hippocampal functioning (Hunter & Andrews, 2002).

Dissociation and memory for CSA. It is also possible that people who dissociate from a traumatic experience are likely to have altered memory functioning for the traumatic experience as well as for related material. As A. Schore (2012) described, dissociation is a "disruption in the usually integrated functions of consciousness, perception, and memory" (p. 289). As described in more detail below, memory consists of multiple processes, an explicit system that is highly reactive and relies primarily on

affective data (processing through the amygdala and hippocampus) and an implicit system that is slower to react and relies more heavily on higher cognitive function (processing through the hippocampus and prefrontal cortex).

A. Schore (2012) wrote that children tend to rely on their right hemisphere to process information, which is associated with implicit memory functioning, including preverbal affective responding. While much of the research on dissociation and memory examines explicit memory functioning, there is also a developing body of research on implicit memory functioning (A. Schore, 2010, 2012). A. Schore (2012) argued that both systems are disrupted during traumatic events, including child abuse, resulting in cognitive, somatic, and affective dissociation from the traumatic event.

This idea appears to be supported in the literature. For example, Chu, Frey, Ganzel, and Matthews (1999) reported that in a clinical population of women who had experienced CPA, CSA, or witnessed abuse, those who scored higher on a dissociative scale were significantly more likely to have experienced periods of amnesia for the abuse. Edwards, Fivush, Anda, Felitti, and Nordenberg (2001) also contended that there is evidence that having a history of childhood maltreatment, particularly repeated events, could lead to a "dissociative style" of cognition that could produce disorganized memories generally. Edwards et al. analyzed data collected from a large, nonclinical population (n = 13,494) and found support for their hypothesis that individuals high in dissociation were more likely to have periods of forgetting their abuse (both physical and sexual). However, data was self-reported and cross-sectional; therefore, conclusions about causation could not be made.

Wolf and Nochajski (2013) discussed mediating and moderating variables that appear to increase the risk of developing dissociative amnesia post abuse. Important amongst these is the age of the individual when that person is abused. Wolf and Nochajski reviewed literature that appears to indicate that the younger the individual is at the time of abuse, the more likely that person is to have altered recall later. Notably, the studies excluded children under the age of four to control for "infantile amnesia" (p. 464). This finding could support A. Schore's (2012) assertion that young children predominantly rely on right-brained affective, implicit memory systems, and are more likely to develop autobiographical amnesia for the trauma. Having a close relationship to the perpetrator and severity of abuse was also correlated with the development of dissociative memory loss (Freyd, 1996; Wolf & Nochajski, 2013). Additionally, there appears to be a tendency for some people to dissociate more than others; therefore, there is variability in the individual reactions to any trauma (Wolf & Nochajski, 2013).

Social context and memory for CSA. Levine and Edelstein (2010) also argued that stress regulation through distraction and suppression could weaken memory encoding and retrieval for emotional events. Yet, this tendency to suppress emotion-laden memories might also be a reaction to the social context of the CSA survivor. It is well documented that sexual abuse is stigmatized and often not talked about in society or in the families where CSA occurs (Alexander et al., 2005; Finkelhor, 1985; Freyd, 1996; Stein et al., 1999; Ward & Carroll, 1997; Wolf & Nochajski, 2013). Finkelhor and Browne (1985) found stigmatization of CSA to be so powerful that he included it as one of his four factors in understanding the traumatic affect of CSA on an individual. As

described in the review, stigmatization can come from the abuser, from other family

members, or from community norms (Finkelhor & Browne, 1985).

Alexander et al. (2005), who used a narrative, psychosocial theory of memory

development, attempted to control for social support around the abuse by including

"maternal support" as a variable in their study of memory accuracy in CSA survivors.

Although these researchers did find evidence that maternal support was related to

improved memory functioning for the CSA, the variable did not measure neutral

reactions from the mother, or maternal disapproval (Alexander et al., 2005). This is

particularly important, as lack of maternal support is associated with the closeness of the

abuser to the family, which is, unfortunately, common in cases of CSA (Alexander et al.,

2005). This social pressure to suppress the discussion or recognition of the abuse could

have implications for CSA survivors, as they might have less opportunity to use rehearsal

as an encoding process, or might learn emotional suppression from their caretakers.

Freyd (1996), who described memory function within an attachment model,

theorized that social context is at the heart of memory variability in CSA survivors.

Specifically, Freyd contended that CSA is a personal betrayal by the adults that should be

caring for children, and who children must rely on for safety and security. Freyd argued

that abused children might suppress memories of the CSA in order to maintain

attachment to the very people that they rely on for survival. Therefore, forgetting could

have social utility for a child, particularly when there are threats to the child's safety for

remembering (e.g., statements such as "I will kill your mother if you tell"), or when the

abuser is a close family member (Freyd, 1996). In fact, research supports this theory in

that incest survivors have been found to have more lapses in memory of CSA than others with a history of CSA (Freyd, 1996; Melchert & Parker, 1997).

       Goal relevance in CSA memory retrieval. The attachment theories that state that social functioning directly affects the encoding and memory of sexual abuse relates to Levine and Edelstein's (2010) argument that memory formation is goal dependent. The premise of the researchers' review on emotion and memory is that emotion improves memory when it is related to an individual's goals, in what could be called a *goal relevance theory* of memory function (Levine & Edelstein, 2010). This is thought to be particularly the case when the goal has not been obtained, according to Levine and Edelstein, (2010). Freyd's (1996) ideas about betrayal trauma and how attachment needs interfere with memory formation align well this approach. Although it can certainly be argued that victims of sexual abuse have the goal to be safe and to avoid further abuse, they are also highly motivated to maintain attachment to their primary caretakers, according to Freyd's (1996) model. Remembering the abuse can disrupt the child's ability to attach to the caretaker, making remembering socially unsafe, and at odds with the primary goal.

       This fits with Levine and Edelstein's (2010) review in that they found that highly salient goals served to suppress conflicting goals in memory formation. Additionally, although Edelstein et al. (2005) did not frame their findings of avoidant adults in a goal relevance framework, this model of memory could have explained their findings as well. If avoidant adults learned this style over time, as is consistent with the research, then it is possible that these people learned to suppress their memories of CSA in order to maintain some level of attachment with their caretakers (Edelstein et al., 2005).

Although a majority of research on memory functioning and childhood maltreatment has been completed on CSA, there is reason to believe these findings might be relevant to those who were physically abused as well. Melchert and Parker (1997) conducted a study on a large number of young adults who had experienced sexual abuse (SA), physical abuse (PA), emotional abuse (EA), or no abuse and compared memory for the events across groups In their study, they found that 19.8%, 11.5%, and 14.9% of SA, PA, and EA survivors respectively had forgotten aspects of the abuse at some time in their lives (Melchert & Parker, 1997). Both SA and PA participants stated reasons for forgetting, such as "I didn't want to think about it," and "I was afraid of remembering it," which could indicate that similar mechanisms are at work with multiple types of maltreatment and memory (Melchert & Parker, 1997). However, as this study looked at young adults and did not explore the mechanisms that were addressed earlier in this section, it is not possible to draw conclusions about the similarities between memory functioning for those who experienced varying abuse. That said, for this project, it will be important to remain cognizant of the wide variety of memory responses to childhood maltreatment.

Outcomes of Child Maltreatment

Within the research literature, there is ample evidence that early life maltreatment increases the risks for depression, bipolar disorder, schizophrenia, and posttraumatic stress disorder in adulthood (Cellini, 2004; Gould et al., 2012; Streeck-Fischer & van der Kolk, 2000; Wolf & Nochajski, 2013;). Behaviorally, teens and adults who had been maltreated as children are more likely to exhibit delinquent behavior, to engage in self-harming activities, and have relationship difficulties (Cellini, 2004; Glaser, 2000).

Additionally, there is evidence that supports that child abuse and neglect also increase the risk of physical disease later in life, including cancer, heart disease, and autoimmune disorders (Maté, 2003). In order to be able to contextualize the stories of adult survivors of abuse, it is important to have an understanding of the research literature around possible child abuse outcomes.

De Bellis et al. (2011) described a model by which to understand the effects of early trauma, including abuse on a developing child. This "developmental traumatology" incorporates research on developmental psychopathology, developmental neuroscience, and stress and trauma in order to understand how individual and environmental factors affect a developing child. This approach attempts to recognize the complex interactions between brain and body systems, critical periods of development, and psychosocial factors, while attempting to discover how a person is affected biologically, psychologically, and socially (De Bellis et al., 2011).

Biological outcomes of childhood maltreatment. One area of considerable focus by researchers is related to the neurological effects of early trauma, including abuse, on the limbic and endocrine systems. In particular, the hypothalamic-pituitary-adrenal (HPA) axis, which is active during the body's sympathetic stress response appears to be compromised in many people after exposure to traumatic events (De Bellis et al., 2011; Glaser, 2000; Neigh, Gillespie, & Nemeroff, 2009; Yehuda, 2002). From both animal and human studies, it has been found that, although this system is highly adaptive during optimal functioning, chronic and extended stress can overwhelm the organs, resulting in overproduction and circulation of stress hormones, including

corticotrophin releasing factor (CRF), cortisol, and adrenocortiotropic hormone (ACTH) (Glaser, 2000; Neigh et al., 2009; Yehuda, 2002).

As Yehuda (2002) described, cortisol is a hormone that is released from the adrenal gland that signals the sympathetic nervous system to cease the stress response in a negative feedback loop. If cortisol continues to be released into the body during traumatic events, it is theorized that the HPA axis can become hypersensitive to the hormone, which results in lower levels being produced and available for use to the stress response system (De Bellis et al., 2011; Yehuda, 1999; Yehuda, 2002). Interestingly, De Bellis et al. (2011) reported that although traumatized adults often have reduced levels of cortisol, pediatric populations tend to experience increased cortisol levels, highlighting that there are likely prepubertal differences in HPA axis functioning, or that chronic cortisol release leads to adult hypoactivity in the adrenal glands.

Cortisol secretion does not appear to be the only part of the HPA axis that is implicated after maltreatment. De Bellis et al. (2011) reviewed research that found increased pituitary volume in this population. These authors contended that this could be due to coping responses in the body of the abused child, particularly in relation to increased cortisol releasing hormone (CRH), which is released by the pituitary gland (De Bellis et al., 2011).

Behavior disturbances and physiological effects are thought to be related to overactivity of CRF and cortisol production, resulting in affective changes, increases in depressive and anxious behaviors, disturbed sleep patterns, increased fear response, and hypervigilance (Cellini, 2004; Glaser, 2000; Neigh et al., 2009; Yehuda, 2002). People who experience these hormonal imbalances can feel more sensitive to stressors, and can

develop posttraumatic stress disorder (PTSD) symptoms, with either a short-term, or chronic, duration (Yehuda, 2002). Conversely, it appears that others can experience increased cortisol production, which is associated with major depressive disorder (Yehuda, 2002).

The amygdala and hippocampus interact with the HPA axis in a complex relationship to assist an individual in identifying possible threats, and in memory formation and retrieval. When an individual is exposed to a possible threat, for example, the amygdala is crucial in determining whether to activate the sympathetic nervous system and in the formation of emotional memories (Debellis & Thomas, 2003; De Bellis et al., 2011; Weber & Reynolds, 2004). The hippocampus is responsible for the formation of less emotional memories and in signaling the brain to inhibit behavior (De Bellis & Thomas, 2003; De Bellis et al., 2011; Weber & Reynolds, 2004). The two brain regions interact with each other and the HPA axis, as well as other parts of the brain, to assess threat, to locate and recall similar experiences, and to determine whether to activate the sympathetic nervous system in a flight or fight reaction.

Various researchers have found affects on the amygdala and hippocampus in people who have been the victims of child abuse. For example, Bremner et al. (1999) measured hyperactivity in the amygdalae of women with PTSD who had experienced sexual abuse. Similarly, Dannlowski et al. (2013) contended that experiencing a history of childhood maltreatment led to hyperactivity in these brain regions, and therefore greater fear responses, in people, independent of active psychological symptoms. Conversely, several research studies have found reduced hippocampal volume and

activity in people with histories of child maltreatment (Bremner et al., 1997; Bremner et al., 2003; De Bellis et al., 2011; Stein, Koverola, Hanna, Torchia, & McClarty, 1997).

Not all studies have found these differences; for example, Pederson et al. (2004) did not find reduced hippocampal volume or memory functioning in a sample of women with diagnosed PTSD that was attributed to histories of child abuse. The authors theorized that their results might have differed from Bremner et al. (1997) due to the fact that their population was considerably younger. Another study similarly found no difference in amygdala or hippocampus volume or function in populations with dissociative disorders that were secondary to child maltreatment. De Bellis et al. (2011) contended that the various results were likely evidence of the complex nature of the brain, development, and individual and environmental differences, and that there is considerable evidence to indicate the global, adverse effects of child maltreatment and brain development.

These altered responses appear to be robust and enduring, and are theorized to be implicated in many of the outcomes that are seen in adults who were abused or neglected as children, including: neurodevelopmental delays, metabolic, cardiovascular, and immune system disorders, and reproductive health changes (Bremner et al, 2003; De Bellis et al., 2011; Maté , 2003; Neigh et al., 2009; Yehuda, 2002). Furthermore, Jovanovic et al. (2009) demonstrated that adults who had experienced sexual or physical abuse were more likely to demonstrate increased startle reactivity, independent of PTSD or depression diagnoses, which is related to HPA axis activity. Although changes to the HPA axis are variable and appear to be dependent on many individual and environmental

factors, this homeostatic stress system has been demonstrated to be important for understanding how people respond to the trauma of childhood maltreatment.

Production and release of other hormones and neurotransmitters appear to be altered in people who have experienced child maltreatment as well. For example, oxytocin, a hormone that is important for a variety of female reproductive behaviors as well as other functions are decreased in adult women who experienced abuse as children (Neigh et al., 2009; A. Schore, 2010, 2013). Dopamine production has been found to be reduced in people who were abused as children, which can affect motivation, levels of depression, and overall cognition. (Glaser, 2000; Gould et al., 2012; A. Schore, 2010). Serotonin levels have also been found to be affected in animal research on trauma, which is theorized to be related to behavioral inhibition (Glaser, 2000; De Bellis & Thomas, 2003; De Bellis et al., 2011; Miller et al., 2009). Specifically, Miller et al. reported that people with a history of childhood abuse maintained lower levels of serotonin production into adulthood, which they argued could predispose this population to depression throughout the lifespan. De Bellis et al. also found decreased serotonin activity in maltreated children, which the authors related to depressive, anxious, impulsive, and suicidal thoughts and behaviors.

Brain development and cognition. Children are born with almost all of the neurons that they will have during their lifetime, however, most of the brain growth and maturation occur after birth (Cellini, 2004; De Bellis et al., 2011; A. Schore, 2010, 2013; Streek-Fischer & van der Kolk, 2000). This process is complex, is affected by both biological and environmental factors, and includes critical periods of development (Streek-Fischer & van der Kolk, 2000). Abuse and neglect can also vary widely; for

example, using alcohol or drugs during pregnancy, or shaking an infant, are likely to have different effects on the developing brain than would psychosocial trauma or neglect.

It appears that, depending on the type, duration, and severity of the abuse, almost all brain structures have the potential of being affected by childhood abuse and neglect. For example, the left hemisphere of the brain appears to undergo change after abuse, and is associated with diminished emotional functioning, impulse control, and aggressive behavior (Cellini, 2004; De Bellis & Thomas, 2003; Neigh et al., 2009; A. Schore, 2013). The prefrontal cortex, which is responsible for executive functioning can be affected as well (Cellini, 2004; De Bellis & Thomas, 2003; De Bellis et al., 2011; A. Schore, 2013). As De Bellis and Thomas (2003) explained, cognitive function is dependent on proper performance of the prefrontal cortex, and is important in planning, decision-making, and attention related activity.

Reduced hippocampal volume has been associated with poor memory functioning in some studies, although research has not consistently found this in adult survivors of childhood abuse, which might reflect plastic compensation in the brain (Glaser, 2000; Pederson et al., 2004; Streeck-Fischer & van der Kolk, 2000). The corpus callosum, temporal lobe, amygdala, hippocampus, and cerebellar vermis all appear to be at risk, which can lead to a variety of emotional, physiological, and behavioral affects on the individual (Bremner et al., 1999, Bremner et al., 2003; Cellini, 2004; De Bellis, 2011; Glaser, 2000; A. Schore, 2010, 2013).

Similarly to the other studies reviewed in this section, Irigaray et al. (2013) found a variety of cognitive impairments that adult survivors of abuse appear to be at risk of developing. Beyond the adverse affects on memory that have been mentioned already,

these authors found evidence that verbal and visual attention, as well as executive

functioning "such as problem solving, planning, working memory, inhibition, mental

flexibility, information processing speed, and abstract reasoning" were more likely to be

impaired in populations who had been abused as children (Irigaray et al., 2013, p. 384).

These findings remained significant after controlling for other confounding variables

known to have implications for cognition, such as poverty or substance abuse (Irigaray et

al., 2013). Sadly, these outcomes appeared to be worse for those who experienced more

severe abuse, or multiple types of maltreatment, and Briere, Kaltman, and Green (2008)

found significant increases in trauma symptomatology in those who experienced multiple

traumas.

Neurological changes in future generations. It is possible that the effects of

abuse and neglect in childhood can affect future generations as well. Neigh et al. (2009)

described research that found that there can be epigenetic changes in DNA that occur in

an abusive environment. It was theorized that the HPA axis physiology can be altered

through these genetic changes as well, making the descendent child prone to stress-

related diseases and some mood disorders (Neigh et al., 2009). Additionally, parenting

behaviors can be altered by the hormonal and developmental changes that can occur as a

result of childhood maltreatment, which might make it more likely that the caretaker

continues a cycle of abuse and maltreatment (Neigh et al., 2009). For example, if a

mother has an altered HPA axis and perhaps impairment in her prefrontal cortex, she

might have a more difficult time inhibiting aggressive behavior towards her child.

Challenges with a neurobiological approach. Judith Herman (1997) discussed

the current tendencies in trauma research to try to establish scientific legitimacy by

relying on a reductionist approach. Although she acknowledged the remarkable

discoveries that scientists have made, she cautioned current researchers that the same

exploitive relationships that existed between abusive caretaker and child could be

reenacted through the researcher-study participant role (Herman, 1997). Approaching

their subjects "as collaborators … may be difficult to sustain in a scientific culture where

unbiased observation is often thought to require a distant and impersonal stance. Yet

without it, the possibility of authentic understanding is inevitably lost" (Herman, 1997, p.

241). Herman's point is well-taken; although neurobiological research has increased

practitioners' understanding of the physiological effects of early experience, including

childhood maltreatment, it will be important for researchers and clinicians alike to

understand the limitations of the current research base. Children and adult survivors must

be treated with care, considered holistically, and above all should be approached with an

open mind in order to truly understand the effects of childhood abuse and neglect.

Psychosocial outcomes of child maltreatment. Behaviorally, teens and adults

who had been maltreated as children are more likely to exhibit delinquent behavior, to

engage in self-harming activities, and have relationship difficulties (Cellini, 2004; Glaser,

2000; Miller-Perrin & Perrin, 2013; Streeck-Fischer & van der Kolk, 2000; Wolf &

Nochajski, 2013). Poor self-concept and socioemotional difficulties are associated with a

history of childhood abuse, and can include self-harm, increased suicidal ideation,

anxiety, depression, and aggression (Miller-Perrin & Perrin, 2013; Streeck-Fischer & van

der Kolk, 2000). These difficulties in cognition and affect can greatly impair functioning

and are associated with greater prevalence of diagnosed mental health disorders,

including: bipolar disorder, PTSD, as well as anxiety and depressive disorders (Gould et

al., 2012; Miller-Perrin & Perrin, 2013; Sugaya et al., 2012; Wolf & Nochajski, 2013).

Significantly, De Bellis et al. (2011) found that children with a history of maltreatment

are as likely to demonstrate PTSD symptomatology as children who are exposed to

homicide or war.

Dissociation appears to be a moderating variable between CSA and poorer

psychosocial outcomes. Rodriguez-Srednicki (2001) suggested that dissociation serves as

a survival mechanism at the time of the abuse, and can develop into a general strategy for

coping later in life. Yet, the numbed condition that often results from a pattern of

dissociative functioning can lead to people altering their self-states by pursuing activities

that are pleasurable and reassuring, at least in the short-term (Rodriguez-Srednicki,

2001). Rodriguez-Srednicki (2001) found substantiation that this could be occurring; in a

study of 441 adult, female survivors of CSA, dissociation was found to be a significant

moderator for drug and alcohol use, risky sex practices, and suicide attempts. The

relationships were weak in magnitude; therefore, more research is needed in this area.

In a longitudinal study that specifically looked at shame in CSA survivors (35%

of whom had been violated by a parental figure), Feiring and Taska (2005) found that for

24% of their population, shame that developed post abuse was maintained at least six

years past the report of the abuse and was related to posttraumatic stress disorder (PTSD)

symptoms. Although this is a significant number of people to have been affected, the

study did not explore why shame appeared to be so persistent for some participants, nor

was it able to explain why an equal number of people who experienced shame post-abuse

did not report high levels of shame after time had passed (Feiring & Taska, 2005).

Finkelhor and Browne (1985) explained that many children are shamed for CSA by being

blamed for their victimization, and specifically discussed how Western society's taboos around the maltreatment of children can cause this outcome. As Finkelhor and Browne discussed, this shame can be diminished if an individual is exposed to others who have experienced CSA or environments in which the abuse is safe to talk about.

Interpersonal functioning appears to be affected for people who are abused as children as well. Although there is evidence that interpersonal relationships can suffer after all types of abuse by caregivers, there is research that suggests that there are some differences dependent on the type of abuse (Briere & Runtz, 1990; J. L. Davis, Petretic-Jackson, & Ting, 2001; Miller-Perrin & Perrin, 2013). Child physical abuse (CPA) is related to a greater likelihood of behaving violently in interpersonal relationships as adults, for example (Miller-Perrin & Perrin, 2013). Additionally, adults who were victims of CPA were more likely to be physically abusive to their romantic partners or children as well, although it is important to note that most survivors of CPA do not perpetuate violence on others (Miller-Perrin & Perrin, 2013). There are also studies that indicate that people with a history of CPA appear to be more interpersonally sensitive than the general population (J. L. Davis et al., 2001), indicating that interpersonal aftereffects of abuse can vary widely. Briere and Runtz found similar differences in outcomes post abuse, with CSA leading to sexual acting out, CPA being related to increased aggression, and emotional abuse resulting in lower self-esteem.

Experiencing CSA appears to have important influences on interpersonal functioning as well. Specifically, those who have a history of CSA are at greater risk of having difficulty in intimate relationships, sexual dysfunction, problems with trusting others, feelings of loneliness and isolative behavior, and challenges with adjusting

socially (J. L. Davis et al., 2001; Finkelhor & Browne, 1985; Miller-Perrin & Perrin, 2013). In particular, CSA appears to be related to adult revictimization, as well as distorted sexual development (Finkelhor & Browne, 1985; Maker, Kemmelmeier, & Peterson, 2001; Miller-Perrin & Perrin, 2013). As Maker et al. contended, survivors of CSA might be particularly at risk when abuse occurs prior to age 16. Unfortunately, this can create a spiral of events where a person is retraumatized and further detrimentally affected, leading to further isolation, mistrust, and continued abuse.

Additionally, eating disorders, substance abuse, and self-harm behavior all occur more frequently within CSA survivor populations (Miller-Perrin & Perrin, 2013). Some with a history of CSA experience their symptoms somatically, with chronic pain, headaches, and irritable bowel syndrome being several of the symptoms that a person might experience (Miller-Perrin & Perrin, 2013). People with a history of CSA and CPA also appear to be at higher risk of substance abuse, particularly alcohol use (Miller-Perrin & Perrin, 2013). This appears to hold across men and women who were maltreated as children.

Experiencing more severe abuse or multitype abuse (e.g., experiencing both CSA and CPA) appears to confound these outcomes, and is quite common amongst abuse survivors (Clemmons, Walsh, DiLillo, & Messman-Moore, 2007; J. L. Davis et al., 2001). For example, Clemmons et al. (2007) cited one study where 24% of a community sample had experienced maltreatment, with "15.4%, 11.4%, 9.7%, and 6.9% of participants reported two, three, four, or five forms of maltreatment, respectively" (p. 173). Although the prevalence rate of multitype abuse was lower in a study by Clemmons et al. (2007), these researchers found that, particularly when abuse was severe, multitype

abuse had a deleterious effect for the participants, as measured by the trauma symptom checklist. J. L. Davis et al. (2001) also found that experiencing multiple types of abuse had confounding affects on adults with histories of childhood maltreatment, although their sample size was fairly small.

A challenge within the research on childhood maltreatment is that it often relies on convenience samples (e.g., undergraduate populations) and is more often focused on females with abuse histories (Banyard, Williams, & Siegel, 2004; Miller-Perrin & Perrin, 2013). Additionally, these studies are often completed with populations who have self-referred for treatment, which can be problematic as childhood abuse is likely grossly underreported. Generally, comparison groups are not included, which makes it difficult to tease out what is a factor of abuse, and what might occur across a population.

In a study that attempted to address some of these challenges by including both men and women who had a CSA reported to a hospital in a large city, Banyard et al. (2004) found that, although there were differences in the types of CSA that was typically experienced (women were more likely to have been abused by a family member, for example), outcomes were more similar than different. Both groups were as likely to pursue counseling treatment or to report abuse. Both had experienced similar rates of co-occurring CPA. Women appeared to experience more anxiety and depressive symptoms than the men, although the researchers theorized that this could reflect men's reticence for reporting psychological distress (particularly as a large number of the men were in prison at the time). Other mental health measures, including suicidal ideation and sexual dysfunction, appeared to negatively affect both men and women at similar rates (Banyard

et al., 2004). More research needs to be done to be able to identify in what ways women and men might be similar and differ in their responses to childhood maltreatment.

Resiliency After Child Maltreatment

Although it is clear in the literature that maltreated children are at greater risk of adverse biopsychosocial outcomes as they develop, it is also true that many people appear to be more resilient against these effects. Many attempts have been made to understand what factors contribute to an individual's resiliency after such terrible treatment at the hands of caretakers, with research considering an individual's biology, personality traits, family system, and community support (Afifi & MacMillan, 2011; Cicchetti, 2013).

According to Cicchetti (2013), resiliency must be viewed within a developmental, ecological framework, in which people interact with a variety of protective factors within themselves, as well as in their immediate environment and larger culture. By considering context and individual differences in resiliency, understanding a person's response to having experienced childhood maltreatment is greatly enhanced and allows the research to accommodate diverse individual experiences that vary across the lifespan (Cicchetti, 2013).

Within the literature, resiliency is not a unified concept as researchers define it differently depending on the context. As Afifi and MacMillan (2011) described in their review, "some studies define resilience as high functioning, whereas others consider it to be the absence of poor functioning" (p. 267). Many researchers conceptualize resiliency as behaving adequately in a number of developmental areas (e.g., interpersonal relationships, school/work achievement, lack of substance abuse), yet it has not been operationalized systematically in ways that would support broad interpretation of the

research (Afifi & MacMillan, 2011). Additionally, while quantitative research has identified variables that might support a person's functioning after experiencing a history of abuse, it cannot completely capture the importance of the idiographic experience of a person's development. Therefore, it is important to consider both quantitative and qualitative data to learn about the complex processes that contribute to peoples' successful adaption after histories of child maltreatment.

Furthermore, in order to understand how resiliency manifests, it is vital to note that people might be coping well in one area of their lives, while having difficulty in other areas. Additionally, they might have a variety of responses to their environment at different developmental stages. For example, Thomas and Hall (2008) interviewed female survivors of varied abuse histories and found that commencement and progression of recovery was variable, and that none of the people in their study had been spared all poor outcomes (including depression) from having been maltreated. The stories that these researchers collected were varied and complex; had these women been included in a cross-sectional design study, they would have likely have been described as resilient at some points in their lives, and nonresilient at others (Thomas & Hall, 2008). Yet, most had made progress towards developing strong interpersonal relationships, considerable achievements in work and school, as well as exhibited benevolent behavior towards their own children, or other victims of abuse (Thomas & Hall, 2008).

Biological resiliency. As Cicchetti (2013) discussed in a review of the current literature, most research on resiliency in those who have experienced childhood maltreatment has focused on psychosocial variables. However, more recent advances in neurological research has allowed for a small number of cross sectional studies on

biological resiliency. For example, Cicchetti discussed recent studies that have indicated that there appears to be more left hemisphere prefrontal cortex activity in children who were considered to be adapting resiliently in spite of their history of abuse. The left hemisphere is associated with positive emotionality; therefore, the researchers argued that this could indicate a neurobiological link to adaptive emotional functioning in children (Cicchetti, 2013; A. Schore, 2010, 2013).

Other research has indicated that steroidal hormone functioning (which is related to the HPA axis discussed above) might also contribute to a person's adaptive responses to child maltreatment (Cicchetti, 2013; De Bellis & Thomas, 2003). In the studies reviewed, Cicchetti (2013) described differing secretion levels of these hormones in individuals who were able to remain more resilient after a history of abuse. The researchers contended that this could be neuroprotective and have important influences on a person's cognitive, emotive, and social behavior. Additionally, De Bellis and Thomas (2003) described evidence that there is more plasticity in the hippocampus and prefrontal cortex than had been previously believed, which could support people's brains adapting to more positive functioning post abuse. Although it is difficult to determine whether these differences are caused by, or contribute to, adaptive response of the abused person, they are important to consider as interactive variables in peoples' responses to abuse.

Psychosocial protective factors. Intuition would predict that experiencing fewer occurrences of abuse, as well as less severe maltreatment, would lead to better outcomes for a person who was abused as a child, and the research supports this (Afifi & MacMillan, 2011; Cicchetti, 2013). This relationship continues into adulthood as adults

who are not revictimized appear to have fewer signs of traumatization later in life (Afifi & Machmillan, 2011). Yet, beyond features that are directly related to the abuse history, there do appear to be other aspects of individuals and their surroundings that appear to help people cope with maltreatment by their caretakers.

In particular, researchers have identified two personality traits that are related to adaptive coping later in life. *Ego overcontrol* is a person's ability and tendency to inhibit impulses as well as the expression of strong emotion and is related to more adaptive functioning after experiencing a history of child abuse (Afifi & MacMillan, 2011; Cicchetti, 2013). *Ego resiliency*, which also related to the ability to cope after abuse, is defined within the literature as "the ability to modify ego control in response to situations" (Afifi & MacMillan, 2011, p. 269). Additionally, easy child temperament, and high self-esteem also appear to help a person to be resilient in the face of abuse (Afifi & MacMillan, 2011; Cicchetti, 2013). Woodward and Joseph (2003) also discussed the importance of having an internal locus of control, as those who perceived that they could actively influence their own lives tended to have more adaptive functioning later in life than those who did not in their study.

However, as aforementioned, it is impossible to state a causal relationship between these traits and resiliency measures with any certainty. Additionally, it is equally important to consider other effects that these traits might have on the experience of the individual. For example, being overcontrolled and seemingly even-tempered might contribute to difficulty in a person's adult life, even while it is supporting coping in other areas. Specifically, it is possible that although the person has adapted well on the measures chosen for these studies (e.g., work achievement, having a home), an individual

scoring high on *overcontrol* might also be struggling intrapsychically in ways that the research does not capture.

Social support appears to be one of the strongest predictors of resiliency after experiencing a history of abuse. In particular, having one caring parent during childhood led to more adaptive coping and fewer occasions of revictimization as adults (Afifi & MacMillan, 2011; Cicchetti, 2013; Godbout, Briere, Sabourin, & Lussier, 2014). As Godburt et al. (2014) contended in a study examining the role of parental support in coping after CSA, adults who had experienced supportive parenting by at least one parent self-reported lower attachment avoidance and stronger dyadic adjustment than those who had parents who did not know about the abuse, or were considered unsupportive. Only 10% of those who participated in the study reported abuse by a parent, so it is unknown if the findings would apply to CSA by a parent, however (Godbout et al., 2014).

Having caring relationships outside of the home appear to be equally important, as having a supportive adult in school or church, close friends in school, and strong interpersonal relationships as adults all appear to help people to adapt after an abusive childhood (Afifi & MacMillan, 2011; Cicchetti, 2013; Woodward & Joseph, 2003). Narrative data from survivors of abuse support the importance of strong interpersonal relationships in adapting after a traumatic history as well (Thomas & Hall, 2008; Woodward & Joseph, 2003). As Woodward and Joseph (2003) wrote, "many of the participants talked of how it was through their relationships that they felt nurtured, liberated, or validated" (p. 280).

Therapeutic interventions and resiliency. As one considers how people recover and adapt from a traumatic background, it is important to note the variability in responses

for people and typical therapeutic interventions, such as telling their stories, remembering the details of abuse, and forgiving the perpetrator (Thomas & Hall, 2008; Woodward & Joseph, 2003). The most common reaction to experiencing a traumatic event is recovery, and most people do not go on to develop psychopathology, including PTSD (Briere et al., 2008; Elliot & Briere, 1995; Yehuda, 2002). Furthermore, as adults with histories of child abuse by their caretakers discussed their stories, many reported that telling was not necessarily therapeutic, and was often met with an invalidating response, even by therapists (Thomas & Hall, 2008; Woodward & Joseph, 2003). Rather, it appears that having supportive, confirming relationships were associated with better outcomes by participants, whether the survivors chose to tell their stories or not (Thomas & Hall, 2008).

Clearly remembering the abuse seems to have varying effects on different people as well. Although some survivors vividly remember details of their abuse, and use these memories to process the events, many other people find forgetting to be adaptive for them (Freyd, 1996; Thomas & Hall, 2008). For these people, they found it protective to not remember, and resisted therapists' and others' encouragement to uncover memories of the abuse (Thomas & Hall, 2008).

Finally, the act of forgiving has been found to lend itself to resilience in some cases and not others. Although dominant, Western, Christian culture values forgiving perpetuators, survivors of abuse appear to be mixed in how helpful they have found forgiveness to their own coping as adults (Brown, 2012; Thomas & Hall, 2008; Woodward & Joseph, 2003). Although some have reported healing through forgiveness or compassion towards their perpetrator, others did not find it necessary or helpful to

forgive, and remained resilient without exonerating or reconciling with the abuser

(Thomas & Hall, 2008; Woodward & Joseph, 2003). In light of these findings, it remains

important to understand resiliency as an individual process within a social context that

remains highly variable depending on the specifics of the person, the abuse history, and

that person's social context.

Bereavement and Grief

Within an attachment model, grief is thought to be a result of the incompatibility

of death with an individual's internal working models of relationships. Early separations

are theorized to cause children to search for their caregivers in attempts to reconnect and

regain proximity to their closest caregivers (Bowlby, 1980; Field, Gao, & Paderna, 2005;

Shear & Shair, 2005). As children mature into adults, these attachments are no longer

based on proximity; rather, cognitive models of the caregiver's typical responses serve to

act as a surrogate attachment figure when the person is not physically present (Ainsworth

et al., 1978; Field et al., 2005). As stated in Shear and Shair (2005) "adult biobehavioral

responses [to attachment relationships] are manifest as integrated states that comprise

organized affective, attentional, and motivational processes" (p. 255). These processes

generally indicate that the possibility of being reunited with the caretaker is never far

from the mind, according to Field et al. (2005), and the adult attachment is reinforced by

intermittent exposure to the parent.

When an attachment figure dies, reunification is no longer possible, which is

theorized to create an incompatibility between a person's cognitive model of the

caregiver and that person's new reality without that person (Bowlby, 1980; Field et al.,

2005; Shear et al., 2007). In other words, the person who has died is perceived by the

survivor as merely missing, leading to behaviors such as searching, proximity seeking, and ruminating about the deceased (Bowlby, 1980; Field et al., 2005; Shear et al., 2007). At this phase, the loss is not yet understood or integrated for the person, and acute grief or bereavement is the result.

Bowlby (1980) identified this as a yearning phase of grief. According to Field et al. (2005), the tendency to regain proximity to the attachment figure might result in behaviors such as returning to places that were frequented by the person, mistaking people for the deceased individual, or mistaking sounds (e.g., footsteps, voices) as being attributable to the departed. During this time, anger is a common emotion as the person continues to fail at regaining connection with the deceased (Bowlby, 1980; Shear & Shair, 2005). These behaviors are a way of establishing *continuing bonds* to the lost attachment figure, and are thought to diminish as the person integrates the permanent loss into their internal working models of relationships (Field et al., 2005; Field & Filanosky, 2010).

According to Bowlby (1980), the next phase of grief is characterized by the growing understanding that separation from the person is permanent, resulting in behavioral disorganization and despair. During this time, people are thought to attempt to discard older patterns of behavior and relating as they attempt to rework their internal working models in ways that are compatible with their new reality (Bowlby, 1980; Shear & Shair, 2005). It is at this time that people might feel most hopeless and apathetic towards creating new ways of being in the world without the deceased. People might continue to seek the lost connection while understanding that it is not possible, creating a sense of ambivalence in their relationships (Bowlby, 1980; Field et al., 2005).

Reminders of the attachment figure are also reminders of their death, and the individual might use avoidance behaviors to mitigate their pain (Shear et al., 2007). In a "typical" grieving process, as people integrate the loss of the attachment figure into their internal working models, they will begin to incorporate new ways of being and will hypothetically transition out of the grieving process (Bowlby, 1980; Field et al., 2005; Shear et al., 2007). In other words, as individuals integrate the fact that the attachment figure is no longer available to externally strengthen their ways of relating in the world, they begin to internalize the lost figures and to increase their ability to self-reinforce the previous attachment. As this internalization process continues, seeking behavior and preoccupation with the deceased wanes, and the person resolves the disorganization stage of grief.

Complicated grief. Field and Filanosky (2010) argued that maintaining continuing bonds to the deceased is a normative process that assists the bereaved in internalizing the secure presence of an attachment figure after death. These bonds can serve as a link to the deceased person, providing comfort and reinforcing the relationship model that was based on the attachment. Yet, it is theorized that when death is incompatible with a person's phenomenological understanding of reality, that person might have a more difficult time reorganizing her internal models after a loss (Field et al., 2005; Field & Filanosky, 2010; Shear et al., 2007). As Shear and Shair (2005) described, if this process is dysphoric, the attachment needs are accentuated as the person pines for the deceased, which can further increase distress. If this occurs, the person is thought to remain in a yearning or despair stage of grief, either in denial of the permanency of the loss, or unable to reorganize her internal models without the deceased (Bowlby, 1980).

In this situation, acute grief can develop into *complicated grief*, with ongoing anxiety about the separation from the attachment figure and symptoms of a chronic stress disorder (Shear et al., 2007). Complicated grief consists of difficulty with cognitive acceptance of death, preoccupied longing for the person, persistent negative affect about the death (e.g., anger, guilt, shame), difficulty in relating to other people or in partaking in regular activities, and avoidance behaviors (Field & Filanosky, 2010; Kauffman, 1994; Shear et al., 2007).

When acute grief develops into complicated grief, the survivor is more likely to exhibit avoidant behavior, such as shunning activities that the deceased enjoyed or neglecting people who serve as reminders of the deceased (Shear et al., 2007). According to Shear et al. (2007), avoidance is an attempt to manage distressing emotions by a bereaved person, which can become pervasive and can add to the difficulty in resolving grief. This avoidance can operate outside of awareness, unavailable to the individual's consciousness.

This disparity between a person's conscious awareness of the death and emotional avoidance can lead to dissociation from the event, confusion, and disorientation (Kauffman, 1994; Shear et al., 2007). Dissociation from the death can be an adaptive response to the trauma of a death as a short term protection against the trauma of loss, yet can become maladaptive if persistent as it does not allow the individual to integrate the experience into her internal working model (Kauffman, 1994). In a normative mourning process, according to Kauffman (1994), integration of death and dissociation occur simultaneously in a give and take that provides protection to the individual who is experiencing the loss, while allowing her time to adapt to her new reality.

Resiliency in grief. As it is with trauma experienced from childhood

maltreatment, people respond to death in idiomatic and individual ways, and it would be

a misconception to present the outcomes of losing a parent to death only within a

traditional grief model. In fact, in a review of grief research, Shear and Shair (2005)

stated that resilience, as defined by a return to previous functioning after six months was

the most common outcome of losing an attachment figure. Similarly, Bonanno (2004)

and Shear and Shair (2005) both directly challenged the assumptions that resiliency to

death was abnormal and that *grief work* was a necessary intervention after experiencing

the death of a spouse, child, parent, or close friend. Bonanno further argued that the

assumptions that active bereavement will occur after a death assumes that those who do

not display this behavior had superficial attachments to the deceased, or are

pathologically cold in nature. However, the research presented did not support this

underlying assumption that appears to be present in much of the literature on grief.

Although Bonnanno's (2004) review did not discuss strained parental

relationships, there was evidence that resiliency was a normative reaction to the death of

a spouse, whether the marital relationship had been close, or tumultuous. Rather, grief

symptoms were related to acceptance of death, social support, and how the person made

sense of the loss. This level of functioning held over time, and as Bonanno contended,

there is no empirical evidence that supports that delayed grief is necessarily an outcome

of failing to actively grieve earlier.

Again, similar to the research on resiliency after child maltreatment, adaptive

coping after death appears to be variable, and dependent on many individual and

contextual features. Some individual variables appear to relate to resiliency, such as

personal *hardiness* (internal locus of control or belief that one can grow from life experiences), *self-enhancement* (overall positive biases in favor of the self), *repressive coping* (similar to the concept of *ego overcontrol* that was presented earlier), and *positive emotion* (Bonanno, 2004). Again, although these factors might in fact be related less to active grieving symptoms, it is unknown whether they might also contribute to detrimental outcomes elsewhere in the person's life. Social supports and having fewer stressors outside of the death are also highly associated with resiliency after a death (Shear & Shair, 2005).

Notably, Shear and Shair (2005) centered their article on attachment, loss, and grief in Myron Hofer's question, "What exactly is lost when a loved one dies?" (p. 253). This question, as presented by these authors, opens the doors to a wide variety of responses to death that depend on personal traits, situational context, developmental stage, as well as the cultural significance of death. When one considers a situation where the deceased was a parent, as well as a perpetrator of trauma to their now adult child, this question becomes increasingly important. For in this situation, what is lost is likely very different for the survivor of childhood abuse, than it would be for a person who had experienced *good enough* parenting. It is this question that leads this study forward to explore how the bereavement process is affected when what was lost was an adult who had been abusive, and how the survivor makes sense of their own life in the face of that death.

Study Significance

What remains little explored in the literature are the complicated relationships between adults and their parents who maltreated them in childhood. There appears to be

no systematic studies that address how the grief process is affected when a parent who maltreated their child dies (Brown, 2012; Friedman, 2009; Yoffe, 2013). The only study that I was able to find in this area was a case study about one individual's experience of the death of her brother who had sexually abused her (Monahan, 2004). Beyond this case study, the few who have written about the subject have discussed how prevalent this issue is in their experiences as psychologist, psychiatrist, and advice columnist; additionally, they contended that clinicians and others are often at a loss as to how to assist those who have survived first abuse from, and then the ailment of, the caretakers who harmed them (Brown, 2012; Friedman, 2009; Yoffe, 2013).

This project is unique because it addresses a topic that has been neglected in the literature about a large population that is increasingly facing the aging and death of their abusive parents (Brown, 2012). The results of this study provided important insights about individual's complex experiences that clinicians will hopefully find useful as well as provide information that future researchers can use to expand the knowledge base in this area. Insights from this study should inform clinicians as they assist their clients by increasing their understanding of how the grief process is similar to, and differs from, the experience of adults who have lived through the death of a *good enough* parent.

Research Questions

The purpose of this study was to explore what influence a history of childhood maltreatment has on an adult's experience of the death of an abusive primary caregiver. How do these adults make sense of losing parents who maltreated them? How is the grieving process the same or different from bereavement for a caring relationship? How has one's culture and community affected this experience? What has happened in the

lives of these individuals between childhood and adulthood that has altered their experiences? This investigation was an inductive process and required tacking back and forth between information provided by the participants in the study and the researcher's interpretations of the data.

Methods

Introduction

       This section provides an overview of the philosophical assumptions of the method chosen and bases for its use in this dissertation project. Participant recruitment, screening and selection, inclusion and exclusion criteria and processes are described. Informed consent and participant protection are reviewed as well as ethical considerations for conducting this study with human participants. Interviewing procedures and a sample interview schedules are explained. Procedures that were used to analyze the data are provided in detail.

Interpretative Phenomenological Analysis

       According to Creswell (2013), qualitative researchers use interpretive and theoretical approaches to explore the meaning that people make of their lived experiences. Qualitative research is suited to investigation in novel areas of inquiry, particularly when inductive and deductive data analysis is intended to illuminate pertinent themes or shared patterns within a group of people's experiences (Creswell, 2013). As I wished to explore this phenomenon in depth and attempted to make sense of human meaning making, pursuing a qualitative project was most suitable for this dissertation.

       Although there are many approaches to qualitative research, the research questions should lead the choice of methodology. As the goal of this project was to explore the fundamental nature of a lived experience, and to find patterns and themes across individual's shared experience, I proposed that interpretative phenomenological analysis (IPA) suited the specifics of this dissertation project. IPA is a qualitative approach that originated within psychology in order to systematically explore how people

make meaning of important life experiences (Smith, Flowers, & Larkin, 2009). It is intended to be both an idiographic as well as an interpretative process; it is one that is adapted to answer exploratory questions of a small sample of people who have experienced a similar event (Smith et al., 2009). The method is meticulous and thorough, making it an appropriate approach to have applied to these research questions.

Other qualitative approaches were considered for this analysis, including grounded theory, discursive analysis, and narrative psychology (Creswell, 2013; Smith et al., 2009). Narrative and discursive psychology focus on personal meaning making through story, yet the focus of the inquiry is on the language rather than on the experience in question. Grounded theory is focused on developing an explanatory model of a phenomenon, while this study was focused on identifying how people make sense of a shared experience, rather than explaining a conceptual explanation of a psychological process. Of course, there are additional qualitative approaches beyond these, but as IPA was a suitable approach for the research question, and was a good fit for my philosophical approach to psychology, it was the method that was found to be most appropriate for this dissertation.

Theoretical Foundations of IPA

IPA, originally developed within the health psychology field, is based on the philosophical assumptions of social constructivism, and aims to explore the meaning that people ascribe to their lives by closely analyzing the narrated experience of a group of individuals (Biggerstaff & Thompson, 2008; Brocki & Wearden, 2006; Chapman & Smith, 2002; Hefferon & Gil-Rodriguez, 2011). According to Smith et al. (2009), IPA draws heavily from phenomenological philosophers, including: Husserl, Heidegger,

Merleau-Ponty, and Sartre. Most notably, IPA subscribes to the phenomenological beliefs that knowledge is to be found in human experience and perception (Smith et al., 2009). It is further grounded in the idea that people are "embedded" within cultures, objects, relationships and language that inform and create the reality of peoples' experiences (Smith et al., 2009).

As researchers attempt to understand another's experience, phenomenological philosophy reminds us that we are also embedded in culture, and must take an interpretative approach to the people we study. IPA, therefore, is also grounded in hermeneutic theory in its approach to interpretation; in particular, IPA is drawn from the philosophic writings of Schleiermacher, Heidegger, and Gadamer (Smith et al., 2009). Within hermeneutic thought, the researcher is equally embedded in her own culture and experience as the person she is trying to understand; although she must try to set aside her perspective in order to understand the other, this can never be perfectly accomplished. Additionally, learning about the experience of the other inevitably changes the researcher's perspective as her worldview shifts.

Therefore, IPA requires a cyclical interpretative approach, which obligates the researcher to reflect on her perspective, return to the case study, and so on, ever coming closer to understanding of the experience in question. Additionally, Smith et al. (2009) discussed the importance of the hermeneutic circle in understanding the philosophical approach taken in IPA, which refers to the idea that the whole can only be understood by examining its parts, while the parts can only be interpreted in relation to the whole. Therefore, IPA is an *iterative* process where the researcher completes the data analysis by

considering and reconsidering the data from a variety of perspectives, rather than taking a linear approach (Smith et al., 2009).

Finally, IPA is highly concerned with the idiographic, or the deep understanding of particular experiences (Smith et al., 2009). Data collection and analysis is focused on an organized and highly detailed understanding of a few, carefully selected cases. These cases are not seen as individual experiences only, however, as the phenomenological/hermeneutic perspective envisions the individual as being inseparable from their culture and relationships (Smith et al., 2009). By delving deeply into a few cases, the IPA researcher creates hypotheses that are applied to each case within the set in a method called analytic induction (Smith et al., 2009). Within this process, each hypothesis is altered until it fits the new cases, or a new hypothesis is created that might explain the differences between reported experiences.

In an IPA study both similarities between cases and their inevitable variations provide valuable information and bring the researcher closer to an understanding of the phenomenon being studied. Importantly, any results found must always be presented as the subjective interpretations that they are, with sufficient detail so that others might be able to follow the "dialogical, systematic, and rigorous" analysis that the researcher completed (Smith et al., p. 80).

IPA Methods Overview

As aforementioned, depth of analysis is principal for IPA and is intended to move beyond description of the individual's accounts to the identification of subordinate themes (Hefferon & Gil-Rodriguez, 2011). In order to accomplish this, I conducted semi-structured, participant led, interviews with small numbers of individuals who have

experienced the phenomenon of interest (Biggerstaff & Thompson, 2008; Chapman & Smith, 2002; Smith et al., 2009). Each interview is recorded and carefully transcribed, including utterances, pauses, and other remarkable speech anomalies (Biggerstaff & Thompson, 2008). The transcripts are closely analyzed and compared to other interviews in a circular process that requires tacking back and forth from the researcher's interpretations and close re-readings of the text (Biggerstaff & Thompson, 2008; Smith et al., 2009). Being based in social constructivism, the researcher's experience is necessarily considered as having an effect on interpretation, although the researcher addressed her embeddedness in her own perspective and judgments through a process called "bracketing" (Biggerstaff & Thompson, 2008; Smith et al., 2009). It is debatable that bracketing is ever entirely possible; therefore, it was important that I recorded and disclosed my own responses to the narratives to allow the reader to better understand the context of any interpretations proposed.

Participant Inclusion and Exclusion Criteria

According to best practices in IPA, it was necessary to recruit individuals of a relatively homogeneous background in relation to the experience under investigation to interview for this research project (Smith et al., 2009). Participant recruitment and selection greatly influenced the findings of this study, as the purpose of IPA is to locate themes across the idiographic experiences of individuals. Purposeful sampling is used within IPA, with participants generally being recruited using referrals, network opportunities, and snowballing techniques (Smith et al., 2009). Given the small sample size used in IPA, it was important to carefully and sensitively prescreen individuals in order to determine the appropriateness of their inclusion in this study.

Ultimately, five participants were recruited to interview for this study, which is in accordance to recommendations made by Smith et al. (2009). These individuals were self-identified as having a parent or primary caretaker who persistently maltreated them during early childhood. Early childhood was defined as twelve years old or younger, as the developmental tasks at this age are different than those of older children and likely have a different affect on development. Abuse abated for some in childhood and continued into adulthood for others. As it was the participant's perception and meaning making of the experience that was considered to be most important for this study; therefore, verification of abuse was not sought.

Additionally, it was the effects of a history of a childhood maltreatment on adult experience that was the center of this inquiry. Therefore, it was important to include participants who were at similar life stages with each other in order to avoid possible confounding effects that might have been present in different age cohorts. In order to create an acceptably homogeneous sample, interviewees were born between 1945 and 1965 (the *baby boomer* years). By choosing the sample from this group, I was able to consider each story in detail and in historical and social context in ways that would have been unfeasible sampling across cohorts. It was also more likely that members of this cohort were in similar life stages with each other, which allowed me to consider their experiences both within their lived context as well as in relation to their current development. Lastly, the perception and acceptance of abuse has changed considerably over the past 60 years. It was important to consider these changes as the person's meaning making is interpreted, and interviewing people that share some temporal history supported this effort.

Although it has been suggested in the literature that there might be similar outcomes from differing types of maltreatment (Baer & Martinez, 2006; Stronach et al., 2011), this was an exploratory study on this topic. Therefore, in order to create an acceptably homogeneous sample, abuse was limited to repeated sexual or physical abuse. As co-occurrence of abuse is common, it was not surprising that these individuals also experienced emotional abuse or neglect. The parent or caretaker of the participants had died within the past five years to help to control for changes that might occur well beyond the death of the caregiver. The study excluded people who lost their abusive parents to suicide or homicide, as both have been demonstrated to alter the experience of survivors in multiple and complicated ways (Vessier-Batchen & Douglas, 2006).

IPA relies on verbal communication to convey meaning about a person's experience (Smith et al., 2009). This was accomplished through spoken interviews, which required participants' willingness and ability to communicate verbally. Additionally, the interviews were recorded to ensure accurate and detailed transcription. Participants were asked for permission to be audio-recorded, which is detailed further in the discussion of informed consent. Those who were unwilling to be recorded or were unable to communicate with me verbally were excluded from the study. Due to the interpretative nature of IPA, including a close analysis of language mechanics and expression, it was beyond the scope of this dissertation to include nonfluent speakers of English.

Finally, this study required that the participants discuss sensitive aspects of their history. Special attention was paid to protecting the participants' welfare throughout the study. Although further details about how this was approached is discussed below, it is important to state here that exclusion factors included those who were considered to be at

increased risk of harm by participating in this study. Therefore, potential participants

were screened for active suicide ideation and those who were considered to be at risk

were excluded. Additionally, prescreening included inquiries made about the individual's

support system. Those who had never discussed their abuse with another person or who

were unable to describe an adequate support system were excluded from this study.

Instead, these people were offered referrals to appropriate support services or mental

health services.

Participant Recruitment and Selection

Consistent with best practices in IPA, participants were recruited using referral,

opportunistic, and snowballing techniques. Electronic and paper flyers were created to

communicate the opportunity to participate in this dissertation project to targeted groups

(Appendix A). These flyers included both basic information about who is being sought to

interview, with a dedicated email address listed for the project, as well as a link to a

preliminary prescreening survey (Appendix B). In order to recruit participants, after IRB

approval, I attempted to connect with hospice centers and other health organizations that

host bereavement groups in order to gain permission to provide flyers to the

organizations.

Additionally, social networks were used to disburse the recruitment information,

including: Facebook, Craigslist, the Washington State Psychological Association,

personal networking, and email. Flyers and electronic information was made available to

child abuse survivor groups as well as in appropriate therapy offices to those who might

be interested in participating in the study. The goal was to spread a wide net in order to

attempt to connect broadly with this population. Taking a more selective approach (e.g.,

sampling only from bereavement groups) risked affecting the results by inadvertently biasing the participant sample.

My attempts to use the above methods resulted in one appropriate participant over several months of attempts. After reaching out nationally, I placed paid advertisements in a variety of local newspapers, including The Seattle Weekly, The Seattle Times, and The Stranger. It was from these advertisements, as well as a call for participants on Craigslist that appropriate participants began to respond. It is of special note that siblings of participants were excluded from the study, as it is possible that their inclusion could have affected the interpretations in this paper substantially due to the small sample size.

If a potential participant had an interest in the study, the person was directed to email me at the dedicated email address, survivorresearch@gmail.com, or to complete the initial prescreening survey online. If the individual did not meet the inclusion criteria, then I notified them of this fact and thanked them for their time. I also offered to provide them with alternative services as appropriate. If the person appeared to meet inclusion criteria based on their email or the online survey, then I conducted a prescreening interview by phone to further determine their eligibility as well as answer any questions that the person had (Appendix C). If the person was interested in participating and met inclusion criteria, then a full-length interview was arranged. As all of the participants lived in or around the Seattle area, all interviews were conducted in person. For each participant, I arranged a private and quiet location that was convenient for the volunteer. One interview was conducted at a private university in the area, while the other four were completed in private rooms at public libraries near the interviewee's home.

Ethical Considerations

This study required that participants speak about their abuse and the relatively recent death of their abusers. As overviewed in the background section, it was possible that the interviewees had experienced or could be experiencing symptoms of complicated grief, including stress responses, avoidance, depressed mood, or cognitive impairment. It was also possible that the re-telling of their abuse histories would cause stress, traumatic reactions, or anxiety for the research participants. Therefore, it was of utmost importance that the welfare of the interviewees was protected as much as was reasonably possible.

Attempts to exclude individuals at increased risk due to lack of social support or current suicidality were explained in the inclusion and exclusion section. There was one individual who contacted me, for example, and shared that she currently experiences deep depressions that adversely affect her function and tends to isolate herself when she is reminded of the abuse that she experienced in childhood. Another person who responded to the recruitment materials did not appear to have strong social support and lived in another country. After consultation with my dissertation chair, these participants were provided with the names of appropriate support services and were gently excluded from the study. Additionally, participants were informed at every step of the process that they were able to interrupt or terminate their participation without consequences. Additionally, participants were given the opportunity to review the research results, specifically their contributions, and could request to have any material excluded from the study without consequence or retribution.

Appropriate referrals were made available for mental health support or crisis intervention at all points in the research process. Specifically, contact information for the

King County 24-hour crisis line was provided on the Survey Monkey recruitment survey, on any email to a participant from the researcher, and was given to all participants at the point of informed consent. National and local referrals included several options, including low-cost options for therapy (see Appendix D). Furthermore, it was determined that, if at any point an individual appeared to lack the ability to communicate coherently or to have mental health issues that were so complex as to prevent their ability to make sense of their experiences, they would have been excluded from the study after consultation with the supervising faculty. This was not necessary for this study.

Participant recordings were saved through the duration of the study in a password-protected file folder on a password-protected computer. Individual transcripts had identifying information removed or changed, including locations and details that could lead to the identification of a participant. Participants had the opportunity to read the transcripts of their interviews and make corrections if necessary. Furthermore, detailed informed consent was reviewed in detail with each participant (Appendix E). Informed consent included risks of participating as well as possible benefits of participating in the study.

Although there were risks inherent in any situation that asks people to revisit their narratives of abuse and loss, it should be remembered that this study also provided an opportunity for people to tell their stories, to contribute meaningfully to the body of research in this area, and might also have assisted in construction of a new narrative that supports the participants' post traumatic growth. The target group for this study was people in their early to late middle-aged years who demonstrated strong coping skills

throughout their lives. Therefore, it was important to be open to the resiliency that the participants possessed, as it was to be alert for signs of decompression.

Interviews

Semi-structured, individual interviews were conducted with each participant. These were interviewee led to allow the participants to tell their own stories in their own words (Smith et al., 2009). Within IPA, interviews are considered the prime opportunity for the researcher to enter the participant's experience; it is an opportunity for the contributors to tell their stories in an unobstructed manner. The environment, the questions, and the researcher's stance should all support the participants in speaking freely and openly and to reflect on their experiences at length (Smith et al., 2009).

Although the interviews should be flexible to allow for themes and meanings to emerge, that is not to imply that they were without structure. An interview schedule, which was designed to support the natural unfolding of the person's experience, was utilized in order to help to build rapport and to provide an opportunity for reflection on how sensitive questions might be introduced and phrased. Careful transcription followed the interviews, with an opportunity given to the participants to review the record of their interview and provide input or further clarification. It should be noted that only one participant wished to receive a copy of the transcript. This participant did not ask for changes to be made to the information.

As described above, all participants had a prescreening interview to determine their interest as well as whether they met inclusion criteria. As the volunteers were qualified for inclusion and remained interested, an interview of three hours length was scheduled at the participant's convenience. The interviews were held in local libraries in

quiet and private rooms. One interview was held in an empty classroom of a private university.

At the start of the interview, informed consent was thoroughly reviewed and the participant was given the opportunity to ask questions about the process or content of the study. Possible risks of participating in the study, as well as benefits, received special attention at this point. Additionally, confidentiality, including limits to confidentiality, was covered with the participants. Participants were asked to choose an alias to use during the research process to further protect their identity. The participants were also reminded that the interview would be recorded and transcribed. Once informed consent was signed, the interview begun. Building rapport is important to any interviewing process, however, particular attention was paid to building trust with the participants at this time as the sensitive nature of the topic required that the volunteers feel able and willing to tell their stories in detail (Creswell, 2013; Smith et al., 2009).

As previously mentioned, an interview schedule (Appendix E) was used to support the creation of a purposeful conversation with the participant. Questions on the schedule included a variety of question types (e.g., descriptive, narrative, and prompts) in order to collect a variety of responses from the clients. However, the interview schedule is not designed to direct the interview in IPA, rather the interviews remained flexible and open to allowing the participants, as expert of their experience, to lead the conversation in such a way as illuminates their personal meaning making. Rather than directing the interview, the interview schedule instead was devised to reduce anxiety for the researcher and interviewee, to plan for introducing topics in a sensitive and simple manner, and to assist the researcher in asking open, non-leading, and non-judgmental questions (Smith et

al., 2009). According to Smith et al. (2009), these open questions also encourage the participants to respond to questions in much more detail than what is used in marketing research, job interviews, or other research that the participant might have participated in.

For this study, questions were derived with the following considerations in mind. Seven to ten open questions are recommended as a maximum for a one and a half hour interview (Smith et al., 2009). The interview questions were formulated in ways that supported the researcher in addressing the dissertation questions. As the study was considering early life experience and its possible affects on later events, a chronological approach to the interview allowed for a person to tell their narrative in a way that is understandable in Western culture. However, beginning an interview with detailed questions about early abuse could have been sensitive to some participants, so care was taken to build rapport before delving into these topics. It is important to note again that wide latitude was given to the choices that the participants made in telling their stories. When an interviewee chose to begin with recent events, preferred to discuss events not referred to on the interview schedule, or wanted to address additional concerns, it was allowed and encouraged. It is best practice in IPA to make room for these developments within the interviewing process, as they often highlight research assumptions, inform the researcher as to what she should be asking, and can become the most important parts of the interview (Smith et al., 2009).

Each interview was recorded and carefully transcribed, removing names and other information that might have identified the participants. The researcher offered to email transcripts to the volunteers with the idea that would be given time to respond with corrections, elaborations, or requests for the removal of information. One participant

shared an interest in receiving a transcript to support his own writing process. Each participant was given the option to withdraw completely from the study for two weeks past the interview date, or to withhold any information from his or her interviews to be included in the study. These options were covered in the process of giving informed consent pre-interview. After the allotted time for feedback had passed, transcripts were analyzed using best practices for IPA.

Hard copy documents, including any notes that I made, were kept in binders, identifiable only by the participants' chosen aliases. These binders were kept in a locked room. All signed informed consent sheets, which included the participants' names, dated signatures, and preferred contact methods for the follow-up interviews, were kept separately from other notes in a locked filing cabinet. The identifying information to match each alias to an individual's identity were kept in an encrypted file on a password-protected personal computer that is not used by others in my household. This computer was kept in a locked room. At no time was the study data available to anyone besides the researcher and the associated faculty at Antioch University, Seattle.

Data Analysis

Evaluation of data followed an iterative process that required a meticulous analysis of the interviews. The transcription of data was completed through a confidential transcription service, Transcription Hub. There was no identifying information in the audio files themselves as I had used aliases during the recordings. Upon receipt of the transcripts, I carefully listened to the audio files and made corrections as necessary. The transcriptions were saved in Microsoft Word files. After transcription, data analysis began following Smith et al.'s (2009) guidelines for IPA. It should be noted that analysis

within an IPA framework is not intended to be prescriptive; rather, flexibility should be included within the approach to allow for themes to emerge from an "analytic focus" on the data (Smith et al., 2009, p. 79). Although the process can be best presented in steps to provide a coherent description, in reality the process was often nonlinear, collaborative, challenging, creative, and recursive.

Transcription of the material required multiple reviews of the transcripts. Within this step as well as after, interpretation is intended to slow down according to Smith et al. (2009). By reviewing the original transcripts multiple times, efforts were made to enter the experience reported by the participant, look for patterns of discourse, and explore the rhythm of the account. Smith et al. (2009) described slowing down as a way to break free of a usual pattern of quick reduction, synopsis, and evaluation that can be typical in analytic work. Rather, IPA calls for full engagement with the interview, with a focus on finding patterns, seeing how the changing relationship between the researcher and the participant changes the data throughout the interview, or allowing paradoxes or contradictions to emerge. The process was akin to immersing oneself within a piece of classical music, allowing the entire orchestra to influence one's interpretation of the music, while also noticing how the individual notes of each instrument dance throughout the piece.

After reflecting on the transcripts, I began the process of making initial notes. The goal during this level of analysis is to review the language used by the participant, note broad themes, and record ideas about anything of interest in the interview. This required remaining open to noting anything that came to mind as the hermeneutic nature of IPA means that all responses to the information become new data. Therefore, general

reactions, descriptive, linguistic, and conceptual comments, and deconstruction were all welcome and necessary ways of approaching the transcript. The goal of this stage was to produce inclusive, detailed notes that delved deeply into the transcript, rather than to generate a superficial analysis of the major themes of the transcripts. This resulted in sets of notes that at first closely mirrored the participants' explicit meanings, notes that explicated what these statements might have meant to the speakers, as well as notes that interpreted why and how these topics matter (Smith et al., 2009). In order to accomplish this, documents were created with wide margins that allowed for written notes as well as visual cues that were added to explicate interpreted connections between statements within an interview. Smith et al. (2009) emphasized that this is often the most time consuming step in IPA with the analysis becoming richer if initial noting occurs over time, and indeed, it required that I take breaks, read and reread the transcripts and my notes, and make space for processing the information that was emerging. Following is an example of one participant's data at this stage of analysis in Table 1:

Table 1

Example Data Analysis

Max: And when I started to <u>write</u> a couple of years ago, I found that <u>whenever I tried to write about</u>, first of all my relationship with my wife, but my relationship with my wife would <u>lead into my relationship to other women involved</u>, and <u>lead back to my mother</u>. <u>And I found that I couldn't do that …</u>	*Writing as healing* *Iterative process - approach* *Other relationships affected* *Is he exploring whether all women have the potential to hurt him? Avoidance of*
Interviewer: Yeah.	*reminders* *Physical manifestation of*
Max: Because <u>I became sick</u>. While at the same time, working with, you know, I have <u>PTSD</u> from an <u>auto accident</u>. And it is a matter of (pause) it is not, I mean, I can't go <u>ignoring it, denying it, avoiding</u> it for <u>rest of my life</u>. But I can't <u>go after it</u> either that part of me that <u>hurts me, hurt, like hurt me and when I think about it, it hurts again.</u> So, when I saw this and talked to you I thought <u>that this might be a way to approach it.</u>	*symptoms* *PTSD—vulnerable to trauma* *Pattern of avoidance. A need to address this part of his life* *Wants interview to understand the hurt?* *Iterative process* *Participation as part of healing process*

After that process, I began to reduce the data as I attempted to document the patterns and connections within the various accounts. The participants' phenomenological experience began to emerge through the selection of passages and data that appeared to represent their unique and shared experiences. Representative quotes were selected, or concise statements were created to signify greater meaning in the reported experiences (Smith et al., 2009, p. 92). The goal was to reduce the data created in the initial note taking, without losing complexity or the participants' experiences in the process.

Smith et al. (2009) advised researchers to notice avoidance in interpreting the data for fear of speaking for the participants. Instead, they maintained that IPA is at its core an interpretative process that requires that the researcher accept that she cannot bracket herself off from the experience completely. The hermeneutic approach within IPA requires an understanding that the interview itself was a co-creation of the participants and the researcher and to imply that the transcripts are solely the products of the interviewees is false. Rather, participant and researcher act together, and it is the researcher's responsibility to interpret the data to locate emergent themes within an interview (Smith et al., 2009). This process included using the margin method described above to provide a visual identification of underlying themes in the text (Smith et al., 2009). As Smith et al. (2009) predicted, the process was challenging as I found myself hesitant to "speak for" the participants by making interpretations. As the endeavor continued, however, I began to understand the process as supporting the telling of their stories in ways that could be more powerful and impactful than each interview could accomplish on its own.

Next, analysis focused on connecting themes within a case or transcript. The purpose at this step was to create a structure in which to understand how the most important themes were associated. Some identified themes were discarded, particularly if they were only loosely related to the research questions. The goal, according to Smith et al. (2009) is to locate the most pertinent and remarkable themes that have emerged in relation to the research questions. Using a technique that allowed for spatial manipulation of the data, I printed each set of themes on colored paper and used a large table to group themes and visually identify patterns and connections. During this process, I identified patterns in the data and named the super-ordinate data (abstraction), located themes that brought together data found in multiple transcripts (subsumation), and noted material that appeared to be in conflict with other data (polarization) (Smith et al., 2009). Although identifying thematic content was important at this stage, interpretation attempted to go deeper by identifying the context in which material was raised, as well as it's function (Smith et al., 2009). For example, it was noted that participants would sometimes use repetition in what could have been an attempt to be understood by the interviewer.

Each subsequent transcript was analyzed of its own accord with previously identified themes bracketed, or set aside, as much as possible. Smith et al. (2009) recognized that this is not entirely possible as the researcher's frame of reference is unavoidably altered through analysis of the first case. However, each participant's transcript must be able to stand on its own as representative of that person's phenomenological experience without becoming subsumed by another's story. It is by attempting to approach each transcript singularly that the ideographic nature of each narrative is honored and independent themes are identified.

After each transcript was analyzed for emergent themes, this step was repeated with an emphasis on finding connections between participants' accounts of their experiences. Care was be taken to note similarities and differences, which can lead to the creation or disposal of themes. As this was an iterative process, case transcripts were reviewed multiple times in order to explore the texts in further detail. According to Smith et al. (2009), the deepest level of interpretation occurs at this stage, as the pieces are brought back together to recreate a version of the whole. It was through the process of finding personal reflections that could be interpreted within the larger thematic ideas that I attempted to co-create new meaning in order to shed light on the research questions.

Results

Introduction

Information was disseminated widely, through related organizations and support groups, public spaces, and social media, with a total of 37 people responding to the online survey. The majority of these did not meet basic participation requirements; although almost all respondents reported abuse by a parent, most of the respondents' abusers were living. Additionally, 18 of those who replied did not meet the age requirements of the study. In all, ten people who completed the preliminary survey met basic study criteria. Two of these did not include contact information. Two others were excluded after a prescreening conversation. One of these declined to participate when he learned that compensation was not included for study participation. The other was excluded due to information that she provided by email about her current mental status and history of decompensation when discussing her abuse history. A total of five people, one woman and four men, met criteria for participation and chose to be interviewed. Notably, four of the five learned about the study after reading classified advertisements that were published in local newspapers. A sample of this size allowed for an in depth exploration of each narrative as well as analysis of the patterns across narratives. Findings are presented in the following section.

Participant Descriptions

All names have been changed to protect participant identity. Participants were asked to choose an alias; where they declined to do so, I chose a pseudonym to use.

Ruby. Ruby is a 61-year-old Caucasian female, who is completing a graduate degree and living in a suburb of a metropolitan area. Ruby disclosed sexual abuse by her

stepfather between the approximate ages of four and eleven. During this time and up until she left the family home at age 17, Ruby's family lived in many different states, including: the East Coast, the Southwest, and the Northwest. Ruby's stepfather died four years prior to the interview of complications with his heart. She has a half brother fathered by the abuser, whom she no longer speaks with. Ruby also reported that her mother abused her both emotionally and physically as a child. Her mother is still living and is estranged from this participant. Ruby is divorced from an abusive and alcoholic man, and has close relationships with her daughter and grandchildren as well as a group of supportive friends and colleagues.

   Joe. Joe is a 54-year-old Caucasian male living in an urban area of a West Coast metropolitan city. He has not worked for many years, due to disability. Joe disclosed that he was physically and emotionally abused by his adoptive stepfather from the ages of approximately eight to seventeen. He lived with his stepfather within a religious organization that he described as being a "cult," while his mother raised his two half-sisters in a different part of the country. During his childhood, Joe and his stepfather moved regularly and he lived all across the country. His father died four and a half years before the interview of complications due to blood clots. Joe is divorced and did not have children of his own. He reported good relationships with his half-sisters and their sons, as well as with his stepmother, who married his stepfather when Joe was an adult. Joe discussed his long history of drug and alcohol addiction and had been sober for three years at the time of the interview.

   Professor. Professor is a 68-year-old Caucasian man, who had recently moved to a rural area in the Pacific Northwest. He disclosed that his father, who he asserts abused

him physically in early childhood, left his mother before he was one year of age. He also reported frequent moves as a child. He reported ongoing sexual and physical abuse by his biological mother that occurred from early childhood until the age of 15. He was unsure as to the cause of her death, which occurred approximately three years before the interview. Professor said that he has "at least" two half-sisters and a half-brother from his father. He reported being raised with his younger biological brother, who is nine and a half months younger than him. He maintains contact with this brother. Professor described an illustrious career, which included working for 20 years in information technology, buying and selling large companies, and over 10 years of teaching high school. He described being ABD for a PhD in English, and having a master's degree in education. He is divorced and estranged from his daughter and grandson. He is remarried to a woman who he described as being supportive and has a small, but close circle of friends.

Phillip. Phillip is a 63-year-old Caucasian man, who splits his time between working construction in a Pacific Northwest city and living in Thailand. Phillip also lived in a variety of locations as a child, including France and Germany. He was raised with his biological father and mother and is the oldest of eight siblings. Phillip disclosed physical and emotional abuse by his father that began as a young child and continued until he left home at age 17. His father was reportedly a functioning alcoholic, and had a long military career. His father died approximately three years before the interview of complications related to cancer and heart disease. Phillip is divorced from the mother of his three children and reported that he and his ex-wife had been physically and emotionally abusive with each other. He is remarried to a Thai woman who lives in Thailand and

spends approximately half of the year in the Pacific Northwest area in order to earn money to support his family abroad. He discussed wanting to improve relationships with his children and described having loving and supportive relationships with members of his Thai family.

     Max. Max is a 64-year-old Caucasian man, living in the suburbs of a West Coast metropolitan city. Max was raised in a Midwest state, within which he moved often as a child. His father died when Max was nine years old, and he was raised with his three siblings and his biological mother. Max disclosed that he was sexually and emotionally abused by his biological mother. He believes that the abuse began before he was five years of age, but his memories are reportedly more clear regarding the abuse that occurred between the ages of nine and thirteen. His mother died of complications related to heart disease approximately three years before the interview. Max reported a long history of alcohol addiction and is currently sober. He worked as a stockbroker for his career and is retired. He is recently divorced and partnered with a woman who he described as being supportive and understanding. He said that he had chosen to cut-off contact with friends who did not understand his history and shared that he has a small group of caring people in his life. He is currently focused on his writing and would like to publish a memoir about his life.

Primary Findings

     After detailed analysis of the five interviews, six super-ordinate themes emerged with related subordinate themes. These are presented in Table 2.

Table 2

Super-Ordinate and Subordinate Themes (n/N)

Effects of Abuse
"And it shaped my whole life" –Phillip

Physical, Emotional, and Cognitive Effects (5/5)
Memory Fragmentation and Dissociation (5/5)
Consequences for Relationships (5/5)

Survival
"I'm funny—I tell you, it saves me." –Ruby

Negative Coping (5/5)
Positive Coping (5/5)

Healing Process
"I was able to begin to process." –Joe

Healing as Iterative (4/5)
Catalysts for Healing (5/5)
Sense Making (5/5)
Integration of "Good" and "Bad" (4/5)

Adult Relationship with Abuser
"That was the last time I saw her." –Max

Relationship Equilibrium (5/5)
Detachment (4/5)
Anticipating Death (4/5)

Responses to Death
"Ding Dong!" –Professor

Emotional Responses (5/5)
The Funeral (5/5)
Regression (3/5)
Incongruence with Others (5/5)

Next Steps
"I know I'm going to be okay." –Ruby

Decisions About Forgiveness (5/5)
Posttraumatic Growth (5/5)
Earned Secure Attachments (5/5)

The following tables (Tables 3–7) present super-ordinate and subordinate themes that emerged from each individual interview.

Table 3

Ruby

Age at Interview: 61   Abuser: Stepfather
Effects of Abuse
Somatization/Physical Effects
Sense of Self Transformed
Loss of Memory
Survival
Enmeshment
Hypervigilance
Guardian Angels
Dissociation
Secrecy and Stigmatization
Friends leaving
Needing to Lie
Threatened by Abusers
Doctors "not wanting to hear"
Healing Process
Remembering
Therapy
Detaching from Family
Spirituality
Response to Death
"Blank"
Funeral Experience
Catalyst for more Healing
Freedom

Table 4

Joe

Age at Interview: 54   Abuser: Stepfather
Transformation by Abuse
Sense of Self Changed
Abuser Changed
Pivotal Moments
Effects of Abuse
Memory Changes
Anger
Sense of Normalcy Changed
Addiction
Understanding
Secrecy Around Abuse
Context of Family
Wanting Abuser to Understand
Being Understood as Healing
Healing
Making Amends/Penance
Therapy
Forgiveness
Seeing Abuser Change
Responses to Death
Overwhelming Emotion
Drug Binge
Decisions About Funeral
Posttraumatic Growth
Family Relationships
Volunteer Work
Sobriety

Table 5

Professor

Age at Interview: 68   Abuser: Mother
Effects of Abuse
Feeling Unsafe
Negative Emotionality
Fragmented Memories/Dissociation
Coping
Intelligence
Education
Alternative Attachments
Relates through Power
Fear of Authority
Distrust of Women
Pursuit of Power Positions
Making Sense of Abuse
Abuser as Mentally Ill
Integration of Good/Bad Memories
Understanding Context of Abuser
No Resolution
"What would I have been like?"
Fantasies About Death
Ding Dong! The Witch is Dead!
Repulsion
Healing
Relationship with Wife
Healing as Iterative Process
Morality/Ethics
Therapy

Table 6

Phillip

Age at Interview: 63   Abuser: Father
Effects of Abuse
Negative Emotionality
Transformation of Sense of Self
Altered Sense of "Normal"
Fragmented Memories
Understanding the Abuse Through Context
Societal Context
Understanding Father's Context
Understanding Mother's Context
Abuse as a Cyclical Phenomenon
Process of Detachment
Forgiveness and Amends
Father "Softening"
Final Breach
Loss of Hope
Response to Death
Family Fistfight
Frustration
Sense of Release
"It's Life Resolution"
Healing as Iterative
Attachment to Wife's Family
Spirituality and Cultural Context
"Making Merit"
Role of Therapy

Table 7

Max

Age at Interview: 64   Abuser: Mother
Effects of Abuse
Numbing - Physical & Emotional
Self-Blame/Sense of Self Altered
Negative Emotionality
Relationships with Others
Coping
Conning/"Weasel"
Control Relationships
Succumb to Abuse
Resolving the Abuse
Understanding Context
Abuser as Mentally Ill
Making Amends - Breach
Loss of Hope/Resignation
Responses to Death
Funeral Choices
Incongruence with Others
Relief
Healing
New Relationships
Writing
Spirituality
Forgiveness
Setting Boundaries

Discussion

Introduction

In order to explore the bereavement process for adults who have experienced the recent death of their previously abusive parent, four Caucasian men and one Caucasian woman completed in depth, participant-led interviews. The volunteers, having been raised in various areas of the country, were between the ages of 50 and 70 and were all currently living in the Pacific Northwest region of the United States at the time of interview. Their abusers included biological mothers, a biological father, and in two cases, stepfathers. The childhood maltreatment ranged from physical to sexual abuse, and each described some form of emotional abuse by their primary caretakers in childhood. The parents died from a variety of health ailments within the past five years.

Although all of the participants expressed some trepidation at telling their stories to the interviewer, they appeared to be engaged in the process and were able to give rich, detailed accounts of their lives and their responses to the death of their parents. Several expressed their desire to tell their stories in hopes that it might serve to help others who have lived similar experiences, while some stated that they hoped that participation would contribute to their own healing processes. All were able to recount details of their abuse, and were reflective about their own experiences throughout their adulthoods, leading up to the death of the abusive parent. The interviewees also all talked about the various ways that they have processed the deaths as well as their own growth and development as individuals in spite of having experienced such awful treatment by their parents.

After an in-depth analysis of the interview transcripts, six super-ordinate themes emerged from the data: Effects of Abuse, Survival, Healing Process, Adult Relationship with Abuser, Responses to Death, and Next Steps. Although participants articulated their own unique experiences over the course of a lifetime, each story revealed how the individuals experienced the abuse's effects on relationships, on cognitive and emotional development, as well as on each person's sense of self. Questions about specifics of the abuse were intentionally excluded in order to allow the participants to control if, when, and how to speak about their histories, yet each person spoke powerfully, and in often painful detail, about their abuse.

Each participant discussed the negative Effects of Abuse that they experienced. Some referred to ongoing health problems, such as chronic migraine headaches, that they attributed to their maltreatment as children. As might be expected, the participants experiencing feelings of anxiety, depression, and hypervigilance that are commonly associated with traumatic events. Memory development and retrieval appeared to have been affected in the participants as well, although there were differences in dissociative symptoms, periods of amnesia, and the extent of detailed memory for their early childhoods. Each person described having some difficulty in their close relationships as a result of the maltreatment; some described attempting to create safe connections with others to varying degrees of success, while others believed themselves destined to repeat maladaptive relational patterns that they learned in their early experience.

Each participant also spoke about the coping mechanisms that they developed, which emerged as a theme of Survival. These methods of coping have had both negative and positive consequences for the men and woman in this study. Four participants talked

about their own histories of addiction to drugs and alcohol. Only one participant did not develop a self-reported substance abuse issue, although he described other addictive, numbing behaviors that he used to cope with the aftermath of the abuse, as well as alcoholism in his biological brother. Some of the other survival techniques involved changes in behavior, such as "conning," manipulating, stealing, and being physically aggressive. Interviewees also talked about searching for structure and perceived safety outside of the home, such as joining the military in order to develop life skills that had been neglected in their home. Some physically escaped their abusers, albeit temporarily, by running away. Almost all of the participants spoke about using their personal strengths to survive, which included intelligence and keen senses of humor.

The participants described themselves as being at very different places in their own Healing Processes. All described participating in therapy to manage symptoms of the abuse, and several found this process integral to their own healing journeys. Most of the interviewees described their healing process as developing iteratively, describing times of relative health interspersed with times that effects from the abuse would return and be more dominant in their lives. Apparent in each interview was the participants' efforts to understand their abuse. They asked themselves, "why me?" They described seeking out information about their abusive parents' histories to understand the context of the parents' lives, often discovering that the abuser had experienced significant trauma in his or her early life. They searched to make meaning of themselves, of their abusers, and of the society in which they were raised in efforts to promote self-healing. Finally, several described an integration of the loving and positive sides of their parents with the cruel and violent sides that the children so often saw.

Integral to understanding the interviewees and their responses to the death of their previously abusive parents was hearing about their Adult Relationship with the Abuser. There was considerable difference in the adult relationships that the participants had with their parents, ranging from no contact, to visiting often and helping to caretake for the elder parent. Several interviewees described trying to establish healthy relationships with their parents, to varying degrees of success. Detaching from the parent emerged as an important subtheme, one that offered important information about the processes that occur when an abusive parent dies. Several described anticipating the parent's death at points in their lives and believing that death might bring some relief.

The theme Responses to Death provided some of the most direct answers to the research questions in this dissertation. This theme and its subthemes included substantial and emotionally charged descriptions from the interviewees. Emotional reactions were salient and were often described as having been surprising to the individuals who experienced them. I was often struck by the rawness of the emotion that was apparent during the interviews as people talked about the death of their abusers; some participants pounded on the table and raised their voices as they described this time of their lives. One participant, who had described an eye tic in his angry father, began to display a similar twitch, seemingly unbeknownst to him. The embodiment of the responses within the interview setting was powerful and illustrated the intensity of the participants' responses to the death of their parents.

Although not all participants reported experiencing regression, there was a saliency to the experiences that some had of a relapse of negative coping and increase in trauma symptoms that occurred soon after the death of their parents. Important to

understanding how the experience of losing an abusive parent might differ from a death where the relationship was caring was also seen in the incongruence between these people's experiences of the death compared to the expectations and reactions of others around them. It was typical for this group to have been pressured to reunite with the parent before death or to display mourning behavior that is culturally expected of a child having lost their parent. The participants had a variety of reactions to these expectations, and differed in their decisions as to whether to attend memorial services or not.

Although I will describe the super-ordinate theme Next Steps last in the discussion session, it is important to note that the participants demonstrated resiliency and growth throughout the lifespan. These are survivors of abuse and each person demonstrated great strengths and periods of thriving in their lives. Forgiveness was an important subtheme in this respect; although each individual came to her or his own conclusion about if and when to forgive their abuser, the process of reflecting on forgiveness and making a decision that felt right for each person appeared to be important. Additionally, all participants chose to talk to the interviewer about healthy relationships that they had developed in their later years with others. These relationships seemed to reflect secure earned attachments for the participants. The individuals each made some mention of how they saw themselves in the future and how they might move forward in their lives, in a world where their previously abusive parents are physically gone.

In the following sections, I will describe each super-ordinate theme in detail, providing supporting quotes and comments about the interviews to further answer the research questions.

Effects of Abuse

The participants reflected on the many ways that they have been affected by having been abused by a parent. Three subthemes emerged from the data, which included: Physical, Emotional, and Cognitive Effects, Memory Fragmentation and Dissociation, and Consequences for Relationships.

Physical, emotional, and cognitive effects. All five participants shared ways that their physical and emotional lives had been affected due to the abuse that they experienced at the hands of their parents. For clarity, the effects are discussed separately, although the participants more often discussed them in more integrated ways.

Physical manifestations of abuse. Ruby, who had been sexually and emotionally abused by her stepfather, as well as physically abused by her still-living mother, described a variety of somatic responses that she experienced in the years following her abuse.

During her interview, she described a piece of art that she had painted that included a woman missing a hand. Later, she experienced a somatic response to her abuse:

> Well, about a year later, my hand was going numb, and it was cold and stuff, and like what the hell. So I went to the doctor and she said oh, your circulation is now—whatever; you're nerve damaged, I don't know what (p. 5).

Later, as she recovered memories of her abuse, she recalled a time when her mother had left her with her hand smashed in a clothes wringer. She described her response as a little girl:

> I just sort of hypnotized myself because I could do that and dissociated it and then, of course, that hand went numb and I don't remember. (p. 9)

Having recovered the memory, Ruby described processing this episode of abuse and said that the numbing in her hand dissipated.

Ruby also described physical effects that were direct outcomes of physical abuse that occurred at the hands of her mother and stepfather:

> I go to the doctor, "when did you dislocate your collarbone?" "I had a rough childhood," and the doctors turned around and walk away. Everyone knew that. That's dislocated, they heal that way. My mom threw me against the greenhouse when I was playing with my stepdad and dislocated it. So I just stayed in bed for, till I could get up. Then my lower back, my lower back, they go, "when did you break your tailbone?" "What do you mean? No one hit my tailbone." I've got dislocated discs all over my neck and back and shoulders all, I got chunks of bones it feels like in one hip and I'm all—but it doesn't stop me. (p. 20)

Ruby was not alone in experiencing physical ailments as a result of her abuse. Max opened his interview by sharing that remembering his abuse history, which occurred at the hands of his biological mother:

> And when I started to write a couple of years ago, I found that whenever I tried to write about, first of all my relationship with my wife, but my relationship with my wife would lead into my relationship to other women involved, and lead back to my mother. And I found that I couldn't do that because I became sick (referring to migraine headaches). (p.2)

Later, as Max was telling the interviewer about his early experience in school, he interrupted himself to tell the interviewer more about his ailments:

> You know, my migraine headaches they all come like—I just got over one, as a matter of fact, a migraine and it was like a twelve-hour migraine. Generally I can get rid of them. If I have them still in the morning after going to bed, there is a process I can go through to get rid of that migraine. (p. 8)

Phillip also described physical manifestations of the physical and emotional abuse that his biological father inflicted on him:

> And I carry those events in my body. My sleep is very disturbed and I've been recording it, then sometimes I'm having bad dreams and I thrash around. And how much of that—is family related all that? (p. 15)

Professor discussed physical effects that ended in childhood, but still cause him distress at present. Specifically, he developed enuresis as a physical response to the sexual abuse of his mother:

> I had enuresis really bad; I wet the bed. I've since learned that may be a response [to the abuse]. And that lasted until I stopped sleeping with my mother. (p. 10)

Joe did not discuss his physical ailments as being related to his early abuse at the hands of his mother. It is worth noting, however, that he is suffering from COPD and physical disability that prevent him from working.

Emotional manifestations of abuse. All of the participants described emotional and mood dysregulation that they attributed to having been maltreated. Ruby spoke about experiencing intense emotion and anxiety throughout her life:

> Sometimes you take on characteristics of your abusers and so that in a rage that I have access to, I have learned, and of course it took me—because my nature has always been a real gentle spirit, real caring spirit, but yet I had all these experiences happen to me. (p. 2)

> And I was so full of rage. (p. 37)

> I would get anxiety attacks horrible, horrible anxiety attacks for years. (p. 63)

Ruby also described experiencing symptoms of depression that manifested as passive suicidal ideation into her adulthood:

> I wished I was dead. I wasn't going to shoot myself. I just wanted to be dead. Because you get to a point where, and I forget to take my medicine when I'm at that point. You know you have the pills, yeah, where are they, in my drawer, go get one. Oh, okay. I guess I can't get there from here. You just can't—you're trapped in some kind of weird circle. Yeah, so I wasn't suicidal. I just wished I was dead because I didn't want to feel, I didn't want to feel that, and, you know, you still revisit pain, and I was like oh god, is this not ever going to end? (p. 65)

Professor also described a long history of experiencing anger, anxiety, and depression. He described joining a military program before college, but failing to complete training due to his high levels of anxiety and depression:

> So, the fact that I knew about what they were doing, still didn't stop me from being anxious. So, my anxiety level was always high. I've always regretted that I didn't finish because I liked to finish stuff. (p. 17)

Afterwards, Professor enrolled in college. Here he reflects on becoming so depressed that he was hospitalized:

> And then a couple of years later, 1971 I guess, I had a little mental breakdown kind of thing where I got really suicidal and just checked myself into the hospital. I knew the signs. I knew I was really depressed. (p. 17)

Unfortunately, these emotional manifestations of his early abuse history lasted into his adulthood. Professor added:

> I mean, and the pain is still there. I have a lot of anger and because I am still suffering from depression and anxiety even to this day. (p. 35)

Max reflected in painful detail long-term depression that he has experienced throughout his life:

> I don't know if that's PTSD, depression or what, but I feel like I mean tell someone that the effort it takes to get out of bed and go to the bathroom, I don't have broken legs, there is nothing physically wrong with me, but the bathroom is 20 feet away and it was like I have to psych myself up to do that and then when I get to the bathroom, I might have to psych myself up to get up from there and go back to bed. (p. 47)

Max appeared to continue to be distressed by the emotional effects of the abuse at the time of interview. Near the end of the discussion, he asked me how therapists work with people who are emotionally numb:

> Yeah, what about people who can't get it started again, who can't feel at all? You can't feel it, because sometimes I feel like I am in danger of not feeling again. (p. 65)

For Joe, much of the emotional effects of abuse emerged as anger. At times, he described being unaware of the anger that he still holds inside of him. Here, he described the first time that his therapist raised the topic of his stepfather:

> Yeah, well, when I first started therapy and my therapist talked about my stepfather, he brought my stepfather's name up and I had a Coke can in my hand. And as soon as he brought the name up, not even consciously did I do it, it was unconsciously. I just literally smashed the can in my hand. You know, that's just anger and feelings that I had inside of me for what he had done over the years. (p. 37)

> Yeah. I went through a lot of different feelings, especially anger. Went through a lot of angry feelings. (p. 56)

Phillip spoke throughout his interview about anger. He described his abusive father as an angry man and lamented that he had also begun to experience anger as a primary emotion. As an adult, he talked about entering voluntarily into anger management therapy in order to try to resolve this manifestation of his abuse history:

> But once you to fight dirty like that in an argument and conversation then it comes [snap] quick. And I was like, oh, this is how my dad learned it. He learned that verbal sparring and that insult technique. And when you learn that do that it becomes kind of automatic and you get angry and things accelerate, and I also had that. I get mad. That's how we did things when I grew up. That's how my dad did things. And all of this, the same thing is going and it's too late. Adrenaline is going up and pumped into—got me into trouble. (p. 21)

Notably, Phillip also reflected on emotional and physical effects of the abuse on his siblings, who were also abused by his father. The following is a condensed excerpt of his description:

> All that stuff is going on and that with all my brothers and sisters I see it all happening, my sister who found the ad that got me here to talk to you, she's so screwed up, she is agoraphobic. She is constantly in depression. And the other brother, the one I said was the odd one, he hasn't been worthwhile for years. And he is all just kind of wrapped up in his own little world and I got my other sisters, she is married, a younger sister, she married a guy who is very abusive and very

angry and very controlling and manipulative and all that. She is sort of doing better but I see her, and her behavior and her life, and how she manifests this. (p. 28)

Cognitive manifestations of abuse. Not all of the participants specifically discussed cognitive changes that occurred as a result of the abuse that they experienced. However, the descriptions that were given were particularly salient. Some interviewees described a change in their sense of self; for some, these changes appears to have lasted into adulthood. As an example, Max described himself as "a needy kid" (p. 12), as he talked about trying to connect with other adults to try to have his needs met. He appeared to think of himself as radically changed by the abuse, as seen in this excerpt:

I mean I'm twisted from the start and that never goes away. (p. 28)

Interestingly, Phillip also talked about his father using the same language:

It was one of those things where things are just twisted and even he was so artful at it, you could never—it was so hard to argue against him and then you would just get yourself. And then dig yourself deeper in the hole. (p. 20)

Beyond seeing the abuse and possibly his abuser as "twisted," Phillip's sense of self also appears to have changed after the abuse. Early in the interview, he begins to use language that highlighted to me both how profoundly the abuse had affected him and a sense of brokenness in how he sees himself:

But it did kind of shape my life a lot and instilled a lot of fears and discomfort. There's just stuff rattling around up there. And it shaped my whole life in the way I do life and the way I do things. (p. 11)

There is a whole lot of bull-shit rattling around that I could probably spend a couple of years on the therapist couch digging in to it, and a lot of tears and emotion and whatever. (p. 28)

So I got all that rattling around, in me but I'm not talking about it because I don't like to be drawn in with a whole back and forth complication thing and then what you said and she said and I didn't do that and I got to freaking—uhhhhh! (p. 38)

Ruby talked about becoming more like her abusers, both as protection, and also as a by-product of having been influenced by them so early in her life. Here she contrasts the parts of her self that she feels have been transformed by the abuse in contrast to the "gentle spirit" of her core self:

> Sometimes you take on characteristics of your abusers, and so in a rage I have access to, I have learned, and of course it took me because my nature has always been a real gentle spirit, real caring spirit. But yet I had all these experiences happen to me. So I have this place I can go where I've often said, "you don't want the piece in me that can deal with you," and often a few times in my life, people have looked at me, even drunk people, and looked in my eyes when I've been upset with them and they've gone, "oh, sorry," and then back away. It's almost like they can see something in my eyes that's frightening. (p. 3)

Here again she refers to the parts of herself that she believes have changed because of the abuse by her parents:

> I was raised by psychotic weirdoes, so I know how to kind of do that dance to join them, when to run, what to say. I mean, I can fit right in because I had to enmesh with psychosis for survival. The whole attachment theory in order to attach, I had to be completely codependent and almost an extension of whoever I was. (p. 30)

> I don't know why. It's like one of those little psychotic inserts that you might get if you've got a history of knowing psychotic people. (p. 65)

Professor also seemed to describe a changed sense of self during his interview. Here, he shared a longing for a self that was distorted by the abuse that he survived in childhood:

> And I keep wondering what I would have been like, what could I have done, had I been brought up in a loving family. And my grandmother and my aunt, they read to me, so I became a reader, I read a lot as a kid, but what could I have been if I weren't—I was so difficult with authority. I didn't apply to medical school. I wanted to go to medical school. But I never would do things like that.
> (pp. 35–36)

Several of the participants also appeared to experience cognitive changes that occurred as a result of the abuse that manifested as the normalization of violence in their

household. Phillip, in describing the severe corporal punishment that he would receive by

his father said:

> The way (my father responded) could be a mix of just sort of loving concern and just you fucking kid—you're in trouble and put us through a lot grief and that I didn't understand. And I again the time I thought it was sort of normal, that is how we did things. (p. 9)

Max shared a similar response to his abuse. He shared that he lived in a

neighborhood where it was common to see interpersonal violence, which mirrored some

of his experience in his home. In regards to additional abuse that he received at the hand

of his coaches at school, he said:

> Men thought, I mean, you know, the men knew I didn't have father, so they stepped in as fathers for me, and beat me up like my father would if he were alive. [long pause] But I was used to it by then. (p. 7)

Joe seemed to develop a sense that it was normative to hurt children, yet he could

not accept the same treatment of his mother. He shows his acceptance of his own abuse in

the following statement:

> I was willing to put up with my stepfather's abuse, you know until the first time I seen him slap my mother. (p. 14)

Interestingly, Professor and Ruby did not appear to share this sense of their abuse

as changing their sense of what is normal. As will be discussed later, Ruby did not

remember her sexual abuse at the hands of her stepfather until she was an adult, which

might account for her lack of description of the relationship as being "normal" for her

experience. Professor did allude to the fact that others in his family knew that his mother

was sleeping in the same bed with Professor, into his adolescent years. Although he said

that his shame and guilt contributed to his continued difficulty in confronting his mother,

it is also imaginable that he could have developed cognitive distortions regarding the normalcy of his abuse.

Memory fragmentation and dissociation. All participants indicated some evidence of lost, distorted, or fragmented memory that could be attributable to their abuse histories. Certainly, this also could have been related to the amount of time that had passed since the events recounted in these interviews. After all, I was asking these five to recount aspects of their experiences from four to six decades earlier. Yet, a pattern of forgetting, of dissociating, and of speaking of the past as if it was the present seemed meaningful to understanding the participants' experiences.

For example, Max began his interview by reflecting that he has a long history of pushing the memories of his abuse out of his consciousness, as reflected in his following response to my question as to what interested him in participating in the study:

> I saw your ad in one of the local papers. And, uh, I, probably the most interesting part of my life is the part I don't like to think about. (p. 1)

And indeed, he appeared to have lost some of the details of his childhood from his memories. As an example, he did not remember whether his biological father (who died when Max was nine years old) lived with him in early childhood, where he worked, or where they lived. This appeared important as he reflected that his father's death served as a turning point for the abuse by his mother to begin. At another pivotal point in his childhood when he described the abuse becoming worse, his memory appears to become uncertain again. He says, "all of a sudden she had friends" (p. 13), and is forgetful of who was present or what was happening during a particularly important abusive event to him.

Professor also described periods of memory suppression. In his case, some

memories returned and others he continues to forget. Here he is speaking about additional

sexual abuse that happened at the hands of a male cousin:

> That didn't really come into my mind until a few years ago. It had been
> suppressed for so long. (p. 9)

> Professor demonstrated similar memory suppression in regards to his abusive

mother:

> Because you go through that thing and in your 20s and 30s you kind of suppress it
> all. But then when you're about 40, sometimes it comes bubbling up and it
> bubbled up, and when it did, these memories started coming back to me. (p. 33)

> Phillip also described forgetting aspects of his abuse. In one event that seemed

particularly poignant to him, he reflected back on an event that reportedly occurred when

he was approximately 12 or 13 years old:

> And there is a lot of it, I don't remember. A few times I do, but my sister told me
> that my dad chased me around hitting me with a 2X4. You would think that would
> be something you would remember, I don't, but she said she remembers it very
> clearly, you were running around the basement and he had a 2X4. I don't know
> what I did or what it was, but that was a kind of thing I dealt with [big sigh].
> (p. 10)

> Yet, others details of the abuse he remembered in close detail. As an example, he

described a tool that his father had created as a "disciplinary" tool:

> But a lot of it, I don't remember. I remember getting spanked or whipped, and he
> even had a piece of plastic hose—the belt had a buckle on it, you know it could
> leave injuries or something. So, somehow, he got a piece of plastic hose—it was
> the whipping hose, folded it up, tied a knot in it so it was like a loop, and it was
> just around the house, it was the disciplinary tool. (p. 7)

> Similarly, here he remembers the details of his father's facial tic that was

mentioned earlier:

> But I kind of don't remember those parts it because I just remember him being
> angry and that twitch in his face. And his lower eyelid, which one of my brothers

as he is aging, he is start to looking for more and more like him. And when he's been drinking and he's getting a little soused and he's talking about something that's going on, and he is annoyed about it and talking about what's going on, and I'm like, "whoa, there's that same look." And it's creepy. And it's like, well a bad flashback. (p. 53)

Joe did not describe missing or fragmented memories of his own. He did appear

to have detailed memories of particular aspects of his abuse. Here he describes details of

the shape of a board that was used to physically abuse him:

He got himself a board, and would hit me with a board. It was kind of a thing that he kind of shaped into a paddle and it was a long board and he would hit me with that. (p. 5)

Not long after, he described the first time he saw his father hit his mother, which

is a poignant memory for him as he described it as a turning point in how he saw his

stepfather. Here he is describing talking to his mother about the event as an adult:

Yeah. Over the years, we've talked about it. You know, especially talked to her about the first incident where I seen myself father slap her, and interesting enough, she didn't remember that incident. (p. 35)

Ruby described having the most memory suppression in the sample. She

described having very few memories from childhood overall:

I don't really remember, maybe 10 or 15 things I can remember before age 11. I had. [pause] I had a father, I had two stepfathers, one that my mother married and divorced three different times, which seems rather odd to me, and now, and there was violence with the first two. She left the one that is pertinent to the study when I was 11, and she stopped drinking when I was 11. So I realized that that's probably why after age 11, my memories became linear and sequential, and not dissociated; I found out. (p. 2)

Some of the memories that she does have, she described as "video tapes;" as

being qualitatively different than her other memories. In this example, she describes the

difference:

So in that video that, because there are the videos, they're not like, that's what I used to question, because like that's not a real memory—real memory is like I talked to H___ yesterday. (p. 11)

I didn't know I could just talk about this, but that's because everything is in different places: the emotion, the terror, the video, the present real-time facts. So, and I forgot what you asked me. (p. 12)

As Ruby discussed in her interview, her memories of the sexual abuse began to return when her daughter turned "a certain age" (p. 5). Ruby was approximately 38 years old at the time. She said that she went to see a therapist for this reason and learned that she had a pattern of dissociation and derealization, which is described later. Here she remembers being an adult and the confusion that she felt because she had no memory at the time of the abuse:

He came up to me after the (wedding) ceremony and this is a grown ass man, right? And he is crying and he is wiping his eyes with his handkerchief and he is crying, his eyes are—"I just want to say I'm so sorry, I'm so sorry." And I don't get what he is saying because I'm 30 and I don't have a fucking clue about any of it, except that I'm attracted to black velvet, and I know that—I know some things I'm capable of, and I don't know why. And so I say, oh, that's okay, don't worry about it. That was between you and mom. And I thought he was talking about the violence between them, because I didn't know what else to refer it to. (p. 35)

Ruby spoke at length of her pattern of dissociation from an early age and into adulthood. In this excerpt, she talks about her first experience in therapy talking about her pattern of dissociation:

And then I went back to her, and she says, well, you don't seem to be the same person I talked to the first time you came. And I'm like, well, yeah because when I don't trust somebody, I'm this way. And she goes, well, do you ever use other names. I go like, yeah, when I go out drinking, I tell people my name is R___ and then I knew that I busted my damn self right there, because I'm smart enough to know that I dissociate and it was over. (p. 5)

At this point, Ruby said that she was referred to a therapist who specialized in working with clients with trauma backgrounds. It appears that connecting with others who also had experienced this effect of abuse was important for her:

> Yeah, yeah. Amazingly enough, I was attracted to other people who dissociated and we were there for each other. When like, I may be ahead of this one and then this one. (p. 59)

Ruby had been introduced to the concept of dissociation by a therapist and so was well versed to discuss her process in the interview. Although most clients did not specifically discuss experiencing dissociation, there was indication in Professor's report that he might have experienced dissociation as a response to the sexual abuse by his mother. In the midst of a description of his abuse, he said:

> We had a fireplace in the room and books on the fireplace. I always wanted to know what was in the books. (p. 8)

It is possible that this highlights his process of removing himself from the abuse and entering a dissociative state where he was engaged in the books on the mantle, rather than experiencing the abuse in the moment.

Consequences for relationships. Interestingly, all of the participants described moving often during childhood. Moving is not necessarily an effect of abuse, however, it surfaced as important due to the frequency of the participants talking about their relocations as important to understanding their experience. Even though most participants did not specifically talk about how they were affected by these moves, they often organized their stories around where they lived.

For example, Professor spoke about his life in three stages, in a reference to Julius Ceasar's "All of Gaul is divided into three parts." He said:

But then when we moved. So, stage one is in the big house. Stage two is with my aunt. Stage three is when we moved out into what we do you call them— basically the slums. That's kind of my childhood broken into three parts like All Gaul. (p. 7)

Phillip also talked about his moves early in the interview:

California, like first grade, I grew up in California then we went to France probably second grade, we were in Germany in third grade through fifth grade, and then in Dayton, Ohio, from sixth grade through my junior high school and then we went to Holland. I was there two years and then I left home. So we were kind of all over the place. (p. 6)

Joe's comments occurred throughout the transcript, generally as he was describing a detail of his abuse by his stepfather. Beyond these examples, he also lived in Virginia and the Midwest as a young child:

[my stepdad] started losing his temper with me a lot. You know, very easily. And then starting at about the age of eight, we were getting on a freeway—at that time we were living in Beaumont, Texas. (p.4)

[Loud sigh and pause] Yeah. So—and then we moved to New York for a while, moved to New York City. And on top of getting the beating. (p.7)

Max also was moved often as a child:

And my father was to become a journeyman electrician in Alaska but he never completed his journey. And when he heard about the work on the pipeline just sort of made plans. I think that's how it worked but, so he came back and got the job, we moved to Clearbrook, Minnesota, which is up North and then we lived there until I was three, I think, and then until I was five we lived in a place called Deer River, Minnesota, which is basically just further down the pipeline construction, you know. And then from there the pipeline went east to northern Wisconsin and northern Michigan and so we moved to Hurley, Wisconsin, when I was five, cause I started kindergarten there. And uh, we moved into a company house that the pipeline had built for that purpose. We were the first ones to move into that company house. (p. 4)

Max perceived his next move as being a pivotal moment in his story:

But then he died and we had to move out of that house and we had to move to other side of the town. And so then I, you know, all, my friendships all changed, you know. People I knew until I was nine didn't hang around with anymore, right? (p. 7)

Ruby connected her moves to her personality development. She said:

> So, we moved around a lot, went to 11 schools in 12 years, lived in three states. Mostly in Seattle, but I've lived in Montana, the three states in the eighth grade were Georgia, California, and Nevada. (pp. 3–4)

> Yeah, it was kind of cool moving around, because I've said in later years you could drop me off in any place on the planet and I have friends, you know, everybody's life started within a week. Fit right in, they would forget that I wasn't born there. So, I have a way of, and it might be co dependency chameleon, I just fit, I just, I adapt to my situation because I've had to so many times. (p. 4)

Clearly, these moves were important to understanding the experience of these participants. As I reflected on their histories, I wondered how this information was related. What came forth in my reflections was how these moves might have affected the children's attachment styles. How did these changes interact with the abuse to affect their ability to form secure attachments people? One would imagine that the relocations would isolate these children further from the safety and security that kids need to learn to have healthy relationships with others.

All of the participants reported having some siblings who were raised with them. Some of those siblings were also recipients of abuse and others were not. Yet, all of the interviewees referred to feeling protective of their siblings in one way or another. A particularly pertinent example was given by Joe. Joe had two half-sisters who were the biological children of Joe's abusive stepfather and his biological mother. During his interview Joe said:

> You know something interesting that is my stepfather never hit my sisters. Yeah, he never hit them. And neither did I, you know, having been abused as myself. You know, I just wasn't about to do something like hit my sisters. You know even when they got me in trouble, sometimes they got me—they would get me in trouble with him, and [long pause] I never afterwards abused them or anything for getting me in trouble. (p. 13)

Later in the interview, Joe declined to receive a copy of his transcript to read for comments. The reason that he gave is that he does not want his sisters to find it and learn of the horrific treatment that he received at the hands of their father (much of which occurred when they were living separately with the mother) (p. 71). This protection of siblings was a common thread throughout the transcripts. It seemed important as the participants all clearly indicated early attempts to bond and relate to others, when and with whom they were able.

That said, it does appear that their attachment styles were affected by their early experience with their parents. Professor described developing hypervigilance about others and a tendency to mistrust others, particularly women (Professor stated five times that he has difficulty relating to women):

> These are things that I noticed, because I'm hyper vigilant as are most people who are abused. I'm hyper vigilant, to the point that it drives my wife to distraction because I look at people and I can make decisions. She says, how do you know that, you know? And I go, well, I'm very sensitive. (p. 70)

> I'm not qualified to make a diagnosis, but I think she is pretty narcissistic. So, I have a real problem with strong women. (p. 28)

This difficulty with trust also affected Professor's comfort in relating to others sexually:

> But I still feel like uncomfortable with—sexually with people, not in my wife, but with other people. I feel—it's hard to describe what it is, but it's almost I feel I'm being preyed upon and I have to protect myself. (p. 46)

For Professor, it appeared that his mistrust of others was generalized to people in power positions. This appeared to be a particularly salient theme in his interview, as he asserted his power in the interview, chose a pseudonym that reflects a position with authority (notably, he was the only participant who cared to choose his own pseudonym),

and divulged impressive names of people that he has worked with in his life. And yet, he

spoke about his issues relating with others who are in power positions as being one of the

central, adverse effects of his abuse:

> I have a problem really central to my issues and that what's hurting me in my
> career and my life has been my problem with authority. (p. 17)

> He wrote me a letter saying I didn't deal well with authority. And that's been a
> pattern the rest of my life. I'm really afraid of authority. Like now, I substituted
> in a school. When I see the principal I basically hide, although I've worked in IB,
> in international baccalaureate. I volunteered, but even doing that was painful for
> me because dealing with—I'm supposed to have meeting with the superintendent.
> I don't like people in authority. Even though I work my way up to Vice President
> and Chief Technology Officer, I mean, I worked my way up from programmer to
> Head of Technology for a big corporation, but I was always very uncomfortable
> and I don't like authority at all. (p. 18)

> Max also described his developed, early vigilance about others. He said this about

a man who was dating his mother when he was approximately 15 years old:

> I could see what was coming from that guy. It was going to be a fight eventually.
> Not right away, but eventually it was going to be a fight between me and him.
> (p. 14)

> Throughout his interview, Max shared relationship difficulties that he has had

over the years, including a failed marriage where he described himself as having lived a

double life. He described relationships as dangerous and painful, as seen in the following

excerpts:

> I got to a point after my last relationship where I've thought, I will only get hurt in
> relationships from now on and there are going to be no more benefits from having
> an intimate relationship with a human being. (p. 43)

> People get hurt in relationships with me. Everyone I have a relationship with, it
> seems like, ends up getting hurt. (p. 52)

Phillip also described at length his tendency to partner with people who related through verbal and physical violence. He described his relationship as abusive with his first two wives, saying the following:

> In my own relationships with my first wife, especially with my second wife, because she was, she came from an angry yelling family on high family also. So she was, totally her method of operation was biting, inciting verbal (slashing sound). She can cut and insult you. She was expert at that because that's how she lived and I learned to talk mean and dirty that way. (p. 30)

> But once you to fight dirty like that in an argument and conversation then it comes [snap] quick. And I was like, oh, this is how my dad learned it. He learned that verbal sparring and that insult technique. And when you learn to do that it becomes kind of automatic and you get angry and things accelerate, and I also get that I get mad. That's how we did things when I grew up. That's how my dad did things. And all of this, the same thing is going and it's too late. (p. 30)

It was not just Phillip's romantic relationships that have been affected. He also described difficulty in connecting with his roommates in this excerpt:

> And so I have to be a bit careful. The situations I put myself into and I don't trust myself because even like the roommates and something blew up and I'm like stressed, I'm stressed, I'm stressed, I'm stressed and I'm not saying anything about it. I don't deal well which is sort of gentle arguing back and forth and discussion. (p. 34)

Joe did not describe much about his interpersonal relationships outside of those with his sisters and their sons. Although he did not speak in detail about his relationship with his ex-wife, he did share that he was fearful of having children, because he was unable to trust how he felt he might treat them:

> Yeah. And interesting enough, after I left the army at the age of 33, I got married. At that point, because of the abuse that I had gone through, I couldn't without a doubt be for sure that if my wife and I had kids, that I wouldn't go on to abuse them. So, when I got married, I told my wife that we just absolutely could not have kids. (pp. 49–50)

Ruby also talked about the effects of the abuse on her personal relationships. She directly reflected on the attachment style that she developed at a young age:

I was raised by psychotic weirdoes, so I know how to kind of do that dance to join them, when to run, what to say. I mean, I can fit right in because I had to enmesh with psychos for survival. The whole attachment theory in order to attach, I had to be completely codependent and almost an extension of whomever. (p. 30)

Like Professor, she also spoke about a keen sense of watching others in a

persistent, vigilant state in order to try to predict those who are not to be trusted:

Because my cortisol was burnt, my adrenals were burnt from being in hyper alertness, I have—so PTSD, I walk around the corner and scream at somebody. (p. 57)

If I didn't know H___, it'd be a whole different deal. I can usually trust people. I can drop. I can figure out who people are and if they're safe for me to be around. And I also know my capacity to stand up to people if they betray me that's a very bad thing. Betrayal is something that I don't—it's like the worst because it happened so much in my past, although I seek it out because it's all I know. As far as intimate relationships. (p. 70)

Later she described her pattern of dating abusive men in more detail. After

providing a description of domestic violence at the hands of her ex-husband, she said:

Okay, so then [my ex-husband] went the other way. He always cheated on me and I didn't. That's only men I like. And addicts too or so far. (p. 58)

In many ways, the early relationships of these participants were unsafe. They

appeared to learn at a young age that the people who were meant to care for them, the

people whose primary responsibility was to ensure their safety and their ability to grow

into capable adults, were dangerous, untrustworthy, and violent. It is possible that the

participants internalized this comprehension that this is how people relate to each other.

This appears to have left them searching for others who would behave to them in ways

that they understood, and for them to respond in kind. And yet, there was also a sense that

they craved what they had not been provided, which was caring, loving, and gentle

relationships with others.

Summary of effects of abuse. Each participant shared the difficult, long lasting, and adverse effects of surviving a childhood in which they were maltreated by a parent. The effects were wide ranging and many described the ways that they developed emotional, physical, and cognitive symptoms that might be attributable to their childhood histories. They also expressed that they had experienced challenges in their relationships that the participants directly related to how they had learned to relate to others as children. The effects were consistent with what is presented in the literature as being common outcomes of child abuse and were described as being distressing to the participants, even while they were unsurprising to find.

For example, several of the participants shared physical, emotional, and cognitive changes that they attributed to the abuse. They talked about chronic injuries that they sustained, headaches, and sleep disorders. It is not possible, of course, to know that these outcomes were directly *caused* by a history of abuse; however, it certainly plausible and consistent that it is related. Maté (2003) made a powerful and convincing argument for the relationship between early trauma and later, adverse health effects that are highly consistent with what these participants reported. Perhaps more easily linked was the expression of the anxiety, depression and hypervigilance that was reported as being an effect of having survived these difficult childhoods. Neigh et al. (2009) described finding all of these changes in abuse survivors, which was consistent with what was reported during these interviews.

A. Schore (2012) and Freyd (1996) both researched and described adverse effects on memory functioning, as well as a pattern of developing a dissociative style of cognition in abuse survivors. The passage of time makes it difficult to link these two

events amongst these participants; however, it seemed important to see the consistency

with what the literature described and the memory fragmentation, loss, and

inconsistencies in remembering that these participants described. Importantly, even while

forgetting periods of time, as well as specific instances of abuse (e.g., Phillip being

chased by his father wielding a board), there were times when the interviewees described

aspects of their abuse in detail. Levine and Edelstein (2010) contended that the

emotionally laden nature of abuse is likely to lead to areas that are remembered in detail,

while other facts fade into the background, and indeed, that is the pattern that appeared to

present itself amongst these five.

Particularly striking were the difficulties that the participants described in their

relationships. They discussed relationship challenges that they experienced in their

friendships, in their romantic relationships, as well as with their children. Bowlby's

(1988) attachment theory provides a comprehensive and well-researched model within

which to understand the insecure attachments that can develop when a parent does not

provide adequate support and caring in childhood. The findings were consistent to what

Main (2000) found in regards to these early attachment styles progressing into adulthood.

The interviewees were dismayed by their tendencies to be violent at times in their

relationships, or to attract partners who were violent to them; and yet, according to

Miller-Perrin and Perrin (2013) as well as Briere and Runtz (1990), these patterns can

often develop in survivors of abuse by a parent.

Unfortunately, these five survivors of abuse experienced many of the adverse

effects that are well-documented to occur in those who were abused as children; although

it was interesting that the participants were able to link the two events together as directly

as they did. Perhaps they learned about these links in therapy, or possibly they made these connections on their own. Regardless, their experience was unsurprising in relationship to what has been well documented in psychology research, as devastating as it can be to those who experience these effects in their own lives.

Survival

The participants all chose to talk about the ways that they survived the abuse of their parents. They talked about relying on their personal strengths when they could, and developing alternative behaviors when that was not enough. They stole, lied, and "conned" to obtain what they needed to get by. Some dissociated from their experience to endure what was happening to them. All found ways of escaping the home as early as they were able, by joining the military, leaving for school, or "running away." Unfortunately, the effects remained with them and so most turned to substances to numb their experience. They used whatever they had access to, and they all survived.

Naming the subthemes within the super-ordinate theme Survival was difficult, as the variety of methods developed by the participants were adaptive in helping them to endure their maltreatment and escape when they could. And yet, some of the means used by the people in this study were more likely to have long-term, negative consequences for the individuals, while others were more positive coping. Although I wished to honor all of the ways that the participants survived to be able to sit and tell me their stories, I also wanted to represent their processes of survival in as complete and honest manner as possible. It is with that in mind, that the subthemes Positive Coping and Negative Coping were named.

Positive coping. The positive coping skills that the participants developed were sometimes spoken about directly, and in others, emerged through the ways in that the people told their stories. Humor was a solid example of positive coping that was seen in each client. Ruby was one of the only participants who spoke about using humor to cope directly, as seen in the following excerpt. Here, she is talking about close calls that she had while hitch hiking after she left home:

> I'm funny. Humor—a gal's humor I tell you it saves me (p. 62).

Even when she did not speak about her use of humor to cope, it came through. During this part of the interview, Ruby is talking about a difficult experience that she had with her abusive mother as an adult:

> Oh, I have a funny story about my mom and forgiveness. (p. 38)
>
> This is so fucking funny. I mean it's not, but it really is. (p. 40)
>
> And she said, I swear to god, she must had a straight face, oh, don't worry I forgave you years ago. [laughing] And I didn't laugh, but I—my eyes got big and I went, oh, okay, that's good. Perfect. All right. Well, get well soon. And I hung up and I laughed hysterically because that's who she is and who she was and how much denial she has. It's fucking hilarious. (p. 41)

Professor did not talk directly about the use of humor as a coping mechanism to deal with the mother who maltreated him. However, he did speak about its use to help him to deal with his anger when he is working with students:

> And I'm a really good teacher, and I believe in using humor in the classroom instead of anger, but I have a switch, and some of the students here can be rude, but I try to—to try to—I mean understand who they are and where they are at level, and so I try to be—I try to use humor, but then I don't tolerate disrespect. (p. 53)

Max and Phillip demonstrated using humor as a coping skill as they would sometimes laugh when they were reliving difficult aspects of their stories. For example,

Phillip laughed as he told the interviewer that his father had been quite ill, but then lived for five more years than he was expected to (p. 27). Max laughs while he talks about how the environment he grew up "breeds" alcoholism:

> Enough alcohol and enough snow and darkness. [laughs] You will get there. [laughs] (p. 6)

> Joe did not speak about humor or laugh as he told his story.

> Max spoke about finding groups that he could join in order to find a "place" in the

world that was safer for him:

> When I got involved in sports, Boy Scouts and stuff and those people, some of those people got included back again. And then, and I kind of came into my own in high school, because I am intelligent and athletically capable. So, in a small town if you can play ball of any kind, you pretty much have a place and I played all ball [laughs]. (pp. 7–8)

> Yeah, and you know, and, kind, it was kind of no matter what I did, no matter what trouble I got into, I was a captain of the football team. So, kind of got away with it and I was president of the student council and, you know, class officer and involved in every little thing in school. (p. 8)

> Similarly, Professor used his intelligence and ability to do well in school and find

a place for himself outside of the home. Here he talks about his transition from one university near home (where he had been failing) to another that was further away:

> I got in and they did some tests and then they put me in the honors program. I get almost all Fs for two years and then they put me in the honors program and that was just like wow. And then I went from almost all As some Bs, after that. (p. 13)

> I was blessed with a relatively big brain. (p. 71)

> It was during this time that he was dating a young woman whose father became a

mentor to Professor and helped him to envision a different future for himself:

> I went to another college and—but her father came back with the topic. Her father was an engineer, probably an alcoholic, and he really was the father figure that I never had. (p. 42)

Two of the five participants joined the military at a young age. Professor said that he joined because his brother was already enlisted and he believed that it would be a good option for him to develop as well.

> I had the other program called PLC, Platoon Leaders Class. My brother was already in the Marine Corp then. And so I joined. Because you go that summer and you come out an officer. And you have to go back for additional training, but when you graduate from college then you go for training and you're in—I mean I was on active duty but just for training. And so I was on active duty for three months. And then I got pneumonia and started acting crazy and they put me in Bethesda Hospital. And I came out of the hospital and went across a rope bridge and fell and hurt my leg and so washed out of the program basically. I thought I could continue but I missed like a third of it. (pp. 20–21)

When Professor learned that he would be unable to continue, he applied to graduate school in the neurosciences. When that program became undoable due to a new family that he felt he needed to support, he switched to a graduate degree in English. Professor is clearly intelligent and was using his abilities to pursue a military career or a career in academia in order to be able to leave his past behind.

Joe also pursued the military as a young man and considered it to be integral to his survival and eventual escape from his home life:

> And I really could have used something like that at the time. And I think that is why—a lot of the reason why I joined the army, was because I decided I really needed to clean up my life and do something for myself. It was good. I liked the army, I really did. I enjoyed it, you know. I went in during the Iran crisis, the Iran hostage crisis. Made me very angry when I saw what they did over there. And it was also part of my decision for joining, you know. And, yeah, you know, because I was running away in my late teenage years, I really had no discipline in my life, you know, and I thought the army, the service would be good discipline for me. (pp. 27–28)

All of the participants left home as soon as they were able. Ruby hitch hiked away at age 17. Max left home to attend school. Phillip left home while his family was still

living in Europe, made attempts to find his own way in life, and eventually attended

university in the Pacific Northwest.

Negative coping. As is to be expected, the participants also all spoke about a

variety of negative coping mechanisms that they developed in order to survive their

childhoods. These methods were more likely to have harmful consequences for the

participants in the long run, even though they were at least somewhat effective in the

short-term.

Two participants talked about numbing and dissociation from emotion and

physical sensation as a coping skill that they had developed. Here, Max shares late in the

interview that developed numbing as a coping skill to survive his abuse:

> I will say one thing that probably I haven't shared with you but—and that I have
> the ability to shut off physical sensation, to not feel physical sensation. I
> developed it the first time, I don't know between five and eight years old I
> developed the ability to shut down physical reaction to anything and over my
> lifetime I've developed the ability to not react to just about anything. Not show
> emotional facial reaction and when I was very young and was very ticklish and I
> was very cute and people always tickled me and it was torture. And one day I
> decided I wasn't ticklish anymore and I wasn't. (p. 64)

Ruby described a similar coping mechanism. Here she described how she would

rely on this developed ability to bicycle for long distances:

> If you're smart, you know, and fortunately you learn to dissociate and survive. If
> you are not, you kill yourself. (p. 21)

> Now I have to admit in riding my bicycle a thousand miles to South Dakota with
> my ex when it started hurting. I'd go into fantasy, to not feel the pain. So, I, you
> know, that's not healthy to live in fantasy, although you use it for pain
> medication, it works, but you might miss your exit, it's really hard to retrain your
> brain to free up from your coping mechanism. (p. 32)

Several of the participants said that they turned to stealing, either to cope with the

overall neglect that they experienced, or as an acting out behavior. Ruby said:

So—and then the next guy, we had no money and no food because he couldn't keep a job because he was schizophrenic. And so when I got to high school, I became a very good thief. I would go to B___ and steal clothes real, real good. I could steal because they didn't have cameras or security guards back then. So I had real nice clothes and I would say my wealthier friends would loan them to me. (p. 13)

Although Joe did not talk about stealing himself, he did discuss stealing as a

coping mechanism for the neglect that the children faced in the organization he was

raised in:

A lot of the kids in the organization did do a lot of stealing as they never had anything, you know. There was never any money to do anything, so they would steal, you know, to have money to do things. (p. 34)

Phillip was also stealing, although his behavior seemed more to serve the purpose

of communicating his distress, than filling a material need that was not being met:

I have him a lot of grief because that started exhibiting signs disturbance pretty young I was 12 years old and stealing cars, well not stealing cars, but joy riding in cars, this whole process of development. We'd go get a car and drive it around and sometimes we even put it back. And I am just, so I'm 12 years old and I ran away with friend of mine and we were going to go Florida, going to go to the Florida Keys, and we got as far as Southern Kentucky almost to Tennessee, and we wrecked the car, a car accident in the rain, and they put us in the local jail until dad had to come down and get me. (p. 9)

Max did not say that he stole, however, he described similar coping in that he

claimed that he developed a "conman" personality to cope with his childhood and get the

attention he needed from adults:

Yeah, and you know, and, kind, it was kind of no matter what I did, no matter what trouble I got into, I was a captain of the football team. So, kind of got away with it and I was president of the student council and, you know, class officer and involved in every little thing in school. So, it was just sort of, I was, you know, I always been a con man and I played both sides. (p. 8)

Yeah. I have always been able to talk my way out anything. You should know that about me because I can, if I want to I can really manipulate you. And that, but that comes from, I mean basically it is just a survival tactic that I developed. Because my father was gone, right? And somehow I had a weasel my way into

other peoples' lives to get what I needed, you know. So I was always conning older men. You know, figuring out what they want me to be and being that so I could get what I wanted from them. (p. 11)

It is quite possible that although Max describes this coping skill as "conning," that he had developed an adaptive way of getting his needs met outside of his family. Quite likely, as many coping skills do, this skill has both adaptive function as well as negative consequences, depending on how it was used. Eventually, for example, Max stated that this coping skill contributed to the breakdown of his relationship with his previous wife as he was "living a double life" and not communicating openly with her (p. 46).

All participants talked about substance abuse either in their siblings, or in themselves. Professor was the only participant who appears to have not used alcohol or drugs to cope with his abuse, or at least to the point of addiction. However, he did discuss significant alcoholism in his family. He said:

> [My mother] only dated married alcoholics and my father was an alcoholic and my sister is an alcoholic, my brother is an alcoholic. I didn't get the gene. I drink occasionally but once every week or so maybe, a margarita. So, I thought I didn't get the gene and marijuana doesn't do anything for me, I don't know why. I've tried marijuana, I mean when we moved here it's legal. It doesn't do anything for me. My wife did too, but doesn't do anything for her either. So, maybe we didn't get any good marijuana or we don't have the gene for it. So, I suspect that, you know, I just don't have that pleasure gene in my brain that alcohol turns on if there is such a protein or something. (p. 12)

Ruby did not speak much about her own substance use beyond to say that "alcohol can put me in bad places" (p. 37). However, she did describe a history of alcoholism in her family. She also married an alcoholic, which she described here:

> I kind of was getting off his program because he was an alcoholic, he is a functioning alcoholic, and he had his own abuse in his family, and I started working on mine and then he started attacking me for mine and being abusive to me and saying, I'll just drink, take my secretary on my boat and forget about that shit I told you my mom because we don't think about that. (pp. 57–58)

Joe openly discussed his past substance use and directly related his addictions to

his abuse history:

> I am an alcoholic and an addict, you know, I had problems with alcohol and drugs
> all my life, you know …
>
> Interviewer: Starting from what age?
>
> Joe: I would say 14. 14, I started with alcohol and then it progressed to
> marijuana, you know. And then later on, it progressed to other things, you know.
> And I think the reason I used was just my way of dealing with those, what had
> happened to me. (pp. 15–16)

Phillip also shared that his abusive father was an alcoholic and that he became

sober in 1977. Phillip also abused alcohol and related his own alcoholism as well as his

siblings' substance use to their upbringing:

> And of course I became alcoholic and got into heavier drugs and using opiates,
> needles, and all that stuff, but as much as I had a distaste for my father's methods,
> I found myself behaving the same way. (pp. 11–12)
>
> All of us kids, I'm saying like none of us grew up to just be "normal," whatever,
> they're all showing signs and there is lot of drug addiction, and alcoholism,
> recognized, that's recognized about all of us, whatever these two parents - my
> mom and dad - what they generated, rippled all out and all the kids are either now
> or at other times of their lives had severe problems. Not coping well with life and
> society. (p. 43)

Max shared that his abusive mother, as well as a brother who died at the age of

35, suffered from alcoholism as well:

> She was just a drunk. A lush drunk. (p. 20)
>
> I had a younger brother two years older, younger, younger. [pounds on table] He
> died when he was 35, of the same shit that kills us all, alcohol. Alcohol and
> drugs. He ran a car head on into a semi, after spending 36 hours in the bar. It is
> kind of normal up there, that shit to happen, you know. (p. 36)

Here, Max relates his own addictions to the abuse that he survived:

> AA (Alcoholics Anonymous), doesn't want to hear about your mental illness, you
> know? It's so screwed, AA is so screwed. I mean not that it doesn't help people,

but there are old farts in there that don't want to hear about drugs, don't want to hear about family, don't want to hear about anything but alcohol. And alcohol isn't the only problem. When indeed that's how we got started here, but why did we all start drinking in the first place? What was it about our lives that we need that much medication? You know? So AA doesn't want to hear about mental illness. And a lot them don't want to hear about anything but alcohol. Don't want to hear about marijuana, cocaine. It's doing a huge disservice because substance abuse is substance abuse, no matter what you're abusing, you know? Sugar, I mean substance abuse is substance abuse, just think of the sugar that people drug themselves with every day. It's more addictive than cocaine, but everybody wants to make these divisions. I'm not an alcoholic; I'm a drug addict. I'm not a drug addict; I'm an overeater. Well, it's all the same—gambling—it's all the same. They're trying to divert their thoughts and feelings. They want to feel some other way than how they feel—And that's good because that pain is gone. I trade one pain for another. (pp. 31–32)

Summary of survival. The participants shared the many ways that they survived their difficult upbringings. Some of these strategies were likely to have positive consequences and lead to increased resiliency for the participants, while others were more likely to cause additional problems in their lives. The methods of survival that these participants were consistent with what has been discussed within the literature about both resiliency in populations who have survived abuse, as well as within research describing psychosocial outcomes of childhood maltreatment.

Some participants described or demonstrated internal characteristics within themselves that they used to help them to cope with their environments, such as intelligence or humor. Although these coping skills were not directly discussed within the literature reviewed for this project, there were relationships that became apparent in analysis. Afifi and MacMiller (2011) discussed how *easy temperament* within children was positively related to constructive coping. Additionally, Cicchetti (2013) and A. Schore (2010) presented theories of brain development and how particular patterns might

support resiliency in individuals. These differences could include intelligence and using cognition in order to defend oneself and mitigate some of the effects of abuse.

Evidence of numbing and a predilection for substance abuse and addiction were unfortunately apparent in some way for each of the participants of members of their families. Maté (2010) wrote a compelling book, *In the Realm of Hungry Ghosts: Close Encounters with Addiction* that describes the relationship between early trauma, including parental abuse of the child, and addiction to illicit drugs and alcohol. Several of the participants described their addictions as a coping mechanism to manage the overwhelming and negative emotions that they experienced as a result of the abuse. Unfortunately, this coping resulted in negative consequences for these participants. Fortunately, for this group, all had been able to maintain a significant period of sobriety at the time of the interview.

Although the super-ordinate theme Survival did not yield direct answers to the research questions, it proved important to providing context for the variety of responses to the eventual death of the abusive parent. After death, and as is discussed below in other themes, the clients relied on their developed coping mechanisms in order to manage their reactions to their abusers when they were adults. They also surfaced, sometimes directly, and other times indirectly, when the interviewees were faced with the aging, illness, and death of the parents.

Healing Process

The participants spoke about what they had found restorative for them. They primarily described their healing processes as iterative, with effects of the abuse becoming more prominent at various times in their lives. Four subthemes were located

within this super-ordinate theme. The participants found a variety of catalysts for healing

and making sense of their abuser, understanding context, and processing the abuse.

Although not all participants seemed to have integrated the "good" and "bad" sides of

their abusers, some spoke powerfully about understanding their abusers holistically.

Healing as iterative. Max began his interview by telling me why he chose to

participate in the study. Max wanted to write a book, specifically a memoir about his

abuse and life. Yet, as he had experienced in the past, the process of writing, particularly

about women, brought with it a re-emergence of his trauma symptoms. Here, he talks

about participating in the study as a way to help him to process his experience in another

way:

> And when I started to write a couple of years ago, I found that whenever I tried to
> write about, first of all my relationship with my wife, but my relationship with my
> wife would lead into my relationship to other women involved, and lead back to
> my mother. And I found that I couldn't do that, because I became sick. While at
> the same time, working with, you know, I have PTSD from an auto accident. And
> it is a matter of (pause) it is not, I mean, I can't go on ignoring it, denying it,
> avoiding it for rest of my life. But I can't go after it either. That part of me that
> hurts me, hurts, like hurts me and when I think about it, it hurts again. So, when I
> saw this and talked to you I thought that this might be a way to approach it.
> (pp. 1–2)

Phillip also began his interview by talking about the need for him to revisit his

experience in childhood intermittently throughout his life:

> The issues with my father have sort of cycled around and it's time to do some
> work on that, because especially since he died and it has been kind of clear.
> Whatever in terms of things I need to work on. So, and I have kind of kick started
> it. Sort of personal re-actualization if you will, come out of the mundane and start
> getting some work done on myself. (p. 1)

Ruby similarly described her healing process as ebbing and flowing throughout

her life:

> Yeah, it was kind of like his death was a catalyst for more introspection and in my case further healing, because that's what I'm going to spend the rest of my life working on. I have to, because I can't. I mean outside of a lobotomy, I don't think it's going to go away. (p. 55)

The following is one example from her life where she noted that her process has not been linear:

> I have a real hard time around holidays because that's when they'd get drunk and a lot of abuse would happen. This last Christmas I did better than usual; the Christmas before not so good. (p. 65)

Professor also spoke about experiencing times in his life when the effects of the abuse became more prominent than at others:

> Because you go through that thing and in your 20s and 30s you kind of suppress it all. But then when you're about 40, sometimes it comes bubbling up and it bubbled up. (p. 33)

Joe certainly described his life experience in a similar way; however, he did not specifically reflect on his abuse symptoms and healing process in the same way.

Catalysts for healing. As mentioned above, Max talked about writing as an important catalyst for his own healing process. Ruby discussed the role that making art and physical exercise play in hers. In this way, each participant found activities that they found helpful. Two catalysts appeared so frequently across this sample that it felt important to highlight them as a subtheme. More specifically, most participants discussed the how their spiritual/moral beliefs support them as they continue to heal, as well as working with a supportive therapist.

Phillip spoke at length about his participation in meditation and Buddhism. He attributed developing a new understanding of his father and his father's life, which was a part of Phillip's healing journey:

Well I was doing my own work on myself, I was studying metaphysics and that kind of stuff. I was raised Catholic and I totally rejected those guys when I was like 12 and I kind of went towards agnostic skepticism on everything and bit by bit was introduced to metaphysics. And I was around a lot of people that were into magic and astrology and meditation, yoga and psychic and metaphysical stuff and all that. I think it was a meditation or something that I had, and I went to my dad and I said what did you. In prison camp they put him in a hole in the ground, the Chinese dug a hole and kept him in there. I said did you, I asked him, did you think about me when you were in prison camp? And he said, and he paused and he said, "thinking about you and your mother is what sustained me." And I never thought about that. I never understood that. However, I had meditation where my mom was holding me, it was a guided meditation, and my mom was holding me and this man came and she put me down, so I am down on the ground looking up these at people and now I have been put aside for this man coming. And as a two year old I went "oh, I have been displaced. This woman did love me, she is my whole contact in the world and she has put me aside for somebody else." In my two year old mind what I decided was people may love me, but they are going to put me aside, which is very simple decision for a two year old, but then that goes on the whole rest of my life. Everything. All my relationships, everything else. That was kind of underlying that, so, but in this meditation I saw, no. These were two adults. That were married. That loved each other. (pp. 21–22)

Phillip is continuing his search for spiritual meaning by exploring Thai Buddhism, which is the spiritual belief system of his current wife and her family.

So, I've like opened myself to new ideas and restarting this, and new practices and a whole new set of people to talk more about this. About having a spiritual practice and integrating that into your daily life, whatever that means, the work, and so part of it is resolving my past life, like my prior life, my own experiences really, and a big part of course is my family, my father and mother. (pp. 50–51)

Max also spoke about the role of meditation on his mental health:

I started meditating when I was, in 1988, I started meditating. I did Transcendental Meditation for 20 years. That had a big effect on me. (p. 44)

A big change had happened with me already. But something, I've been studying about meditation and something happens to meditators over time. Their brains work better and their brains work quicker. And I have a feeling now that that's what was happening over that 20 years, that my brain got better and better and better. (p. 50)

Ruby spoke about her belief that she has been protected by spirit guides that have helped her to survive and heal over the years:

I've always had guardian angels or some might say command hallucinations, but probably not. Cause why would they be saving me? (p. 25)

When you have trauma and you're faced with death, imminent death a lot, perhaps it's like blind people, maybe they can smell and hear really well. Well, people who are tortured, might get a little closer to God, I don't know what the hell people do. Weird shit to get closer to that spirit. And that's I think what happened to me. But I think I came in with guides because I don't know, how do they tell me to do stuff? I was an emotional empathy. (p. 61)

I know that without my spirituality or spirit guides or what all those things that are out there that we don't even learn about in psychology much, without that I would have been a goner. If I would have had to go within psychological parameters as they are in mainstream, I'd been walking dead, Risperdal-Haldol shuffle, Thorazine shuffle, except it makes me hyper, so I don't know, different. (p. 71)

Professor stated that he is atheist. He also spoke about moral development and participation in the Unitarian Church as a part of his healing process.

So you don't have to respect something that's morally wrong. So I mean I have a moral compass, but it's not due to religion, I'm an atheist. (p. 58)

We were actually married in the Methodist Church. My discussions and things were too liberal for that Methodist Church. So we stopped going to that church and started—we joined the Unitarian Church. So, we joined the Unitarian Church and have been going on Sunday off and on for our whole married life pretty much. They're liberal and accepting of almost everything. (p. 61)

Professor continued on to explain the work that he has done for the church and the meaning that has had for his life. Joe did not report having a spiritual practice that he felt was a part of his healing process. However, this is understandable given that his abuse occurred within the confines of a religious "organization" or cult.

Four of the participants discussed the helpfulness of participating in therapy as a part of their healing process. For Ruby, she began therapy at age 38 when she began to have memories return of her early sexual abuse:

> Thank god that there was my therapist, and C___ who she consulted with, because it was cutting edge at the time. I was so lucky I had insurance and that I got straight up cutting edge (therapy). (p. 56)

It was during this time, Ruby explained, that she learned about her tendency to dissociate and began the long journey of remembering and beginning to process her experience.

Max also began therapy as an adult, and found it integral to processing his past, including his abuse, a divorce, and a car accident:

> But there has been a sorting process in six years' worth of therapy, because I started therapy before I had the accident, and I was, my last visit to the therapist was a year ago, or no, is it this year, no it was over a year ago, but there was a lot of sorting that went on because there is the accident, what happened there, right? But there was all this stuff previous to that too. (p. 41)

Phillip had a variety of experiences in therapy that described as being helpful for him. At approximately age 40, Phillip was in counseling and found it supportive in helping him to talk to his aging father and to relate to him in a different way:

> After while I just got fed up, and for like for couple of years, I just quit going over there except when there was a family or birthday event or something show up and then, I don't know. Through my own work (therapy) I got some ideas and information that I went and had a talk with him and it changed. (p. 20)

Phillip also voluntarily enrolled in "anger management" therapy that was targeted for domestic violence perpetrators. He participated in the sessions for over a year.

> I kind of thought it was counseling, but it wasn't. So I learned some good things in there about anger management. (p. 33)

> And I was in therapy at the time too and also blah blah blah. But self-examination. I was like where did I learn to behave like that? At home and still, once you learn to behave that like that, it becomes automatic. It's really, really hard. (p. 34)

Phillip talked at length about experiencing traumatic reactions when others argue or fight in his presence. He described obtaining some symptom relief in his previous

therapy, and he expressed wanting to pursue more. Here, Phillip articulated wanting to

participate in therapy that is designed to desensitize him to these outbursts of anger:

> But I had the thought that I need anger therapy. I need to sit in the room and have people yell at me to the point where I'm just like I've heard it so much, it doesn't bother me. Anger conditioning. To be where I can be around angry yelling and screaming people who are attacking me, who are drilling right into my own insecurities fears and doubts to the point where it just doesn't faze me anymore. (p. 37)

> **Sense making.** There were a variety of ways that the participants had of making

some sense of what had happened to them. All five participants shared how they tried to

understand themselves, their abusive parents, and the context that the maltreatment

occurred within. For example, four participants talked about abuse occurring in a cyclical

pattern, one in which their families were caught. Professor told me that his brother was

continuing the cycle of violence in his family with his children, while he had not:

> Even though he was beaten, he beat his kids. I did the opposite. I had a daughter and I never hit her, ever. So, it usually goes one of two ways. Well, he beat his kids, and he had a son that was a problem, still is. So, he's not really sensitive to that. (p. 9)

> Phillip found himself repeating the cycle of abuse with his children, a pattern that

he was deeply troubled by:

> But I as much as I had a distaste for my father's methods, I found myself behaving the same way like when I had my own kids. (p. 11)

> He also saw the pattern repeated with his second wife. In the following excerpt,

he described domestic violence that occurred between him and her:

> And I'm "no, no, no!" This is not right. This is, I'm hearing my dad coming out here. Oh, my dad that, this is not right! I do have a problem. Justified in my behavior or whatever but this behavior is not right. (p. 32)

Throughout the interview, Phillip talks about the patterns repeating within his own and sibling's lives. At one point, he specifically talks about abuse happening occurring repetitiously within families:

> That cycle continuing. Because as I say it runs in families. Abusers were abused in continuous. How do you break that cycle, pass on same thing on within your own life? (p. 61)

Joe also discussed abuse in a cyclical pattern, one that his stepfather had experienced and had continued with him:

> I think while I had a lot to deal with it was the way he was raised by his father and what some of the things that his own father did to him, and—because the things that happened to him, he went on to do the same thing to me. (p. 49)

As presented earlier, Joe was also concerned that he could potentially repeat the cycle of abuse that he had experienced:

> Joe: At that point, because of the abuse that I had gone through, I couldn't without a doubt be for sure that if my wife and I had kids, that I wouldn't go on to abuse them. So, when I got married, I told my wife that we just absolutely could not have kids, but I just …
>
> Interviewer: You were scared of that cycle continuing.
>
> Joe: Yeah. (p. 50)

Max did not specifically use the language of abuse being cyclical. However, he did share a repeated pattern of his brother being sexually preyed upon by older women in his teenage years. To protect Max and his brother, the details will not be included here. However, the topic seemed to be difficult for Max to discuss, and he took a break from the interview when he had finished telling me his story. When he returned, he chose to discuss a different time of his life.

Beyond describing abuse as a cyclical event, each participant described some context of their abuser's history in a way that helped them to understand that person

better. Max had conducted research to understand his family, and relayed what he had

learned about his mother by starting to talk about his family's early history:

> Okay. I can tell you about my mom. Because I have done a lot of research, I have a theory, and my theory is that relationships between men and women on her side of family have kind been a sort of, how do you put it? A chattel, C-H-A-T-T-E-L, a sort of chattel relationship because the, the ancestors, the furthest back I have gone is an ancestor, a Union soldier, in northern Minnesota. (p. 15)

The story of his family is detailed and rich. In the following excerpt, he described

some understanding of what his mother's context was, and how it might have contributed

into making her the person that Max knew:

> So she was taking care of her cousin of hers and he fell in the river and drowned. She was nine and he was six. Of course, they blamed her for that. So, she was a murderer at nine. What the fuck, what else she could do wrong? There wouldn't be anything worse than that. (p. 18)

Ruby did not disclose if she has sought, or is aware of, information about her

abusive stepfather. However, she did describe her abusive, living, biological mother's

abuse history that seemed to highlight a more nuanced understanding of her mother:

> This woman. I'll tell you what. But she had her trauma that was horrible too and I learned from my real father. She never told me. (p. 9)

Important to understanding Ruby's story is how pervasive alcoholism and abuse

are in her larger family. This seems so important to Ruby, that she began her interview by

saying:

> I come from a long line of criminals, pedophiles, violence, alcoholics, and drug addicts. I've visited relatives in every prison in this state. I come from every kind of abuse available. I won't go into detail—I don't want to be stigmatized, there's some of it that's a little out there. (p. 2)

Peppered throughout Phillip's interview are descriptions of his father's history,

particularly his military history, one in which he had been captured and held as a prisoner

of war in North Korea during the Korean War:

Yeah, my father was a military guy, Air Force—fighter pilot. He lied about his the age and cheated on the exam to get in the army Air Force during World War II and he flew P47s and P40s he was in Corsica, based out of Corsica near Italy, did a lot of fighter bombing. From there he went to Korea, it was the last days of Korean War. So significant military career, he got shot down right towards the end of the war and went to prison camp in North Korea for only three months, but it was bad enough. (p. 4)

Interestingly, Phillip also talked about the societal context in which the abuse occurred. He was the only participant that discussed social context directly. The following are three examples that highlight his consideration of the culture in which he was raised:

So, and at that time since I grew up in the fifties and the sixties, spanking your kids or hitting your kids was like you know what you do. (p. 6)

And we did stupid kid shit or smarted off, and we'd get the belt or the whip. That part I didn't mind as much. We just kind of thought it was normal because my friend peers and things, some of them also got whipped. And we didn't think it was abuse or anything. (p. 8)

Now the way you behaved and the way you treated that, nowadays, they would call it abuse. Nowadays cops would have come and you would have gone to jail. But that's how—it wasn't that way in the sixties and into the seventies—I guess, but I don't know. (p. 36)

Joe also appeared to find it important to him to understand his parent's historical context in order to make sense of his experience. In his interview, he shared that both his biological mother (who left him, but not her daughters, with his stepfather when Joe was approximately eight years old) and his abusive stepfather had also been abused during their childhoods:

It was extremely hard on my mother because as a child my mother was sexually abused by her father. So, it ended up being not only sexually abused, but physically abused. (p. 35)

I think while I had a lot to deal with it was the way he was raised by his father and what some of the things that his own father did to him, and—because the things

that happened to him, he went on to do the same thing to me. Yeah, he was abused, yeah. (p. 49)

Although Professor gave a descriptive account of his childhood history, and mentioned that his mother was one of nine children, he did not talk about her childhood during the interview.

There were other ways in which the participants described trying to make sense of their experiences. Three of the participants talked about their belief that their abusive parents were mentally ill. Max talked about a friend who was unable to comprehend his abuse when he disclosed his past to him:

It's not—people don't know, people like me know how ugly human beings can be to each other, but most people don't know that. Like you know that. How ugly human being can be to each other. But most people don't know and it maybe because they don't want to know it and boy he sure didn't want to know that. Oh mental illness, it's so stigmatized. (p. 30)

The following is a second example from Max's interview where he discusses his abusive mother in terms of mental illness:

Not many people go through something like that, because she was insane really, I mean she was mentally ill. (p. 65)

Phillip also understood his father to have a mental illness that contributed to his propensity to be addicted to alcohol and physically violent:

He had a [long pause] classic PTSD set up and those guys in those days it was like you don't talk about it, you will bump it up. Plus I don't really know what his childhood was like and I don't know what my grandfather was like and I don't know how he was treated. (p. 4)

Then my dad obviously had severe PTSD because of his war experiences and his fighter pilot experience. There was no treatment, they didn't do that. He had nightmares, right until his death, 50 years after the war. But he would kind of joke about it a little bit. He would say like, "yeah this is all good." We flew here, we did all that. And then the nightmares. And it's part of his talk, because he would give speeches and talk to people about it. So you were kind of letting it out

and maybe it's still there and untreated and him, he didn't go to therapy or any of that. (p. 35)

At another point, Phillip also wondered if his father had Bipolar Disorder:

He may have been kind of bipolar the bad mood swings and things like that but the family of origin where I grew up. Now the way you behave and the way you treated that, now a days, they would call it abuse. (p. 36)

Professor discussed pursuing a degree in psychology in order to try to understand

his mother in terms of mental illness:

So, I later got a degree in psychology partially because I want to understand some of the dynamics of what was going on in her illness. (p. 8)

There was some uniqueness in the way that the participants talked about making

sense of their experience. Phillip put himself in the abuser's role. Here he questions and

tries to understand his father's abusive responses to him as an adolescent:

And then I had court, and they sent me to psychiatrist and all that kind of stuff. So as an adult now, when I was a parent and my kids were doing this, I don't know what the hell I would do, I mean I don't know how I could have handled it. So this was the step I put on it and the way you responded to it could be a mix of just sort of loving concern and just "you fucking kid—you're in trouble and put us through a lot grief." And that I didn't understand, and I, again at the time I thought it was sort of normal, that is how we did things. Dad got mad, yelled and screamed. (p. 9)

Joe also seemed to search for understanding by exploring if there was something

about him that could help him to understand the abuse history. Earlier in the interview,

Joe had disclosed that his stepfather had never physically hit his biological daughters

(they were Joe's half-sisters):

Yeah he hit my mother. The only reason I can think that he didn't hit his daughters was because they were his biological daughters and I wasn't, you know. So I thought, well, maybe that's why, you know. I didn't know, but then he hit my mother too, that's why you know. (p. 14)

Two of the participants used nonhuman metaphors to describe abusers. Although they did not specifically talk about the meaning that this had for them, it appeared to highlight the sense that they had made of the abuse as an inhuman, brutally animalistic occurrence. Here, Phillip describes abuse as monstrous:

> And so that beast or that dragon never has to come up, but I put myself in situations where it does. And this like last thing with the roommates and the blowup and I'm like, I'm getting out. Because it's just bad. (p. 37)

> Where it's possible, where I thought myself into it, and that dragon, that beast and dragon, that ugliness is still there, and when it's done, I'm standing in my room and I'm shaking, and I go why am I doing this? This is just like when I was a kid. (p. 38)

Max used similar language to talk about both abusers and the abused. It appeared that he was also communicating how inhuman he considers interpersonal abuse to be. Here he is referring to his brother, who would become abusive and violent when he drank alcohol:

> He just, he would just turn into, you know, like the Tasmanian devil, but huge, a Tasmanian devil. (pp. 10–11)

> My younger brother was a little more extreme than most, but as far as being occasionally like wild animal—that you just wanted to avoid. I mean, he wasn't the only one, I mean, a rural community; they just breed them with enough alcohol and physical abuse. They just come out monsters. (p. 11)

It is difficult to determine whether viewing the abuser and the abused as less than human helps these participants to heal. However, it did seem to highlight their understanding of the abuse in an interesting and rich way. It could also be helpful in answering the research question of how their response to their abusive parent's death might be different than people who had loving, "good enough" relationships with their parents.

Integration of "good" and "bad." Four of the five participants talked about recognizing that their parents were not "all good" or "all bad." In three of the participants who did discuss this as a process that they undertook, it appeared that this was more integrated than in the fourth. Professor, for example, did mention times from his childhood that were happier than others. For example, Christmas seemed to be a time for him that he remembers more fondly; it was a time when his mother seemed to behave more benevolently towards her children:

> Yeah, [laughs] I'll look back and say it was terrible. But she would give us presents and Christmases, they were good, we would get nice presents. (p. 28)

Unfortunately, his later memories of this holiday were not as happy:

> And then there came a point where she would come over for Christmas in the 70s, so I was in my 30s. She'd come over Christmas, would bring her drunken friend. He always brought his six-pack with him and she always had a drunken friend. And then I just stopped her coming over. (p. 16)

Although he spoke of happier memories with his family, it is unclear whether, or how much, he had integrated these various presentations from his mother. It was not directly related to his healing process for Professor.

Joe spoke about this process of integration as being key to his decision to forgive his stepfather for the abuse. Early in the interview, he shared that his stepfather had left the religious organization later in life and had opened a summer camp for at-risk youth. He disclosed that he felt angered and jealous by this act, as he so desperately needed the attention when he was a child that his stepfather was now giving to other children. Here, he speaks about the his process of integrating this event into his understanding of who is stepfather was:

> But in order for the healing process to start, you really have to do—start with forgiving that person for what they did. And I think him having changed as a

person in seeing what he did with troubled youth with the summer camp programs, helped a lot with that being able to go through that process and do that and realize …

Interviewer: See some good in that person, who was so bad.

Joe: Yeah, I was able to see that good, yeah. Yeah, that helped a lot.
(pp. 47–48)

Ruby also directly talked about understanding her experience with her stepfather

to be both horrific and also positive. The way that she spoke about this understanding

appeared to be directly related to her increased understanding of her abuse history and

how it has affected her as an adult. This next excerpt was in response to a direct question

about her healing process:

> Well, it made me think more about, especially him calling me about who he was and his part in the abuse or my childhood. It made me think about the good things that I remember about him. He would let me help, because I don't know where my mom was. Asleep or I don't know where. I would like help paint the house green, that was his favorite color. He built us a swing set. That mother fucker made me ride in that god damn '33 Chevy truck, which I love antique cars and listened to country music as he was from C___, well, so I know all old country music, I appreciate that, I love music. My mother loved music. So there's things that I appreciate about my childhood. (pp. 53–54)

Phillip also spoke powerfully and at length about his integration of his father's

abusive and more caring sides:

> So that whole aspect of my father as a warrior, I appreciate very much. As a father and a family man, I just don't say much about that, but as I'm learning through my Thai family and other areas and of my lineage of my father and his father, his grandfather, something that's in me also. I knew I felt like I need to honor that, or come some way to resolution, or how to work that in with this angry, manipulative, vengeful, forceful man who would beat me with father who loved me and cared about me in his own way. And there is crap I put him through.
> (p. 52)

> And I would like some place where that, sort of on a continuum. Yeah, this part of him I don't like and this part of I am neutral about, and this part I really do care, the loving part. The loving part of Dad, the asshole part of Dad, a lot of it's sort of capped off. I don't know what is underneath there, and I don't know when it's

going to come out. I don't know how it's affecting me now. It slows me down. And then my new discovered practice on honoring your ancestors, on honoring your parents, on honoring your lineage, this is like preventing me from doing proper honoring with that, how can I honor my mother put her picture up on Mother's Day but not my father's picture on Father's Day? (pp. 70–71)

Summary of healing process. Each participant shared the ways that he or she had begun to heal from their history of mistreatment by a primary caretaker. There were differences and similarities in the catalysts that interviewees found healing, although finding spirituality and working with a therapist were common means of finding some peace with their past. Interviewees described their healing process as iterative; they lamented their sense that their trauma symptoms would return at various periods, yet, also appeared to express hope that they had continued to feel relief over time.

I was surprised that each participant described developing spirituality as integral to healing from their trauma. The practices that each participant found varied considerably from each other and included: Christianity, Buddhism, Transcendental Meditation, Shamanism, and Atheism. Spirituality as healing of past trauma has been documented in the literature and is consistent with what Gall, Basque, Damasceno-Scott, and Vardy (2007) found in their research study on spiritual development and functioning of survivors of CSA. In the study, the authors described less negative mood, and increased hope and self-acceptance in those who identified as having a spiritual practice. It appears that this applied to the participants in this study.

Participation in therapy, the iterative nature of healing from trauma, sense making, and integration all also appear within the treatment literature for trauma, including child abuse. Herman (1997) presented a model for healing from complex trauma that included many of these topics in her seminal book on the topic, *Trauma and*

recovery: The aftermath of violence - from domestic abuse to political terror. Within the book, Herman described the process of developing safety, connecting to safe others, which could include a therapist, and making sense of one's experience in support of healing. Similarly, Courtois and Ford (2013) wrote about the treatment of complex trauma from a relational perspective. In the book, they discussed the importance of stabilization, processing memory and emotions, and developing a strong therapeutic relationship to support healing in those who have experienced child abuse or other traumas.

As with the super-ordinate theme Survival, the super-ordinate theme Healing Process did not offer many direct answers to the research questions. That the participants participated in therapy, for example, does not directly speak to their reactions to the death of their previously abusive parent. However, it was important in this study to understand the context of each participant in as holistic a way as possible in order to understand their experiences of the deaths of their parents. For example, it seemed pertinent that Professor did not express an integration of the good and bad aspects of his mother as I considered his reactions after the death of his mother (which is described below.) It was for this purpose that the content of the theme Healing Process is described as a way to allow for the experiences of the interviewees to be portrayed within this study and used to highlight other themes that answer the research questions in a more straightforward manner.

Adult Relationship With Abuser

Key to answering the research question was understanding how the participants related to their abusive parents in adulthood. How did the relationships between child and parent change over time? Was there contact with the abuser? The participants'

descriptions of their relationships as adults were emotionally moving and notable.

Through analysis, four subthemes emerged within this super-ordinate theme:

Relationship Equilibrium, Detachment, and Anticipating Death.

Relationship equilibrium. All participants attempted to develop changed, more

balanced relationships with their parents as adults. They had unique needs, thoughts, and

emotions about what the relationship could look like and be safe for them, and all

participants spoke about this process as important. As could be expected, the responses

from the parents varied incredibly.

Max learned that his mother had sexually abused others from her childhood and

into her late adulthood. These people included her younger brother, Max' younger

brother, as well as the possibility of neighborhood children. Additionally, Max agreed to

help participate in care taking of his mother, and she continued to try to sexually abuse

him during this time. In the following excerpts, he described his relationship with his

mother at that point, approximately four years before her death:

> But it also became apparent to me when she was really sick, living in her house
> and I thought she was going to die, that every chance she would get to have me
> have contact with her genitals she would. I mean the drugs were supposedly
> giving her diarrhea, right? I asked my sister later. She said she never changed my
> mother's diaper and I changed a lot of my mother's diapers, and I think it's
> because my mother wanted me to change her diapers. (p. 26)

> Oh, that was a couple, maybe a couple of years, only when I was there. I was
> living in W___, she was living back there. I was trying to provide for her when
> she wasn't there. It got really bad and we moved her into a nursing home. We
> got her into a nursing home. But every time I would take her out of the nursing
> home and take her to somebody's place to visit, she would have all kind of trouble
> in the bathroom and need my help, and she never needed help from (his sister).
> (pp. 26–27)

Max chose to stay in contact with his mother until approximately a year and a half before her death. His process of detachment is described in that subtheme of that name below. He did not report speaking directly to his mother about her abuse of him.

Ruby talked about both the adult relationship with her abusive mother, who is still living, as well as with the stepfather who maltreated her. Ruby described a childhood of abuse and neglect, and this disregard for her well-being continued into her young adulthood and beyond. In the following excerpt, she described her mother's response to a hospitalization that occurred when she was 17 years old and had left the home:

> Yeah. They didn't really, you know, I could live or die, I don't know, whatever, they didn't care. I mean one time I got sick in Colorado, and my mom sent me 70 bucks to come home because I was in the hospital for five days, but that was one time. (p. 28)

This experience stood out to Ruby because she said it was the only assistance, or act of caring, that she reported receiving from her mother as an adult. Later in the interview, she talked about her fear that her mother would still be violent to her:

> I used to be terrified to go to the town she lived in because I was afraid she'd find me and kill me and the bitch would. She carried a gun in her purse all our lives and she would—oh, hell, yes—I knew her. I know she would (kill me). (p. 63)

The adult relationship with her stepfather appeared to be more confusing for Ruby. She did not fully recall his abuse until she was in her late thirties, and so it was only in retrospect that she was able to make sense of pivotal events that occurred during her adulthood. In the following, lengthy excerpt, Ruby described a series of interactions with her stepfather that she considered to be important to understanding her experience:

> And I put this together, odd things happen with him, like I got married at age 30 to my two of my—my two younger children, their dad, I married him. And my brother calls me because F___ wants to know if he can come to the wedding. I'm like, dude, well, okay, I don't care. And at one point when I was in the eighth grade, he sent me a Christmas present because he'd usually just send them for—to

my brother. He sent me a suitcase. Was that a hint, I got that later. I think that was a fucking hint. Like your mom's crazy, get the fuck out of there. You know what? Odd. Anyway, so he can come to my wedding. So he comes to my wedding. So at my wedding, I have like three dads standing there and my mom, and I have another stepmom and Jesus Christ. He came up to me after the ceremony and this is a grown ass man, right? And he is crying, and he is wiping his eyes with his handkerchief and he is crying, his eyes are, "I just want to say I'm so sorry, I'm so sorry." And I don't get what he is saying because I'm 30, and I don't have a fucking clue about any of it. And so I say, "oh, that's okay, don't worry about it. That was between you and mom." And I thought he was talking about the violence between them, because I didn't know what else to refer it to. Okay, that was done. He had open double heart surgery or something I showed up. I went with my brother to see him, and he looked shocked that I came in. (pp. 34–35)

In her mid to late thirties, as Ruby entered therapy, she wrote a letter to her family members, including her mother and stepfather, telling them that she would no longer have contact with them. Therefore, it was approximately 25 years before the stepfather's death that she did not see or speak with him. She did not report communicating with him about the abuse directly. However, she talked about a phone call that she received from her stepfather 10 days before he unexpectedly died:

And then, I get a caller ID phone call four years ago, four and a half years ago. What the fuck? So I called it back. You have reached F___, so and so and blah, blah, blah, like what the fuck is he calling me for? I called my brother. Like, what the hell, so and so, your dad called me, what's going on? I don't want to talk to him, blah, blah, blah, blah, blah. Well, I mean because my brother was always like trying to get us all together or whatever. So, I called him back again and I go this is Ruby and I saw that you called me and I'm returning your call. Well, he died about 10 days later, and he left 1.5 million dollars to my fucking brother and not a cent to me. Why didn't I talk to him? He might have left me some money. That was weird. (p. 34)

Professor described his relationship with his mother as being difficult throughout adulthood. The boundary crossings that she made when Professor was a child also continued into adulthood. For example, Professor talked about a hospitalization and said that his mother worked where she had access to his medical records:

> And I got even more depressed and was actually hospitalized for about three months for suicidal ideology and at that point, my mother was working for the hospital in the microfilm. And so when I went into this treatment center. So, whatever you write here I'm going to be reading and in fact I did. She gave me my whole packet, as it came through microfilm. She microfilmed it and then gave me the packet. I don't know whether she read it or not, she said she didn't, but I know, I know. At that point, I was talking to her but our relationship was strained. (p. 15)

Professor also reported that he never talked to his mother about the abuse directly. However, he discussed that he believes that her therapist confronted her about her maltreatment of her children:

> No, never came up. No, never talked about it. She did go to a psychiatrist. I got that from my brother; she did go to a psychiatrist. And from my brother, the psychiatrist told her or asked her, I don't know which, if she had ever abused us. And the reason that I didn't talk to her, because she was aware that I didn't talk to her, I didn't want to see her, I didn't want to be in her presence. (p. 33)

> Asked her or told her if she had ever abused us. I don't know what the answer was, but he said, apparently he suggested that was the reason that I didn't have contact with her, that I cut her off. (p. 35)

His description of the last time he saw his mother was emotionally powerful. Professor's voice was raised and tense as he told me about this pivotal event in his life:

> And I was probably 45 when I last saw her. I went over to pick up a piece of furniture at her house and I accidentally saw her in the rear view mirror and just revolted. It was just revolting. I never want to see her. I never want to be around, never want to hear from her. (p. 35)

Phillip moved to the state where his father resided in 1979 to be closer to his parents. He described much of his adult relationship with his father as emotionally abusive, although the physical abuse had abated. In the following excerpt, Phillip described the manipulation and difficulty that he experienced with his father in adulthood:

> I would go over and see them frequently, go over to Dad and Mom's house, over a time started working more with my, we still had a bit difficult, I mean I had to

hair down to here and so there was a time where I just got tired of the snide comments. He was such an expert, under-handed, nothing you could pin your finger on, you know? You couldn't say, "that was mean!" "What do you mean? I just said you—" You know one of those things where things are just twisted and he was so artful at it, you could never. It was so hard to argue against him and then you would just get yourself and then dig yourself deeper in the hole. He was just a master in doing that, and I don't think like he even ever really realized it— just did it. So we don't have an argument over that, but all his snide comments and little digs. After while I just got fed up, and for like a couple of years, I just quit going over there except when there was a family or birthday event or something. (p. 19)

Notably, he described much of his contact with his father as serving the purpose of helping his mother, who never left her husband. According to Phillip, it was during this time that his relationship with his father began to change:

So for a quite long time after that I, as he got older, and then my mom goes and gets sick and got cancer and checked out. That was her way out of the whole situation, and then I gradually took over a lot of the duties of taking care of his house, taking care of him. And my mom would call me up and say, "your dad's driving me crazy and could you come over and work on a project with him?" And we developed a pretty good relationship. (pp. 22–23)

I mean where he would say things to me like, "you are good son, I am glad that you are here, you are really smart, you really help me out, this is wonderful like doing it for me." Calling me up with an idea. "Hey Phillip, we could go do this and we cut some wood and do this and doing projects and you know, do whatever." And we worked together and actually became more friends, you know men friends, than dad and son, which even when I was in my twenties to my thirties and all that. So, you are the dad and I am the son, and I am smaller and you are bigger, no more. Man to man and one-to-one relationship and it was really good. I enjoyed going over there. (p. 24)

Unfortunately, there was a breach later in their relationship, which is described below. It also seemed important to understanding Phillip's experience of his father's death to recognize that there had been a time that was more satisfying to Phillip as well.

Joe described having a changed relationship with his father in adulthood, which he considered to be central to describing his experience of his stepfather. During his interview, Joe explained that his father remarried a woman who Joe described as being a

"good lady." Here he attributes the changes in his relationship with his stepfather to his

new wife:

> You know, it seemed like all the time my stepfather was around me, was to beat
> me, and all the other times he was always busy doing something with the
> organization, you know, so kids in the organization fell through the cracks, yeah.
> And he met my stepmother and they married. (p. 19)

> Although I knew that he had that in him as far as being able to be that kind of
> person, you know, he changed a lot over the years. You know, in my teenage
> years, he was extremely abusive, but you know, starting from about the age of
> eight into my teenage years, you know, once I got to the point where I was big
> enough to stand up to put up to a fight, and then was at home most of the time
> because I was running away. After my late teenage years into my early adult
> years, he changed a lot as a person, you know, and I think it's because of my
> stepmother that he met. You know, she changed him a lot, she really did. He
> became really a lot different person. She softened him up a lot. She really did,
> you know. (p. 24).

Key to being able to relate differently to his abuser for Joe was being able to see

behavioral change in him. Joe spoke at length about the summer camp for at-risk youth

that his mother and stepmother founded. Joe participated at times in the activities of the

camp and it was through this that he forged a different, safer relationship with his father:

> But even though he [was a workaholic], and was still that way, we were able to
> build some type of relationship. And, I've realized he really had changed as a
> person, as an individual, and that made a big difference to me. And I think the fact
> that he was doing the summer program for kids, you know, that touched me in a
> big way. Made a big difference to me. (pp. 37–38)

Detachment. Four participants shared the moment that they felt more detached

from their parent. Some period of time after Phillip felt that he had rebuilt a new, safer

relationship with his father, there was a falling out. After a misunderstanding with

Phillip's stepmother, his father returned to his volatile, abusive behavior. About this

event, Phillip said:

> And they said you need to come up and talk to dad. I walked in and he had that
> look, where his eyebrow would quiver, and I was all, "oh fuck, what the fuck?

Did I do something wrong?" Something was really wrong, and I immediately started scanning, or just like when I was a kid, scanning my head about what did I do wrong. "Did I leave the hammer out in the rain, did I forget to lock the door, or what did I do? What did I do?" And I got really tense and it turned into a giant argument. And it escalated to the point where he said, "you're not in this fucking family anymore." The whole thing. I thought he was going to hit me. (p. 25)

This event turned out to be a turning point for Phillip. Although he made attempts to reconcile with his father, the relationship was changed. On this subject, Phillip added:

So it developed in a total of one of those kind of deals again, raging dad, barely controllable, any second I was expecting to get smacked on the face, whether that would happen or not, there was always that threat, there was always that feeling like I'm going to get my head knocked off here, that is my feeling. So, it all blew up and then after that things with me and my dad were never the same. I became the out son again. And I never really said that much after that one event but I was just out. And that you're a good son, glad you're helping out, come on over let's do some stuff and all those stopped. And then I walk in and he just glared at me, I never it never got past that. Then I'd apologize, and I'd explain it, I did all this, I went on, I still showed up for family events and stuff but it was done. (p. 27)

The emotional process of detachment seemed to come later for him and close to the time of death of his father. Phillip described his process of detaching from his father in the following excerpts, where he is talking about his last conversation with his him:

And he just sat there and he kind of nodded his head and I sat there for another full two minutes. Well okay, if I have said my piece, there's nothing more to say, but for me in my heart was like it's done. (p. 29)

There's going to be really no reconciliation except in my own heart, there's no other place that can happen. (p. 29)

Max talked about his process of emotional and physical detachment in relationship to his experience with her when he attempted to make amends as a part of his 12-step work with AA. He went to her to speak with her about their relationship and to make amends for the parts he felt responsible. In the following excerpt, he speaks about her response to him:

And so, I went to her to make amends for all the things that I did to her. It didn't go well. [pause] She was very upset that I was doing it. She agreed to it, but was very upset that I was doing it, and her reaction was [in snappy voice], "you want me to forgive you, okay, you're forgiven." And then that was the last time I saw her. (pp. 24–25)

But then when I went to her and made the amends, I didn't care anymore whether she lived or died. (p. 27)

It wasn't at all, what I was trying to do there, but it did accomplish my detachment from her. After that I was able to completely detach from her and whether she was alive or dead didn't bother me. I mean I'm twisted from the start and that never goes away, but the twists. I don't care, I'm detached from the twister and I was detached from the twister before she was gone. (p. 28)

This process of detachment for Max appeared to help him to process the abuse by

his mother. For him, it was as if he had completed a step of his healing process:

But I felt like, when I did the amends and had that talk, I never saw her again. That she was already dead. I just was never going to see her again and I wasn't going to know how she's doing except for when she dies. I got already crossed over. (pp. 28–29)

Professor described his process of detaching from his abusive mother much

earlier in his life. His process appeared to begin with his setting boundaries and not

allowing his mother to touch him physically. This was followed for him by cutting off

contact with her permanently.

I remember my sister—my brother's daughter was getting married and my mother walked up to me and tried to hug me. And I was in my thirties probably. Yeah, early thirties. And that was the point where I didn't want to be touched anymore. So I never let her touch me after that. And then there came a point where she would come over for Christmas in the seventies, so I was in my thirties. She'd come over Christmas, would bring her drunken friend. He always brought his six pack with him and she always had a drunken friend. And then I just stopped her coming over. In fact, she moved to an apartment near us and I refused to see her. So that was probably in 1975. (p. 16)

It is unclear whether Professor has experienced a process of emotionally

detaching from his abusive mother. He did not address this aspect in his interview, and it

is questionable whether he has experienced this process, given his palpable and present

anger towards his mother during the interview.

Ruby estranged herself from most of her family in order to protect herself. This

happened after she began therapy in her late thirties and began to recall her abuse. Here,

Ruby is responding to a question about how long she had been out of contact with her

abusive stepfather before he died:

> Oh, it was at least 20 years or more. Because I wrote everybody a letter and told
> them to fuck off, I knew what they did, and they should be ashamed of
> themselves. That was right after I got in therapy, which nobody does that. So I
> was 38ish. And my mother wrote me back in red ink, and it said we have a right
> to face our accusers and you will face all of this. I'm like, oh my God, it is true.
> It is true; they're crazy. (pp. 44–45)

Ruby did not specifically talk about feeling emotionally detached from her

stepfather, although she did not speak to him after this point and did not accept a phone

call from him a few days before he died. It is possible that this lack of contact could

indicate a process of emotional detachment due to her neutral feelings after his death.

This will be discussed further in the next theme, Responses to Death.

Joe did not describe the same process of detachment before the death of his father.

Notably, he is the only participant who discussed having an improved relationship with

his father. In addition to what was described above in Relationship Equilibrium, he said

the following:

> And I would say, last couple of years before my stepfather passed away, we had a
> pretty good relationship actually. Even though he wasn't there a lot, because he's,
> even when he, after he had left the organization and they were out there in
> Bothell, you know, he just kind of like a workaholic, you know, always he needed
> to be doing something, and never really there for you or the family. But even
> though he did that and was still that way, we were able to build some type of
> relationship. (p. 37)

It is possible that because Joe had formed a more secure, meaningful attachment to his father before death (due to his father's changes), that he did not need to detach in the same way as the others.

Anticipating death. Three of the five participants spoke of anticipating the death of their abusers at some point in their life. A fourth interviewee, Phillip, also alluded to this anticipation, although the meaning was less clear for him as he did not speak about his expectations directly. Phillip's father became sick and Phillip and his family were expecting that he would die soon. Phillip said:

> He needs surgery, and he's had so many surgeries and said fought back from surgeries, and this is going to kill him. It could be next week, it could be a month from now, it could a year from now, but take him home, spend your time with him he's going to be—well if took him five years. [laughs] Five years later and he's still here! But it had gotten to this point, so I went and sat and thought, okay, this was my opportunity to have, whatever, that last conversation with him. (p. 28)

Although Phillip did not address anticipation directly, his laughter and comment about him being alive five years later appeared to indicate some level of thinking about his father's death in the future.

Three other participants spoke about their anticipation for the abusive parent to die more directly. At one point, Professor said the following:

> Quite frankly I would have danced on her grave. I never would have killed her, but I had thoughts. (p. 35)

Joe began to have fantasies about the death of his stepfather around the age of 14:

> And the beating was so bad that I actually had thoughts about pushing him through that window down onto the spiked fence, but I never did it. Yeah, I would fantasize about doing that, yeah. (p. 9)

Max similarly discussed having thought about and anticipating his mother's death. This is described in the following excerpt:

> What I was saying for at least a couple of years before my mother died that I'd be glad when she's dead and I was saying that in like AA meetings, it shocked the hell out of everybody but I was always truthful in AA meetings, I always told the truth and that's exactly right. (p. 24)

One can easily imagine how having experienced the anticipation of a person's death might affect the experience of that death when it occurs. Ruby did not share having these same thoughts. It could be that she did not need to imagine what life would be like without her abusive stepfather alive as she had been out of contact with him for many years before his death. Interestingly, Ruby did choose to tell a story about how her mother was in the hospital several year's ago and Ruby had been told that she was dying (pp. 41–42). Her choice of telling the story, as well as her choice to call her mother at that time, might be indicative of her having some anticipation of her mother's death in the future.

Summary of adult relationship with abuser. It was not surprising to find a wide variance in the relationships between these adults and their abusive parents in adulthood. That said, interesting patterns emerged from the interviews as well. All five participants found ways to restore some sort of equilibrium in the power differential between parent and child. Some achieved this by finding a way to develop a different type of relationship; for example, both Phillip and Joe participated in projects that were meaningful to them with their fathers. Others used their power to estrange themselves from the abuser. The reactions of the parents varied considerably. It is notable that not a single parent took responsibility for the abuse of their children; although Joe's stepfather apologized for spending extensive time with the organization, he did not take ownership of physically abusing his stepson. It is possible that more honesty and responsibility from the parents might have resulted in a more healthy relationship equilibrium as adults;

however, this remains unexplored in this study. It appears to be mostly unexplored in the greater body of psychology literature as well, as I was unable to locate studies discussing the relationship between early child maltreatment by a parent and adult relationships between the abuser and the abused.

These participants all described some process of detaching from their parents at some point during adulthood. Kobak (1999) described how this detachment process looks in childhood. The researcher shared that Bowlby had characterized the process of detachment as a protective process that allows children to gain control over overwhelming and difficult emotions (Kobak, 1999). This detachment theoretically allows the child to appear more emotionally neutral and apathetic towards the parent. Although this research is on children, it is possible that the detachment described by the participants allowed for a similar process to occur, where the adults could be protected somewhat from the emotional harm caused by the abusers.

Certainly, many adults consider the death of their parents at one point or another. It is not unusual to reflect on the mortality of ourselves or of others, particularly if the person is elderly or not in good health. That said, three of participants in this study described this anticipation as an escape from the treatment that they had received at the hands of their parents. As many do, they imagined their lives without their abuser, in a manner that shared the relief that they might experience after the death of their abuser. Interestingly, Ruby, who did not describe having this process occur for her had been estranged from her stepfather for many years. It is possible that this difference could be a function of him being "dead to her" for many years already.

Responses to Death

It was within the super-ordinate theme, Responses to Death that many answers were found to the research questions. The participants shared their Emotional Responses, their choices about whether or not to participate in The Funeral, and about the Incongruence with Others that they experienced. Some participants also discussed having periods where the effects of abuse returned, leading to a Regression of sorts.

Emotional responses. Each participant described having a distinct emotional response to learning about her or his parent's death. The responses were overwhelming to some and moving to listen to during the interviews. At times, the descriptions of the emotion were palpable within the interview room, as the volunteers relived this aspect of their previous experience in the moment. Although each person described a different emotional reaction, they all appeared to have been somewhat caught off guard by their experiences. It was as if the emotions were a surprise guest at the door. "Ding dong!" as Professor proclaimed throughout his interview.

Joe described experiencing a variety of overwhelming emotions when he learned about his stepfather's death. Predominant for him, even though he had described his adult relationship with his stepfather as meaningful and changed, was anger:

> Yeah. I went through a lot of different feelings, especially anger, went through a lot of angry feelings. It was just, you know, I was amazed after my stepfather passed away, how much, how many, how much of these feelings I'd really kept inside of me. And I had not brought out or dealt with, and it was just very overwhelming. Very overwhelming. (pp. 55–56)

The Professor, who expressed significant anger towards his mother throughout the interview, also described feeling intense anger after the death.

> My brother told me. I knew she was dying. And I knew when she went to the hospital. And my brother called me and told me she wanted to see me, my sister-

in-law told me, I can't remember which one, and I said no. So, she went to the hospital and she died when she was in the hospital. So, I wasn't interested in— and I told my brother, I said, "I'm sorry that you, I'm sorry that you had her cremated." She sprayed the ashes in the backyard. I said, "you know, I would dance on her grave." So, I have a lot of anger. (pp. 52–53)

Professor: Of course it did (bring up anger), absolutely, absolutely. Ding dong! The Witch Is Dead! I mean, that's what I thought of immediately when I heard she was dead, and where is her grave so I can dance on it?

Interviewer: How long did that last being you really angry?

Professor: A few weeks, but just bring—you know just bringing it back up. What I miss is I didn't have a loving childhood, [pounds table] I got deprived of that! (pp. 65–66)

Phillip reported feeling frustrated after the death of his father. In this portion of

his interview, he spoke about his desire for his relationship with his father to have been

different:

Oh, yeah, yeah, I mean it's frustrating it's like in a way, you mother fucker, you're dead and now I can't bring this back to you and I can't talk about it with the person, the cause, the source, and I wouldn't even be given the satisfaction of knowing that the source got some resolution from it. Because he was angry, and angry at me till they put him in a box. Until he last closed his eyes. And I'm sitting right there when it all happened, I'm just like, it's done, and he died, last breath. (p. 39)

Phillip's frustration appeared to stem directly from a loss of hope that he could

develop the kind of relationship with his father that he needed and that he wanted. In the

following extracts, Phillip discussed his resignation to what is his new reality, and to his

loss of hope that it could have had a different outcome.

He had nothing to say to any of that. Yeah, nothing to say and few days later he dies. So, okay now he is dead, now there's no opportunity for any kind of reconciliation, and there isn't going to be no apologies, there is going to be no "oh, I changed my mind and I do love you," or nothing I said, that was it. (p. 28)

Nobody talks about what to do if they're gone and you can't talk to them anymore. So it's kind of their participation and their activity. I mean if the person is still alive and they are coming back and asking forgiveness then you're like,

"well, okay they have done their time and now they're at the point that they're trying to solve the problem." And now it's up to you to decide whether you want to accept, it can change day to day, next week it's all reversed, if people can reach that point, but that's not happening that's in my case. It went right up until his last breath. (p. 64)

Three of the participants spoke about feeling relieved after the death of their previously abusive parents. For Max, relief was the primary emotion that he described during his interview:

Interviewer: Right. So, you had anticipated being happy when she died.

Max: Oh, yeah.

Interviewer: And were you?

Max: Yeah. Relieved. Not happy, but relieved. I just don't have to deal with that shit anymore. No longer have to deal with people asking me about my mother, and about my relationship with my mother because there is only one answer now, she's dead. (p. 39)

Although Joe described feeling angry when his stepfather died, he also experienced relief after his demise:

Joe: I kind of felt like, good, you know, it's about time.

Interviewer: So, kind of relieved?

Joe: Yeah, a relieved feeling yeah. (p. 44)

Phillip also experienced relief after the death of his father. He described his experience as if a significant chapter of his life was over:

Of course there with, you know, all the tension of dad dying, he's dying, and then he is gone. So there it is. Game over. So they'll be able to release of all this pent up just anxiety and emotion and feeling and all that. That's how it manifested itself right in that moment but I thought it was interesting, that's how it manifested because the source of the conflict is now [poof sound] out of the picture. It was like the screen went dark and that part of the movie is over. (pp. 40–41).

Ruby expressed relief as well. For her, she found strength in this experience:

I would get anxiety attacks horrible, horrible anxiety attacks for years so him dying was sort of like a removal of some abusive energy that I got to work on, which helped me strengthen my spiritual resolve. Is that a way to put it? (p. 64)

Ruby also experienced a lack of emotion after the death of her stepfather, as well as guilt that she did not experience more emotion:

Yeah, so I really as far as my feelings towards him—blank, I'm pretty blank with it. You know, it'd be, I don't understand, like I think C___ once said, "Well, everybody would be sad if their mother died." "Like, I would not." "Oh, that's ridiculous." "Oh, no it's not." You know, and I feel guilty, I mean not real guilty, but cultural constraints see? Well, you do this and you do that, of course that keeps. If you're abused, oh, well, you still have to love your assholes. Even the Bible said. (p. 37)

During the funeral, Ruby shared that she maintained this lack of emotion about her stepfather dying:

Interviewer: Did you have any emotion that day?

Ruby: No, it was just odd. Just kind of curious about everybody and, kind of looking out for my little brother and, because I always did do that for him. (p. 50)

Although nobody spoke about missing his or her parent, Phillip was the one participant who explicitly mentioned *not* missing his deceased father:

But I do notice that, alright, well with my sister. And she will come up and say something about Dad, and she'll say, "Oh, I miss Dad and I'm sad." Oh, and part of me is like, "why do you miss Dad? Because I don't." Aspects of it I do, I wish I could ask him more about his war stories, about more details about being a warrior. And about more people and family, but in general, I don't miss Dad. I don't miss going to [his home], and I don't care. (p. 69)

The funeral. In this sample, there were services held to memorialize the deceased parents. Each participant talked about their decision of whether to attend the services, or not. Several felt that their decision was an important one in understanding their experiences of the death of their parent. Phillip was present when his father died and did attend the funeral. He did not talk about his decision to attend and his reasons for

attending. At the funeral, Phillip remembered being struck by the different ways that

others had experienced his father and seemed to feel misunderstood there:

> This is so weird like at the funeral. People coming up and going, oh, I'm so sorry
> your dad was such a wonderful, caring loving man. He was so cool. He was so
> funny. And I wanted to go, what? Because you just don't know. You just don't
> know. And I would just do the polite thing, say, "yeah he was, yeah, I'm sorry
> that he is gone now. If you only knew." And my thought—if I was able to get up
> at his eulogy, the way I would describe my father that would be, he had a brain.
> He was really smart and inventive, figured things out. He had a heart. He could
> be very loving, he could be very giving. He could be very generous. He had a
> gut. He had feeling. He relayed, he could emote, he had empathy for people and
> he had an asshole and he would shit on you. And that's the kind of guy he was.
> The whole range. And not everybody saw the asshole, and not everybody saw the
> loving empathy, not everybody saw the smart guy, because this whole thing sort
> of—but he's gone, so. We're all left with the results of that. (pp. 44–45)

Ruby attended the funeral of her stepfather and said that she had decided to be

present in order to support her brother, who was his biological son. She talked about

reconnecting with family members that day:

> What I was thinking was I wanted to help my brother and care take and that's why
> he wants me around. I went down there and helped him clean out stuff. So, I went
> to support my brother. I remember at the funeral, his older sister—his only
> surviving sibling sat by me. (p. 47)

> Interviewer: Did you have any emotion that day?

> Interviewee: No, it was just odd. Just kind of curious about everybody and, kind
> of looking out for my little brother and—because I always did do that for him,
> always looked out for him as best I could. (p. 50)

Max attended the services of his mother out of felt obligation to his family. He

described the event with little emotion during the interview:

> Yeah. And my brother and my sister and their families and my family, we all
> went to the funeral. Oh yeah, we went to the funeral. Because funerals are like
> this is—I mean cousins and uncles came and. And my kids, yeah were there.
> (p. 38)

> Max: I wasn't going to go to the funeral.

Interviewer: How did you decide that?

Max: I don't know, my wife and my kids were going. And I don't know, I just relented, I guess. (p. 38)

It was good for me to see my friends and it was good to put a cap on it too and I—that was in 2012. In 2005, we had a 80th birthday party for her in Wisconsin and we invited pretty much the whole town too, in community center had a party for her and made a video for her along with music, 20-minute video with music and pictures and stuff and sort of telling the story of her life and I still had it. So my participation was just to show the video again, which was made at a time when I had not cut her off. (p. 39)

Joe chose not to attend the services of his stepfather. He shared that his sisters,

the biological daughters of the deceased, were upset with him for declining to attend. He

expressed that he still feels difficult emotions about deciding not to go:

And I did not go to his wake, you know. And my family and my sisters were pretty angry with me about that. They were just, they were mainly, they just really needed me to be there for them is what they said, you know, and I wasn't there. (p. 15)

Joe: You know, and I expressed to him (a friend) the fact that I wasn't going to the wake or the memorial service, you know, and he really told me, tried to convince me that I needed to go.

Interviewer: How do you feel now about not going?

Joe: I have—I carry a lot of guilt. I really do, you know. Because I really do think my sisters did need me to be there for them, not only then, but afterwards down the line, farther down the line. (p. 57)

Professor was clear in his resolve to decline to attend the services held for his

mother:

And my mother actually lived with [my brother] until she died. And then he took care of all of the funeral, I had nothing to do with the funeral. I didn't go to the funeral. I had no interest in the funeral. I mean ding dong the witch is dead, as far as I'm concerned. If he hadn't had her cremated I would have danced on her grave. (p. 25)

Regression. All of the participants described experiencing overwhelming and sometimes surprising emotion when their parents died. Two of the participants described almost a regressive quality to their or their family's response after the death. It seemed to be a return to earlier, more maladaptive coping skills. Although Joe had been sober for several years, he experienced a relapse of using drugs and alcohol to cope with the death of his stepfather:

> Interviewer: Mm hmm. And just how you were feeling during that time?
>
> Joe: I just went right off the deep end. Yeah. I started abusing crack, and got on heroin, started shooting up heroin, and that was my way of dealing with all the feelings, you know, they all surfaced, all at one time after he passed. I just mainly got, started using crack and then started using heroin, went off the deep end.
>
> Yeah. And that's another reason why I wasn't at the wake as well is because I was heavily addicted to drugs at that time and using them, and I just didn't want the rest of my family to see what kind of shape that I was in. And when I was going through that, I honestly didn't believe that they knew why, knew that that was part of the reason I wasn't there. But later on, I went on to find out that they knew, you know, they knew what was going on. (pp. 50–51)

Joe had previously said that his stepfather had not physically abused his stepsisters, at least that he was aware. He described their childhood as difficult, however, as they had been taken away from their father (Joe's stepfather), when their mother took them, leaving Joe behind. Later, their father came to "take" them back and they were raised within the religious organization throughout their teenage years. Joe said that his sister turned to alcohol as well after his stepfather's death:

> One of my sisters after my stepfather passed away started drinking quite heavily for a while. You know, that was her way of dealing with it. (p. 58)

Phillip did not describe his own regression to older coping skills after his father's death, perhaps because of the "work" he was doing on himself at the time. However, he had discussed how he had coped earlier on by using physical and emotional violence as a

way of dealing with difficult emotion. It is conceivable that his siblings could develop

these coping mechanisms as well. Phillip reported that he was present when his father

died, as were his siblings. Immediately after his death, violence erupted in the room:

> And I'm sitting right there when it all happened, I'm just like done and he died, last breath. We're all somber. We all were. Well, almost all of us. The same with my mom, she died at home too. Yeah so I was right there in his bedroom and [laughs] one of my brothers grabbed his medications. My older brother said, I thought he was taking the medications for himself or whatever and within a minute of him dying my brothers started fighting, wrestling in my home and punching at each other, "oh you are not going to take those!" And my sister "no no, stop, stop, stop!" It all blew up and I'm like *holy shit* and I'm dragging my brother and throwing him off and now he is ready to smack me because I'm grabbing him and he is the one that kind of—you know, there are fistfights!

> Within a minute after dad died.

> Of course there with you know all the tension of dad dying, he's dying, and then he is gone. So there it is. Game over. So they'll be able to release of all this pent up just anxiety and emotion and feeling and all that. That's how it manifested itself right in that moment but I thought it was interesting, that's how it manifested because the source of the conflict is now [poof sound] out of the picture. (p. 40)

> Ruby described feeling more free from her past when her stepfather died.

Notably, she was enrolled in a graduate program at the time and was also in a reflective

and healing space where she was practicing positive coping skills. She did, however,

describe acting out behavior in her brother, who had been left a significant inheritance,

after the death of her stepfather (his father). His behavior sounded to be somewhat

consistent with his earlier coping strategies, although it is difficult to know how much of

it could be related to the death:

> My brother was fine, didn't have any emotion really. He was kind of nervous looking for the money, looking for all the money piece. And he had given the neighbor guy, my stepdad's girlfriend's son who helped my stepdad all kind of things, and did all kind of things, he gave him the El Camino. Well, my brother's bitch ass wife said, you get that back. Yeah, so he took it back like after three

weeks. Said, no, I need that back. I just, I made that decision under duress, give me back that car. How shitty in my opinion. (p. 49)

Max did not describe having a regressive reaction; in fact, he said that he began writing, which he described as being healing for him, about a year after his mother's death. However, although he did not relate the two events, he became divorced from his first wife within a year of his mother's demise. Professor did not describe much change in himself or in his coping skills. He was angry before his mother's death and angry afterwards, and described coping in much the same ways as he had for many years.

Incongruence with others. Each participant reflected throughout their interviews about the secrecy that existed around their abuse and how this has affected them up to the present time. Some described incongruence with other people's reaction to the parent's death that was clearly evident at that time. Others discussed ruptures in their relationships with others that occurred around the time of their parents' illnesses and death. This led some to feeling guilty and misunderstood. Others experienced dismissal and rejection from people who had been previously close with them. All described this incongruence as important to understanding their experience.

Joe had never disclosed his abuse to his sisters. Here, he talks about their relationship with his stepfather, which was quite different than his own:

Yeah. My sisters' relationship with my stepfather was a whole lot different than mine. And I didn't want to do anything to really kind of like burst their bubble of what they felt like their relationship was with my stepfather. (p. 44)

Interviewer: Were you able to express [feeling relieved about your father's death] to your sisters?

Joe: No, I never did. Yeah. My sisters' relationship with my stepfather was a whole lot different than mine. And I didn't want to do anything to really kind of like burst their bubble of what they felt like their relationship was with my stepfather. (p. 45)

And I did not go to his wake, you know. And my family and my sisters were pretty angry with me about that. (p. 15)

It was not only Joe's sisters who felt differently about his stepfather's death and made attempts to alter his behavior. In the following excerpt, Joe's drug dealer and "friend" pressured him to participate in his stepfather's wake, as if they had a normal and loving relationship:

> It was really, besides my therapist, it was only really one other. And it was like a using friend that I talked to. He actually was my supplier for my crack, and he's the one I went to after my stepfather passed away and got the crack from. You know, and I expressed to him the fact that I wasn't going to the wake or the memorial service, you know, and he really told me, tried to convince me, that I needed to go. (p. 57)

Professor also described receiving pressure from family members to reunite with his mother before her death. He also shared that there was secrecy around the abuse and it appears questionable that these people understood that the abuse had occurred, or the extent of it:

> Professor: Actually, yes, my sister-in-law called me and wanted me to visit her before she died, my mother expressed some desire to see me, and I said not no, but *hell no* and I literally was—well ding dong! The witch is dead! (p. 48)

> Professor: I had aunts. They talked to me and wanted me to make contact with her and they were very upset when I'd make contact with my father. It was brief contact with my father. He got stabbed in the back, got shot in the head, and I would see him in the hospital and stuff, but—I mean I knew what he was, and he didn't care about me at all, but I would say aunts that were very concerned about that and then tried to talk me into seeing my mother. (p. 49)

> Interviewer: Did these aunts know that your mom had been abusive?

> Professor: No. No, nobody in the family knows those secrets. My grandmother knew, I'm suspecting, and she certainly knew we were being beaten. (p. 50)

Phillip also talked about the secrecy surrounding the abuse in his household as a

child. Later, he described the incongruence in how others saw his father and how it

affected his experience at his father's funeral:

> [Mom would] take it, but he could be in the bedroom screaming at her and the
> doorbell would ring and by the time he got from the bedroom to, from the
> bedroom to the front door, he changed completely and he could open the door.
> "Hey, B___! Hey how are you guys doing? Come on in, have a cup of coffee—so
> how is it going?" He'd start telling jokes and be all social, and my mom will be
> back there all in tears, and crying, but she would kind of clean herself up and
> wash her face and maybe quickly throw on some cloths and then she'd come up,
> "Oh hey, B___ hello." A minute ago he was screaming at her telling her what
> shitty wife she was and she doesn't get it blah, blah, blah that kind of stuff.
> (pp. 14–15)

> They should have divorced a long time ago, but being Catholic and military and
> with the family and kids she just wouldn't do it. So found another way and her
> kids complied. (p. 19)

> People coming up [at the funeral] and going, "oh, I'm so sorry your dad was such
> a wonderful, caring loving man. He was so cool. He was so funny." And I
> wanted to go, "what? Because you just don't know. You just don't know." And I
> would just do the polite thing, say, "yeah he was, yeah, I'm sorry that he is gone
> now." If you only knew. And my thought, if I was able to get up at his eulogy,
> the way I would describe my father that would be, he had a brain. He was really
> smart and inventive, figured things out. He had a heart. He could be very loving,
> he could be very giving. He could be very generous. He had a gut. He had
> feeling. He relayed, he could emote, he had empathy for people, and he had an
> asshole and he would shit on you. And that's the kind of guy he was. The whole
> range. And not everybody saw the asshole, and not everybody saw the loving
> empathy, not everybody saw the smart guy, because this whole thing sort of. But
> he's gone, so. We're all left with the results of that. (p. 43)

Ruby also described the secrecy that surrounded her abuse and the negative

effects that this had on her life. In the following quote, she discussed the negative

reactions she received when she began to talk about her abuse:

> So when I first found out that I dissociated in that early 90s or whenever, I told
> everybody - people at work. I thought everybody want to hear because it was so
> cool. "Oh my god, I have this and this is what I do." People looked at me and
> started treating me like I was a piece of shit, like I was something different than
> they knew. One of my friends said, "You're no longer my daughter's godmother,

because now that you've told me you are this, you were never that person I respected all those years. You are this now." It was horrible, stigmatizing. It was awful—keep your mouth shut. You can't tell people your stuff. That's been a problem. I had to lie my whole childhood. (pp. 55–56)

So, yeah, I was attacked. People don't want to hear it. Doctors walk away. They don't want to know. They don't want to look at it. It's ugly. You have to do something about it, if you know about it. (p. 58)

She also reported receiving pressure from family members to reunite with abusive family members. In the following excerpts, she describes this occurring in relationship to both her deceased stepfather, as well as her mother, who was still living at the time of the interview:

Yeah, my brother and sister-in-law. My sister-in-law would set me up. My brother and I rode our bikes that this other town five miles away, and she took my two children, my two children who lived with me at the time, to a restaurant to see my mother, and we get to the restaurant and she comes out laughing saying, well, your mom's inside. And I said, "fuck you, get my kids out here." They would set me up. (p. 51)

So then a year later, I think last year, [my brother] gets a message to my daughter. "Our mother is dying, she is in the hospital and she doesn't have long to live, and she probably won't get out of the hospital. Tell your mom to call me," because he does everything he can to get me in his life because somehow I'm some kind of stability and access to the light that he takes with him. Like no, I'm not giving you that anymore, you make me sick, you are dangerous. (p. 39)

And then, I get a caller ID phone call four years ago, four and a half years ago. What the fuck. So I called it back. You have reached F___, so and so and blah, blah, blah, like what the fuck is he calling me for? I called my brother. "Like, what the hell, so and so, your dad called me, what's going on, I don't want to talk to him, blah, blah, blah, blah, blah." Well, I mean because my brother was always like trying to get us all together or whatever. (p. 36)

Max discussed sharing his abuse story in AA and with his friends, and feeling misunderstood. He seemed to sense that others did not want to know these parts of him. This awareness of being misunderstood, of the incongruence of his experience with what others would acknowledge, were important to understanding his life and perspective. In

the following excerpt, he described what happened when he divulged his story to a

longtime friend:

> Max: Nobody understood. And I wouldn't tell them because I knew they didn't
> want to know.
>
> And then finally a best friend of mine that I grew up with and I met in
> kindergarten. We go back there, and he would go and see her, and I wouldn't go
> see her. He was after me and after me because he had a mother and a father,
> mother was always home and the father was always working and everything was
> always going according to plan. He wouldn't leave me alone and finally I told
> him. I shouldn't have. Ever told him why I didn't go to see my mother. I should
> have never told him.
>
> He couldn't handle it. He couldn't comprehend. It's not. People don't know,
> people like me know how ugly human beings can be to each other, but most
> people don't know that like you know that. How ugly human being can be to each
> other. But most people don't know and it maybe because they don't want to
> know it and boy he sure didn't want to know that. That changed everything for
> us. All of a sudden I was stranger. It changed everything from the moment we
> met. There was a part of me, that he could never understand and I think that's
> part of why we're no longer friends. (pp. 29–30)

Max had similar experiences in AA when he shared his history with the group:

> AA, doesn't want to hear about your mental illness, you know? It's so screwed,
> AA is so screwed. I mean not that it doesn't help people, but there are old farts in
> there that don't want to hear about drugs, don't want to hear about family, don't
> want to hear about anything but alcohol. (p. 25)

Max also discussed the taboo that exists in his family about his abuse as well as

the alcoholism that exists throughout the family:

> And that's although I hadn't stopped drinking and using, in '83 I hadn't gone to
> AA yet by '86 and I went to [my uncle's] funeral and I went to visit my brother
> and I talked about the two uncles at the table; where one blew his head off and the
> other one was 25 years sober. Neither one of those topics were okay in my
> brother's house, he drinks a quart of brandy a day. (p. 36)
>
> And then in 1988, my younger brother died in a head-on collision and then I was
> the youngest and I felt like he fell off the last rung of the ladder and I'm pretty
> close to it. And it kind of woke me up that I better start taking care of my own
> self. And that's when things went bad with my brother. And he got worse when
> his son called me, when his son called me, his son was 19 and had a full ride to

M___ and got kicked out for drunkenness and sexual harassment. He called me and I told him what to do, "check yourself into treatment, start with AA now." That was 1990, he's 25 years now sober. And kid is, his fucking father, never, never forgave me for that, never. (p. 37)

For Max, these experiences led to him feeling misunderstood, to pulling back from others, and to feeling relieved that others would be less likely to ask questions about his past.

And the fact is there is no point in talking to anybody who hasn't gone through it because there's no way to understand it unless you gone through it. You can study it, listen to it. I mean I'm not putting you down for what you're doing. I think what you're doing is fabulous service, but you can never understand it, without having it done to you. (p. 33)

But I'm trying to be careful about who I include in my life because everybody has problems, everybody has questions, everybody doesn't understand, and I'm a fringe character. I walk into the room and I'm already at the tail end of the normal curve, wherever I go. And I don't know, I just can't understand, I mean people don't believe me. I tell people the truth and they don't believe it. They think I'm joking, they think I'm speaking some other language. I tell them the truth and they don't believe me. (p. 44)

Summary of responses to death. It was within this super-ordinate theme that multiple answers were found to the primary research question. Here, the participants shared their experiences following the deaths of their primary caregivers in emotionally powerful language. Their emotional responses were often palpable in the room and seemed to come alive for them once more in retelling their stories. The most prominent response after the deaths was a feeling of being overwhelmed with emotion. Participants experienced anger, frustration, loss of hope for future reconciliation or change, and relief. Professor's relief seemed to also express itself in a feeling of celebration as he repeatedly exclaimed, "Ding dong, the witch is dead!" Anger is a common feeling to experience after the death of a loved one, and Bowlby (1980) theorized that this occurred when a person was unable to reconnect with the deceased attachment figure. Here, the anger

could have a different phenomenological meaning for the participants, as their anger seemed to be a reliving of the experience of the abuse and anger that the parent had failed to meet their needs.

Memorial or funeral services were held for each of the parents and the participants all discussed their decision as to whether to attend or not. Some chose to attend to support family members, while others were determined not to go. Those who did commented on the variance in their experience of the funeral as opposed to other attendees. None described attending as providing resolution or assisting in their healing process, which is incongruent with much of the cultural significance of memorial services in mainstream, Western culture. All participants seemed at peace with their decisions, with the exception of Joe. Joe reported in his interview that he now wished that he had attended services for his stepfather, as he would have liked to be there to support his sisters. It is possible that some could interpret the decision to not attend memorial services as the maladaptive avoidance that Shear et al. (2007) described as being an outcome of being reminded of a previous attachment. Given the emotional and physical dangerousness of the attachments in this population, however, it could also be an adaptive behavior that serves to protect the individual from being retraumatized by reminders of the parent.

Around the time of death, it was a common experience to identity the incongruence of the participants' experiences with those around them. For example, several of the adults noted that the reactions of others, who generally were not aware of the abuse, did not match their own. As the abusers aged, and as they died, others seemed on focus on their perceived strengths and positive qualities. When the participants shared

the reality of their experiences to family, friends, or in AA, they were often met with denial, with repulsion, or with estrangement. Several of the interviewees connected these reactions to the stigma and silence surrounding abuse, both within their micro-systems, as well as in the culture at large.

Sanderson (2006) wrote about the need for survivors of CSA to be "emotionally visible" to support healing post abuse (p. 82). This visibility, according to Sanderson (2006) includes the need to be believed in regards to the abuse. Although this author focused on sexual abuse, it is not inconceivable that this also applies to adults who were physically abused as children. For these participants, the incongruence that they experienced with others around them, which was apparent through comments that were made to the participants, in pressure to reunite with the caregivers pre-death, or in requests to participate in post-death rituals appeared to directly affect the experience of the death of their abuser. It seemed to make them feel more alone and separated from the community.

An interesting finding was not acknowledged by all of the participants in this study. However, for those who did experience what appeared to be a regression to earlier, less adaptive coping skills, the incidents described seemed compelling and required presentation in the results of this study. Several participants described a return to substance abuse, either in themselves or in siblings. Another participant shared that his siblings erupted into a violent physical altercation at the deathbed of the father. This regression might be associated with the overwhelming emotional experience that several of the participants described. As the adults became overwhelmed, it might have been to

much to tolerate and handle using the more adaptive coping skills that each person was developing.

It is notable that some of the participants' responses to the death of their previously abusive parents could appear to mimic complicated grief as described by Field and Filanosky (2010). The interviewees often experienced overwhelming negative emotion, avoidance of people or situations that reminded them of the deceased, and difficulty in relating to others. And yet, in the context of the interviewees' holistic experiences, and in how far they had already progressed in their healing processes, it is possible that similar outcomes for this population might be considered a normative grieving process rather than "complicated." Each person proactively made decisions about their behavior in accordance with the death and managed their own emotional reactions in highly personalized ways. It seemed to be in congruence with Bonanno's (2004) assertion that grieving is individualized and has great variation in possible outcomes, the most common of which is resolution.

Next Steps

The participants demonstrated resiliency and strength in the face of truly horrific treatment by their primary caregivers. For some, physical survival was not guaranteed, and all were at risk for severe emotional harm. All talked about the ways that they are affected by their histories, long after they were physically free from the reach of their parents. Each person had created a life that they consider worth living, formed healthy relationships with others, and were continuing their work in healing from the abuse that they had endured. The three participants who described having problems with addiction had maintained a significant period of sobriety. They had grappled with making their own

Decisions about Forgiveness, talked about ways that they were experiencing

Posttraumatic Growth, as well as described healthy relationships that they had developed,

or Earned Secure Attachments.

Decisions about forgiveness. Each person discussed their process of deciding

whether it was important for her or him to forgive the parent who harmed them. The

participants talked about their decisions as being important to their experience whether

they have chosen to forgive the parent, or not. For some, the decision was made before

death, and for others, it occurred after. Interestingly, for three of the participants, they

decided to talk to their parents about forgiveness for the past. Unfortunately, in these

three cases, the parents did not respond with loving kindness.

Max first spoke to his mother about forgiveness while he was working towards

"making amends" as a part of his AA treatment. Importantly, Max believes that she was

still sexually abusing children from the neighborhood at this time:

> And so, I went to her to make amends for all the things that I did to her. It didn't
> go well. [pause] She was very upset that I was doing it. She agreed to it, but very
> upset that I was doing it and her reaction was [in snappy voice] you want me to
> forgive you, okay, you're forgiven.

> And then that was the last time I saw her. As a matter of fact, I went to that town
> with my son to run a race that I always ran. I took my son there in 2011, we
> didn't go see her. I mean it's like in Wisconsin.

> I just think she wanted it over and done with and the quickest way possible for her
> was, "okay. You want forgiveness?" You, you know, it was like can we just stop
> this now, I don't want to hear about it anymore. (pp. 24–25)

> And yet, Max found it important to forgive his mother and described how

understanding the context of his mother's life helped him to accomplish this:

> Well, forgiveness is good for me. Forgiving, forgiving my mother, I understand
> what she went through. I understand how she was abused and neglected and
> beaten and [pounds table].

Yeah, she told me that and she told me about her life and one of the things that. I think one of the reasons she told me about her life was to indicate to me or make me understand that I didn't have it so bad, that she had it bad. "If you want to know how bad, listen to my life," and it's true. And she didn't turn out the way she did, or treat me the way she treated me because of any decisions that she made. It's just the way she was. But that doesn't negate the fact that it happened to me. That's that phrase forgive and forget, yes I can forgive, never forget. You don't forget shit like that. You never forget harm done like that. (pp. 32–33)

Ruby also talked to both her deceased stepfather and her living mother about forgiveness. When Ruby's stepfather asked for forgiveness, she did not yet recall the abuse and did not understand the request. Later, she came to her own conclusions about forgiveness; that she could experience a sense of freedom from letting go of the some aspects of her past experience without having contact with her abusers. In regards to her stepfather, she said:

He came up to me after the ceremony and this is a grown ass man, right? And he is crying and he is wiping his eyes with his handkerchief and he is crying, his eyes are, "I just want to say I'm so sorry, I'm so sorry." And I don't get what he is saying because I'm 30 and I don't have a fucking clue about any of it, except that I'm attracted to black velvet, and I know that—I know some things I'm capable of and I don't know why. And so I say, "oh, that's okay, don't worry about it. That was between you and mom." And I thought he was talking about the violence between them, because I didn't know what else to refer it to. (p. 35)

And so I kind of figured out over time after that all the stuff that he was doing, trying to make amends after he was, you know, he knew, he must. I don't know how he knew he was dying, I mean. He was trying again, because he felt so bad. I guess, I mean he must have had a conscience, you know, type of thing. (p. 37)

Over time, Ruby made a decision to try to forgive her abuser. At one point, she called her mother, who she believed to be dying in the hospital, to tell her that she forgave her:

Yeah. Okay, whatever. And of course it will free you. Forgiveness will free me and I've done that in spirit, but I don't want to hang out with these people. Oh, I have a funny story about my mom and forgiveness. (p. 37)

K_____ said you're in the hospital, and before this, I was going to talk to about forgiveness, and tell her I forgive her because I thought she was dying. This is so fucking funny. I mean it's not, but it really is. I go, I mean, I would talk just a little bit, small talk, like I said, "well, yeah, oh, yeah, I broke my ankle too." She didn't care, she didn't say a word. Like, well, I kind of wanted to talk to you about forgiveness and she said I swear to God, she must had a straight face, "oh, don't worry I forgave you years ago." [laughing] And I didn't laugh, but I—my eyes got big and I went, "oh, okay, that's good. Perfect. Alright. Well, get well soon." And I hung up and I laughed hysterically because that's who she is and who she was and how much denial she has. (pp. 40–41)

Phillip also attempted to talk to his father about forgiving him before he died. He

did not receive much response, but Phillip found solace in his own decision:

So I sat down and he was conscious and cognizant and conversed, so he could hear me, what I was saying, and I said, "well you're my father, I know I've been—our relationship has been up and down over the years, but you are my father, I love you, I care for you and I appreciate all you done for us. You did the best you could, with what you knew how, your whole life you took care of us and fed us. You survived. We got through everything and I said there were times, there were good times where you and I were friends and everything, and I love you."

And he just sat there and he kind of nodded his head and I sat there for another full two minutes, well okay, if I have said my piece, there's nothing more to say, but for me in my heart, I was like it's done. He had nothing to say to any of that. Yeah, nothing to say and a few days later he dies. So, okay now he his dead, now there's no opportunity for any kind of reconciliation, and there isn't going to be no apologies, there is going to be no oh, I changed my mind and I do love you, or nothing I said. That was it. (pp. 28–29)

After his father's death, Phillip has been continuing his process of finding

forgiveness for his father. In his interview, he spoke about the cultural value of "making

merit" to ancestors that he has learned from his Thai wife and her Buddhist religion.

Phillip described this process of having deep meaning to him and talked about how he is

attempting to apply these values, which require some level of forgiveness, to his own life:

And in Thailand the old people are respected and they have a very strong thing about lineage and ancestors, which we don't really have here so much. So in meditation like the temple a couple of weeks ago [snap], they were talking about honoring your father and your mother because they were kind of big into that. So

they were making merit, working off bad karma if you will, or something like that I don't quite understand, but that was the thing. So that thought like popped in my head and it was a Western statement "honor my father and mother" but that kind also got me thinking. (p. 50)

My new discovered practice on honoring your ancestors, on honoring your parents, on honoring your lineage, this is like preventing me from doing proper honoring with that, how can I honor my mother? Put her picture up on Mother's Day but not my father's picture on father's day. So, and the fact that I can even see that division instead of this one "of course! I'll just put a picture of Dad up!" And I'm think, for myself, I am looking at it at a deeper, more energetic level, more spiritual level, and internal level and not a physical level. And how does that all fit together, how does that all work? Of course, I'm objective and analytical, or I am kind of objective and things, but that's how I am. (p. 69)

Joe's stepfather asked for forgiveness about the manner in which he raised the children, which proved to be important to Joe. He did not speak with Joe specifically about mistreating him, nor did his stepmother know about the abuse at this point in time. Nevertheless, the apology appeared important to Joe:

You know and there was even a point where they called a family meeting and got together and him and my stepmother apologized to the family, we're spending so much time with the organization, you know, and not spending time with us or doing things with us, and things like that.

Although I couldn't understand really why my stepmother apologized, because she was always there for us. She really was, you know. She is a really good lady. (p. 24)

There was a shift in the way that Joe spoke about his father after he disclosed this; he focused on the changes that his stepfather made in his later life and on his development of a more meaningful relationship with him. It was after his stepfather died, however, that he decided that it was important to forgive him:

I had to say, it really was after my stepfather passed away, um [pause], it was sometime after that that I was finally able. And I think it's because of being in therapy. I've been in therapy over the years. Was able to forgive him for what he has done. (p. 36)

And as the years went on in therapy, I was able to begin to process what had happened and begin to more deal with it in therapy. And I would say, last couple of years before my stepfather passed away, we had a pretty good relationship actually. (p. 37)

But I realized, you know, after he was deceased and I was still in therapy, you know, in order for me not to destroy myself as a person that I really had to forgive him for what he had done and just let go, you know. It was an important step for me too, it really was. It was a big step for me. (p. 46)

Well, you don't ever forget, you know, you never forget. But in order for the healing process to start, you really have to do—start with forgiving that person for what they did. And I think him having changed as a person in seeing what he did with troubled youth with the summer camp programs, helped a lot with that being able to go through that process. (p. 47)

For Joe, the death of his father helped him to reach this step that he considered to

be so important for him:

Interviewer: You feel like if he were still alive, do you think you could have forgiven him while he were alive? I'm wondering.

Joe: Honestly, I don't know. But I don't, I don't really know. You know, I think it's possible because that I might have worked up at that point of the stage in therapy where I was able to go ahead and do that with him if he were still alive, yeah, yeah. But there was something—I think something they had a lot to do with forgiving him, being able to forgive him, wasn't being gone, just not being around anymore. (p. 48)

Professor raised the topic of forgiveness several times during his interview. He

compared his decision to withhold forgiveness to his wife's value that forgiveness is

important. Although the Professor appeared steadfast in his ideas about forgiveness, the

frequency at which he talked about this discrepancy (12 times) seemed important to

understanding his experience:

So, back to your question, my brother and my sister-in-law, they put the forgiveness thing on me, and my wife too. My wife and I have had several discussions about the forgiveness thing and she is very forgiving. My wife is a lovely lady. She is very forgiving, but I'm not. And I don't forgive and I don't forget. (p. 52)

In the following excerpt, it appears that Professor believes that forgiveness includes accepting the treatment that he received at the hands of his mother:

> My biggest problem is depression, anger, and authority, particularly female authority, and my wife knows all about this. We've talked about it. She thinks I should be more forgiving and I say, no, I don't have to be forgiving.

> It's like accepting other people's beliefs. I don't have to accept people's beliefs; I don't have to respect other people's beliefs. (p. 58)

Here, Professor specifically says that he does not have forgiveness for his mother:

> And I have absolutely no forgiveness in my heart at all, none. I have a lot of anger and because I was still suffering from depression and anxiety even to this day. I still have problems with authority. Your parents are supposed to protect you. Number one of all relationships with parents is safety. They're not supposed to be the ones that bring harm. And you violate that one basic premise of safety, and it has lasting psychological impact. (p. 35)

Posttraumatic growth. Each participant has discovered unique ways of being in the world that continue to support them as they heal further from their abusive childhoods. Several participants discussed the activities that they have undertaken to give of themselves to others. I was reminded of Erickson's developmental stages and how this could reflect the generativity vs. stagnation developmental stage, which is appropriate for this age group (Salkind, 2004). Several participants also expressed that they feel more emotionally stable themselves and have hope that they will continue heal into the future.

Professor has a long career of teaching and working with high school, college, and "emotionally disturbed" children. He also discussed his roles in volunteer positions, in which he gives back to the community:

> But I was its church janitor, because they couldn't afford building a church, although we're too old to build another church. I was a janitor because they couldn't afford one. And so, you know, I've done things. I was also chairman of the bicentennial commission. I've got a long list of volunteer stuff and positions. I don't know if it's relevant or not, but I was a president of Lions Club and I was on the Chamber of Commerce Committee. (p. 61)

Professor continues to work in retirement as a substitute teacher. He talked about

the importance of teaching children life lessons in a respectful and caring manner, which

could evidence his continued healing process through giving to others:

> And when students, I feel like they're disrespecting me and usually it's sophomores; eighth graders and sophomores are animals. But you know, I make allowances and I really don't have to do anything drastic. I put lessons in it. I don't do correction in the classroom, but I'm a good professor, I'm a good teacher, and I'm fair and I give people second chances, but then I'm not stupid either. So, I've done, I've gone out on a limb for some students who've gotten sick, I've gone ahead and give them in college, gone ahead and give them the grades, you know, gone ahead and passed them, even though they missed the last six weeks, because it was the right thing to do. (pp. 57–58)

This value of giving back and valuing the education of others was seen in

Professor's decision to participate in this study. Although he was admittedly nervous to

talk about his history, he told me during his phone screening how important he believes

academic research to be, and that he wanted to help by participating in this study

(Professor, personal communication, May 2015).

Joe also discussed his community service as a way that he continues to give to

others and to heal. He began by talking about his disability and that he is unsure as to

how long he will live. And yet, he has made a commitment to continue on and to live life

as fully as possible for him:

> Joe: Well, I'm disabled at this point. So I live on social security, so—and in the Winter I'm basically not able to do anything because of my smoking, and such poor circulation in my feet, that my feet just get extremely cold when I go outside.

> Yeah. Over the last few years I did volunteer work, do different things for different people, and I've decided since I am disabled at this point and on social security, that's my way of giving back to the community. Yeah, I did some work with a food bank. Yeah. And I've worked with Books to Prisoners. Yeah. Done some work with that, volunteered. Sending books off to prisoners, just writing them a letter.

Interviewer: Well, yeah. So you see yourself continuing to try to give back how you can.

Joe: How I can, when I can. (pp. 60–61)

Max turned more inward as he discussed his continued healing and growth.

Beyond setting healthy boundaries with the people in his life, he talked about his

newfound emotional stability:

> What life there is to have now and right now in Washington, I have made contact with three people that I knew in Washington before I left and one is the woman I live with and my two children. I have not made contact with anyone and after 30 years I knew a lot of people here. But my mental health and happiness has become more important to me than any relationship with anyone. (p. 43)

> I have been able to [more recently] sort of get into a cycle where I can manage myself and I've gotten off all the prescribed meds because I was on six at one time. (p. 44)

> Yeah, I was on Celexa for, well until a year ago and you get tired of the side effects. I didn't cry for, all the time I had taken Celexa I never cried. I got off of it, I started crying again. Human beings are supposed to cry. The tears ducts are there for a reason. (p. 45)

Max also shared that he has begun to have more trust in his intuitive senses more

recently as well:

> And some things are just like sort of, there is sort a mystical spiritual thing that I think of that can't be explained, but sometimes something comes along and I see it and I said that's exactly what I need, I will take that. And it's like and that mistake I make often is in questioning because that's one thing, that one of the best workshops in AA I did, the guy really forced on intuition, following intuition like some people, because AA is a real Christian program they called it the still, small voice of God. But everybody has intuition and so many times I made a mistake of not following my intuition because I should think it through, ask other people what to do, research this when I had the right answer right away. It was just there. And so I think there's something to sort of just getting a touch with whatever that is that—that already knowing sort of thing, when it's there. (p. 58)

One of the reasons that Max chose to participate in the study was to gain support for his writing, which he began to do approximately one year after his mother's death. He considers this writing to be integral to his continued processing of his childhood abuse:

Interviewer: When did you start writing?

Max: A couple of years ago.

Interviewer: Okay. So it was about a year after her death that you started writing, is that right?

Max: By golly, you are right. I guess and what I first started writing about was my life before I was 9 years old. I wrote all about my life before I was 9 years old when I first started writing and then I did move beyond, much beyond that because I started writing about when I was a teenager. It's like everything I was writing then was way back then. Now, I've learned a little bit about writing and putting stuff together and consulted with some experts. (p. 40)

During the phone screening, Max shared that he would like to receive a copy of the transcript in order to support his writing. He said that he believed that it would benefit him to talk through his story and see it transcribed in order to decide how he would like to proceed with authoring a memoir (Max, personal communication, May 2015).

Ruby also shared a newfound confidence in her ability to manage difficult emotions:

My confidence and my ability to cope and I still have days, but I come out of them a lot faster. You know, what might have been three days, now might be 12 hours of sobbing. If I used to shed three tears, I thought I had to go to the nut hut, because that was not going to stop. As a child, I might start crying and not be able to stop for three or four hours, and I didn't know why. Now, I don't even care. I know I'm going to be okay. (p. 64)

Although Ruby continues to struggle with balancing her perceived responsibility to family with her own desires, she shared a future outlook that seemed filled with possibility:

I'm in a real transition right now. I know what gives me joy. But it kind of contradicts with what I believe I should be doing, is my duty and, I'm in a real hard place because I love my children and they need a lot. My daughter is pregnant right now and she is a fucking Godzilla bitch from hell. I can't hardly stand being around her. I love my grandson. I volunteer at his school every other week or something, and my granddaughter, I love being in their lives, I love giving. But I love to travel and I love to be on the beach in tropical places and that's paradise for me because it's medicine and there is no worries and there's, and so I'm torn between what's my duty as a grandmother and a mother and expectation for finishing this program after a bazillion years and expectation of a woman my age, which I don't do that, I mean I sew, I teach, I'm a healer. That's important, but I'm kind of trying to find my place for the rest of life. (p. 67)

Phillip also discussed finding more emotional stability by setting boundaries between him and others. He talked about continuing to heal and grow by pursuing Thai Buddhism and learning about Thai culture. Although he discussed this at length throughout the latter part of his interview, one story he shared seemed to sum up his continued growth. In this excerpt, he was discussing his experiencing in receiving Kambo treatment, which includes being injected with the poison from a frog:

So I've been going when I can on Sundays to the Buddhist temple. And engaging in plant medicine. I just had Kambo which is frog medicine from the Amazon, they get these frogs and they exude this substance and they scrape it off, and put it on sticks, and they burn, with an ember, a little tiny hole just in blade of the skin and they put this stuff on. You feel really hot. (p. 50)

So, I've like opened myself to new ideas and restarting this and new practices and whole new set of people to talk more about this. About having a spiritual practice and integrating that into your daily life whatever that means, the work. And so part of it is resolving my past, life like my prior life, my own experiences really and big part of course is my family, my father and mother. (p. 50)

It's easy in my daily life to just kind of blow it off, again too many other things to worry about. To think and to ponder, and if I'm sitting their spinning around my own head, dad and what happened, where it is going, how will it affect mem and then other things to think about and warmer, fuck you things to think about. And the [spiritual] work that I'm doing lately is really, very intense, very expanding and very amazing because it's causing me to sort of go back and look at everything else all over again in a different way because, just how did I like to get myself into a circle of people that I would get an email that says there are some people from Brazil here that are offering the Kambo, like what's Kambo? And I

go read up an article. Well this is really powerful, very interesting medicine and but somehow I got myself into a place where I'm on the list to get the notice you would be able to go. (pp. 55–56)

Phillip not only discussed his openness to new experience, but in his dedication to relearning helpful behavior. For example, he discussed a newfound creativity in thinking about raising children, without the physical and emotional abuse (p. 66). For Phillip, he appeared to be trying to make sense of his entire experience in a way to find resolution for the difficulties he faced in childhood. The following statement was made in response to my asking him if there was anything of importance that I did not ask in his interview:

> I think would be interesting to know how to help the people—how to resolve this stuff, because obviously the person is dead. You can't go talk to them you can go stand on their grave and yell at them or something but its like, do you care about this? Because if you do, how can you possibly do that? Because I think, it's not even grief counseling, it's life resolution counseling. Where does that person fit in? I know so many people or even myself who just kind of stuck with it, like we are stuck with it and I think most people this sort to go "you can't do anything about it now," it's done and they just put it in a box and bury it. But I know from myself that doesn't work. It's going to show up in my own behavior, in my own reactions to think. Like I said, my roommates are downstairs yelling and I'm upstairs shaking. I look at my hands and I'm shaking. Where does that come from? It's me at 12 years old. (p. 59)

Earned secure attachments. An area that all participants chose to discuss was the loving and secure relationships that they have developed in adulthood. There were no questions specifically about this, and yet, each person found this topic important enough to raise in the interview. These were uplifting sections of the interviews and the times when the interviewees seemed more likely to smile, relax, and speak calmly. I was quite struck that participants wanted to share so much about the people who they consider to be meaningful to them now. It became apparent that it was important to appreciate these healthier relationships in order to holistically understand the participants' experience.

As discussed in Posttraumatic Growth, Ruby has developed healthy relationships

with her daughter and grandchildren, who she considers to be highly important to her:

> I love my children and they need a lot. My daughter is pregnant right now and
> she is a fucking Godzilla bitch from hell. I can't hardly stand being around her. I
> love my grandson. I volunteer to school every other week or something, and my
> granddaughter. I love being in their lives, I love giving. (pp. 67–68)

Ruby also talked about finding community in other survivors of trauma who have

managed using some of the same coping skills that she had:

> Interviewer: Who were—were there people who were there for you?
>
> Ruby: Yeah, yeah; amazingly enough I was attracted to other people who
> dissociated and we were there for each other when like I may be ahead of this one
> and then this one, is like oh-oh, and I'm like oh, yeah, because I could just sit
> down and psychically tell people their shit. (p. 59)

Professor spoke at length about his wife during the interview, who he described as

being an important support for him. In fact, she seemed so integral to gaining an

understanding of his experience that he searched for her at the end of the interview in

order to introduce her to the therapist. The following excerpts highlight his attachment to

his wife, which seems particularly important, given his difficulty trusting and attaching to

women:

> So, I have a real problem with strong women. My wife keeps telling me and
> reminding me, but I have been married for 45 years and my wife have a real open
> communication relationship and I've told her this stuff—yeah, she is wandering
> around somewhere. You might even see her. So, we've been married for 45
> years, 45 long years and it's been, she has a personality that she's very forgiving.
> (pp. 28–30)

Professor also shared that his wife was a primary support for him after his

mother's death. He seemed to find it important that she was accepting of his response,

even while she holds differing views on forgiveness than he does:

Interviewer: What role did [your wife] play when you found out that your—that your mom died? You know, like you were getting this phone call …

Professor: She was supportive. She didn't try to persuade me or anything. She just—she just thinks and she's told me, you know, that I'm not a forgiving person. (p. 65)

Joe spoke several times in a loving and protective way about his sisters and their children, as well as his stepmother. He seemed to feel supported and loved by them and wished to return this caring to them as well. In the following excerpt, he described his stepmother's reaction to learning about the abuse that occurred at the hands of his stepfather. This conversation occurred after his stepfather's death:

Joe: I have. I did not talk to her about the abuse until after he passed away—just told her about the abuse that I had endured from him and what he did and how he beat me and …

Interviewer: Did she know?

Joe: No, she didn't know. No. Yeah. And I don't know, it could be that if he were still alive then when I did tell her, it's a good possibility she may have well just left him, if she had known that then. Yeah. She was pretty upset about it when I told her about it. Yeah, you know, and she felt like kids shouldn't be hit anyway, not for any reason, you know, but especially beaten. (pp. 40–41).

Interviewer: But you felt really supported by her when you told her it sounds like?

Joe: Yeah, I did, yeah. Yeah, and she is—occasionally invites me out to spend a week at a time out there with her, just trying to get away from S___, you know. Be out where it is not so much the country anymore. Yeah. And when you, I go out there—she likes to go out to eat a lot. So we go out to eat a lot together. (pp. 42–43).

Joe also described loving and supportive relationships with his sisters and their sons. In fact, as I set up the microphone and reviewed consent with Joe, he chose to talk about how proud he was of his nephews, who were attending university at the time. In the

following excerpt, he shares information about the secure relationships he has formed

with his sisters:

> Joe: Yeah, because I wanted to see my sisters, see my sisters went with my mother, you know, but later on my stepfather went down and brought them—took them away from her, and brought them back with him. I wanted to visit with them. They both live in Seattle up in this area. I see them quite a bit, as a matter of fact, one of them I am going to have supper with tonight. She is cooking me supper.
>
> Interviewer: Yeah. And is that the—the mother of the two boys who are in college you were telling me about?
>
> Joe: Yeah, my other sister is, yeah, that's N___. (pp. 20–21)

After his father's death, Joe relapsed in his drug addiction. He attributed his re-

established sobriety to caring that his sister showed to him:

> Interviewer: So then how did you become sober?
>
> Joe: What made the difference was, for me the situation—the shared living situation I was in was absolutely horrible. And I was so grateful for my sister offered me the opportunity to come live with her for a while, you know, until I could get another place of my own later on, that at that point, it made a big enough impression on me that I decided that I would not use, that I would sober up. And I sobered up myself. Her act of kindliness made a big impression on me. (p. 60)

The importance of these relationships for Joe remained at the time of the

interview. His connection to them seemed to account for much of the purpose and

meaning that he found in his daily life:

> Yeah. But I do enjoy spending time with my family, with my sisters. And any opportunity that I get, every opportunity I get here, I spend time with them or do things with them or help them out. Sometimes I walk their dogs for them. (p. 64)

Joe expressed feeling protective of these relationships at a variety of times during

his interview. Near the end of the discussion, he declined to review the transcript of his

interview in case his sisters might find the remnants of the conversation at some point:

And you said that you type up what I've said. And you'll send me a report. I'd rather you not send me a transcript. Yeah. [sigh] I just don't—a lot of this I haven't discussed with my sisters or talked about. I just don't want to be sitting around my place and maybe accidently she run across it. Or after I pass, you know. They have their own impressions and their own feelings how they felt about my [pause] about [pause] but for them, it was the actually the father, the biological father, and my feelings were different. (pp. 70–71)

Phillip spoke at length about his supportive and caring relationship with his third, and current, wife.

Now as an adult I can see I have my own relationships. I love my wife. My wife comes first, and the kids are product of that relationship. (p. 22)

Late in the interview, Phillip shared that he asked his wife's "auntie" to be his new adoptive mother. He was touched when she agreed:

So I adopted my mother-in-law as my mom and they realized my mom's passed on to death. My biological mother died last year and I don't have a mom anymore and my wife, her auntie is really a nice lady. She's always smiling, she always happy to see me, and pats my arm. I like her even though she's never had a conversation with me very much. But when I was home last year, I went to that party, the moon party. I said, "can I ask her to be my mom?" And [my wife] translates for me, so whatever. Sat down and I said, "look, my bio mom is gone, so I have no mother. Will you be my mother?" and I wanted her to translate all that, and all the ladies who were up there cooking and sitting there, they all ask, they all laugh. They thought that was just great. So, I made a photo of my biological mother, and then my mother-in-law mother, and my "auntie" mom, so my three mothers. And that for me was a heartfelt expression. (p. 58)

Each participant chose to speak at length about positive relationships that they have developed and how these have positively affected their increased resiliency and growth. Being present as these relationships were described was touching and powerful. I was reminded of the power of relationships to support healing, even in the face of significant interpersonal trauma.

Summary of next steps. Immediate responses to the death of the parents were not final. The parents had died three to five years before the time of interview, and each participant shared their experiences since that time. The themes that emerged indicated significant growth and ways that the interviewees were making meaning in their lives.

Each person discussed their individualized processes in which they decided if forgiveness of their abuser was important to them, and how to respond either way. Three of the participants spoke to their parent about forgiveness before the deaths; unfortunately for the people included in this study, the parental reactions were uncaring and unsatisfactory. Even given these responses, some chose to forgive their abuser and attributed that forgiveness to developing their own peace of mind. Joe specifically reported that he was unsure if he would have been able to forgive his stepfather before death and believed that his absence helped the client to reach forgiveness.

Professor adamantly discussed his decision to withhold forgiveness. Literature on forgiveness is vast and outside of the scope of this dissertation. It is notable that much of the psychology research on forgiveness in populations who have been abused have been published in Christian-affiliated journals. It is possible that this is reflective of the strong, Christian influence on a culture that values forgiveness as healing. One study of note argued that forgiveness might lead to a reduction in hostility for survivors of abuse (Snyder & Heinze, 2005). Although the link could only be speculative, it is interesting to note that the interviewee who appeared to express the most ongoing hostility, Professor, also had decided that forgiveness was not appropriate for his situation. All participants who discussed "forgive and forget" noted that forgetting was not possible, nor warranted.

The participants also discussed continuing on their journey of posttraumatic growth. They discussed their continued emotional growth, increased resiliency, as well as ways that they are now contributing to the development of others by supporting family members, teaching, or participating in community service. Some discussed their ability to set appropriate boundaries with others that they felt were contributing to their own personal growth and ability to cope. Phillip talked about developing a new openness to experience in a way that was providing him with new ways of finding meaning in his life. These disclosures by the participants were consistent with the literature on resiliency in populations who have experienced child abuse (Afifi & MacMillan, 2011; Cicchetti, 2013). Each person reported personal factors, including emotional experience and relationship styles that appeared to be contributing to continued growth and healing.

Additionally, all subjects in this study chose to speak about the relationships that they have developed that bring them meaning and in which they feel supported. Some spoke of spouses or other family members (e.g., siblings), while others described close friendships that they had developed. These relationships seemed to reflect each person's process of developing "earned" secure attachments that have been described by Bowlby (1988) and more recently by Main (2000). Although the interviewees did not directly attribute the development of these relationships to the death of their abusive parents, they offered a stark contrast in the emotion that the participants expressed during the interview. They were presented as integral to the person's continued functioning in many respects and seemed to offer hope for a future in which the interviewees would receive the caring and support that all human beings deserve.

Conclusions

Introduction

This study was designed to explore, using a phenomenological framework, the experiences of adults whose abusive parents had recently died. In order to achieve this, five 50–70 year old adults were recruited from the community who had experienced a pattern of abuse before the age of twelve by a primary caregiver, and had experienced the death of that person within the past five years. Four men and one woman responded to the inquiry and met criteria for inclusion in the study. The abusers included mothers, fathers, and stepfathers. The abuse ranged from physical to sexual, and each person experienced emotional abuse at the hands of the parent. Each of the volunteers was interviewed for one to two hours in an open-ended, participant led interviewer with the researcher. These interviews were transcribed and analyzed for patterns and themes, as well as deviations, across experiences. 6 super-ordinate themes emerged from the data and were described here in an attempt to capture the meaning of these participants' lived histories.

Each participant talked openly about their past and how they feel they have been changed by the abuse. Surprisingly, although the interviews were open and the interview schedule was rarely used, each person painted a developmental picture of her or his life that included the Effects of Abuse, early Survival mechanisms that they developed to cope, and later occurring Healing Processes. The participants described in often painful detail their abuse histories with an honest accounting of the emotional and relational aftermath that they lived through. Survival included both coping skills that had positive outcomes for the individuals, such as using humor to deal with their situations, as well as

addiction, which all members were either affected by themselves, or in their immediate family. Healing began to develop through participating in therapy and processing their relationships with their parents, attempting to make sense of their abuse and their abusers, and for some, integrating the positive and negative qualities in their parents.

The participants continued to share their experiences by describing their Adult Relationship with the Abuser, which included emotional reactions to the parent, attempts to establish a more balanced relationship with the abuser (which sometimes required estrangement from the parent), and a process of detaching emotionally from the parent. For some, they described anticipating the death of their parent at times, which seemed to offer them release from the relationship and emotional consequences of the abuse. Each person described their own healing journey as iterative, rather than linear, and as something that they continue to work through.

The participants discussed the actual death of their parents and their consequent Responses to the Death. This is where much of the research question was answered in this study. The experiences that the interviewees described included some similarities to what is presented in the current literature on "normative" grief and bereavement; however, there were some significant differences that might indicate that there is a different process of experiencing the death of a parent when that parent was abusive. For example, similar to the existing literature, people described experiencing strong, sometimes overwhelming emotional responses to learning about the death. Rather than being dominated by sadness and yearning for the deceased parent, however, these interviewees described feeling intense anger and a distinct lack of sadness or missing the deceased. All of the interviewees discussed their process of determining whether to

attend memorial services, or not, and came to different conclusions that made sense to her or him. At times, these decisions appeared to be led more by a desire to support living family members, rather than a need or want to honor or say goodbye to the parent.

An interesting finding was that some participants described a return to earlier, less adaptive forms of coping after the death of the parent. Some described increased substance abuse that arose in order to manage the overwhelming emotions that they experienced after the death of the parent. One participant shared that there was a violent eruption that occurred on the deathbed of his father, where the siblings began to physically attack each other. Each person described a return to their higher functioning after time and appropriate intervention.

Throughout the participants' stories, they shared the secrecy and stigma that existed about the abuse and their adult relationships with their parents. This incongruence that existed with others seemed to be particularly poignant after the death of the parent, as others enacted Western cultural customs and expected the previously abused adults to do so as well. It was not uncommon, amongst these participants, to tell others about the abuse following the death of the parent. Unfortunately, this sharing oftentimes led to perceived judgment, misunderstanding, and isolation of the previously abused adult.

Importantly, the participants did not decide to end their interviews after they discussed the death of the parent. Each chose to describe their Next Steps, which included their decisions about whether they found it important for their own healing to forgive the abuser, or not. Each has come to their own conclusion, and one interviewee said that although he has experienced feeling a sense of forgiveness for his stepfather, he is unsure as to whether he would have reached this same place were his parent still living. Each

person shared the experiences that they pursue today that fill them with meaning and a sense of making progress towards the future. Importantly, each adult spoke at length about positive and caring relationships that they have developed as adults, describing have *earned* secure attachments to others. It was through this developmental story that I was able to gain more understanding of the experience of these adults and how they make meaning of having survived the abuse they received as children (and oftentimes as adults) and are continuing to process the death of those who were abusive, in spite of the fact that they were the people who should have protected and cared for these children.

Following is a discussion of the study's limitations, as well as validity and reliability considerations for this work. Finally, the section will include recommendations for future research.

Limitations

This study was conducted using best practices for Interpretative Phenomenological Analysis (IPA) in an attempt to create a high quality research study in an area that has been neglected thus far in the psychology literature. This study has limitations that can be presented, understood, and addressed in future research. These limitations are presented here in hopes that future research will be able to further explore this phenomenon in approaches that attempt to address the confines of this study.

IPA best practices requires interviewing as homogeneous a population as possible who have lived through the experience in question. The study was designed to meet this criterion by limiting participation to a particular age cohort (50–70 years of age), to having experienced abuse before the age of 12, and by having experienced the death of this parent within the past five years. These attempts made it more possible to isolate the

research question, and yet, had unintended consequences that are considered limitations to this particular work. In order to recruit individuals who met these criteria, I attempted to advertise the study to a large number of national and local survivor support groups, bereavement groups in hospice and hospital settings, general psychologists across a northwestern state, and related Internet forums. Unfortunately, these recruitment efforts were largely unsuccessful and provided only one volunteer who met criteria for the study. It was only when I published advertisements in local newspapers of a large city in a northwestern state that appropriate participants were found.

Each participant was Caucasian, and all were currently living within the region of the newspapers where the study was advertised. Four of the participants were male, which was a surprise, as I had believed that more women than men would agree to speak with me about their abuse histories. The resulting study, therefore, is specific for this small group of five participants, and is not necessarily generalizable across an entire population of people who have lived through the death of a previously abusive primary caretaker. Choosing to interview people from the "baby boomer" generation, for example, allowed me to help control for age cohort effects that might have existed in a multi-generational sample. And yet, this means that it is possible that the super-ordinate and subthemes that emerged in this study might not apply to people outside of this generation, or even to people around the same age who reside in other areas of the United States.

Similarly, the fact that each participant is Caucasian, cisgender, and a native English speaker limits the generalizability of this study to a multicultural population or to those who are culturally different in other ways to the sample included here.

Additionally, the study procedures required that the participant be able and willing to verbally discuss their experience with the researcher, which precluded inclusion of the experiences of those who were unable, for whatever, reason to do this. There were two participants, for example, who told me that their sisters had seen the ad placed by the researcher and who had found themselves unable to discuss this part of their lives. I have wondered how their experiences might have differed from the stories that their brothers told; and yet, participation might have been harmful to these survivors who felt reportedly emotionally unable to participate. As these experiences, along with so many others, were not considered, the results described here can only be understood to be an analysis of the five people who found the study and self-selected to participate.

It is of note that IPA asks the researcher to offer to the participants an opportunity to continue to contribute to the research process through reviewing and possibly changing the interview transcripts, early findings, and theme development. Although one participant chose to receive his transcript to support his own writing goals, the others declined to participate further, which was their right. This does mean that the analysis of the transcripts was more fully in my hands, with no additional input from the sample. IPA is intended to be an iterative and co-constructed process, and although the participants continued to have a strong influence on the data analysis and presentation through their powerful interviews, it is possible that the results were more strongly influenced by myself than if they had continued to read and remark on the findings throughout the process.

It is in this vein that the researcher's identity must be considered as influencing the results of the study. I do not share the experience of these participants. I am from a

different generation and was raised in a culture that has come to understand child

maltreatment in a dissimilar way than was common when the interviewees were living

through their abuse. I am also Caucasian, a native English speaker, and have areas of

privilege (e.g., socioeconomic status, social capital) that influence my understanding of

the world and therefore, my interpretation of the experiences of others. Although I made

attempts to be aware of and limit the influence that my own identity had on the

interpretation of the experiences of others, it is not fully possible. This fact further limits

the interpretation of this research as being representative of these five participants

speaking to this particular researcher. It is certainly possible that the experiences and

meaning making apply to a larger population than what is described in this study, and yet,

it cannot be assumed that this will be the case.

Validity and Reliability

The validity and reliability of this study are important to consider and the quality

of a study can be better assessed through this process. That said, it is important to note

that qualitative research's validity and reliability should be measured using techniques

that are appropriate for the research methodology and that uphold the unique advantages

of the subtleties included in a high quality qualitative project. In accordance with best

practices in IPA, I will discuss validity and reliability considerations in accordance to the

guidance provided by Smith et al. (2009).

Firstly, Smith et al. (2009) recommend that a study be considered for its

sensitivity of context. The interview process, the literature review, and the data analysis

are all examined in order to explore the study's attention to the "socio-cultural milieu" of

the study context (Smith et al., 2009, p. 180). From the study design to the interview

process, I attempted to be sensitive to the cultural context of the study topic and the participants themselves. Attempts were made to protect the needs of the population studied through carefully considered inclusion and exclusion criteria, as well as the format of the interviews. I attempted to attend closely to the power dynamics within the interview, focusing on building rapport, expressing empathy appropriately, and allowing the participant to choose what to discuss, in what amount of detail, and for how long. Follow-up questions were intended to further clarify what an interviewee had disclosed, rather than as attempts to lead the client to divulge more than what was comfortable or appropriate for that person.

Additionally, Smith et al. (2009) discuss the importance of remaining sensitive to the raw data that is being interpreted and presented by the researcher. They argue that a research consumer can only assess the study's quality with the inclusion of considerable quotes and verbatim evidence for the assertions made by the researcher. Claims should be made with appropriate caveats and caution, which I attempted to follow in this study. Extracts were numerous and abridged or altered only to improve the readability and clarity of the quote.

A second consideration of validity and reliability as suggested by Smith et al. (2009) is commitment and rigor. They contend that this requires a focus and attentiveness to the interview, as well as within the analysis of cases. Although I will argue that I was committed to the comfort of my participants and thoroughness of each interview, a reader of this study might wonder how they might assess this area of validity and reliability directly. The interview schedule, informed consent, and recruitment process might all provide evidence that great care was taken at each point of the interviewing process.

Additionally, a reader can evaluate the sensitive material that was disclosed during the interviewing process as possible evidence that the study participants felt comfortable and at ease during the interviewing process. Each step of analysis was described in detail to provide the reader with further evidence of the commitment that I had to producing a rigorous and complete study. Additionally, attempts were made to find a homogeneous sample that was appropriate for answering the research questions.

Smith et al. (2009) also discuss the importance for a high quality study that analysis moves beyond description and to interpretation. Although this proved to be a challenge for me, as I attempted to balance honoring the voices of the individuals who I interviewed with my own understanding of what they were saying and was left unsaid, this study included a balance of both description that was closely aligned with the original data as well as deeper interpretations of the meaning of the experiences disclosed. Attempts were made to balance the representation equitably across the participants, in a way that allowed for each person's experience to contribute the interpretations that were made about the larger group.

Thirdly, Smith et al. (2009) request that researcher's evaluate the transparency and coherence of the study. Transparency refers to the clear write up of the research methodology, which I attempted to adhere to closely in this project. Coherence is better judged by reviewing the final write-up, according to Smith et al. (2009) and is determined by the reader's ability to understand the story that the researcher is telling in the results. Are conclusions supported and understood logically? Are relevant patterns discussed as well as contradictions to these patterns? Through careful description of the emerging themes, as well as their presentation within a developmental framework, I attempted to

present findings in a way that is sense making, both to a reader familiar with the language of psychology, as well as to others who might have an interest in this topic. They were presented consistently with the best practices and underlying philosophy of IPA, with discussion of what these are for readers who might be unfamiliar with the methodology used.

Finally, impact and importance are considered to be key considerations for assessing the validity and reliability of a study completed according to IPA (Smith et al., 2009). This criterion refers to whether a study "tells the reader something interesting, important, or useful" (p. 183). This study explored the meaning that people make of the death of their previously abusive parent. It is an area of research that has been mostly ignored until now about a phenomenon that, however unfortunately, is experienced by a large number of people. The current literature on grief and bereavement does not appear to be completely relevant for this population, as the complex and challenging relationship between the deceased and the living might understandably directly affect the experience of the death. It is a topic that could be intuitively considered, particularly by those who work with abuse survivors, or by the survivors themselves. Yet, as was described in this study, it is an area where misinformation, misunderstanding, and cultural stigma abound. It is my hope that this research will contribute to the existing psychology literature in ways that can improve understanding of survivors of abuse and their multifaceted relationships with those who abused them, as well as to give voice to those who have been directly affected by childhood maltreatment.

Suggestions for Future Research

It is not difficult to understand that future research should include larger sample sizes and include participants from more diverse backgrounds than what was included in this study. Although selecting a relatively homogeneous population is appropriate for an exploratory study such as was conducted here, the results cannot be applied to a larger population. Childhood maltreatment cuts across socioeconomic, racial, ethnic, gender, and age, and it would be helpful to understand how the results found here might apply, or vary from the experiences of different people. This study focused on adults from the *baby boomer* era, for example, and future research should also include people from a variety of age cohorts. Certainly, more women should be included in future studies to explore how gender dynamics and roles might affect the experiences explored here. Qualitative research can be helpful for finding rich, detailed information about a phenomenon, and yet, further quantitative or hybrid studies should be conducted to examine how the themes found here might apply to different, or larger, populations.

I was often struck by how cultural values about the relationships of children and parents (e.g., "honor thy father and thy mother"), of spirituality, of rituals around dying and death, and of forgiveness directly affected the experiences of the participants, in often-hurtful ways. This study was broad in its approach, and it could be helpful for future research to focus on these cultural values and how they affect people's experience of their abusive parent's death. Research questions could consider how these values are expressed within Western, dominant society, as well as in a multicultural framework.

Although not all participants endorsed experiencing a regression to previous, maladaptive coping post death, the experiences that were shared were powerful and

notable. Why did this phenomenon occur for some and not others? How might people be prepared for this possible experience and supported so that they might recover more quickly? Future research could explore whether this experience is in fact common, or an anomaly of the small sample size included in this project.

Importantly, the participants all shared their commitment to participating in the study as a way to not only support their continued healing process, but also as a way to help others. For example, Ruby shared the following:

> I fit the qualifications for this and I've been interested in this topic and how it affects people for many years now, mainly because I think when people hear other stories that helps them feel not alone; like it didn't just happen to them and that help. (p. 1)

Phillip also shared his desire to contribute to helping others by telling his story:

> I think would be interesting to know how to help the people—how to resolve this stuff, because obviously the person is dead. You can't go talk to them you can go stand on their grave and yell at them or something but it's like, do you care about this? Because if you do how can you possibly do that? Because I think, it's not even grief counseling, it's life resolution counseling. (p. 59)

Future research should explore ways that mental health providers and others might better assist those who have experienced childhood maltreatment by a primary caregiver across the lifespan. What helps people to heal and how can mental health providers in particular empower their clients to choose a path that is most conducive to thriving rather than surviving. This might be best explored through combinations of case studies, qualitative, and quantitative research that are designed to explore what therapeutic interventions might best support the complex and challenging process of moving forward after abuse, from childhood, to the death of the abuser, and beyond.

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APPENDIX A

Recruitment Flyer

Are you an adult between the ages of 50–70 who was physically or sexually abused by a parent in childhood? Has that parent died?

If so, you are needed for a research study designed to help therapists understand your experience. Participation is voluntary and confidential, and includes a 1–2 hour interview.

If you experienced a pattern of physical or sexual abuse before age 12, have lost your parent within the last five years, and would like to learn more about participating,

please contact:
Heather Spence, PsyD program
Antioch University Seattle
survivorresearch@gmail.com

Or, to see if you meet study criteria, take an online survey here:
https://www.surveymonkey.com/s/YVGQ6FM

Thank you!

Informed by Davis (2010).

APPENDIX B

Online Prescreening Survey Content

Page 1 –Intro:
Thank you for your interest and participation in this survey. Heather Spence, a psychology doctoral student at Antioch University in Seattle is seeking adults to tell their stories to her as part of dissertation work. This is the first step toward determining eligibility for inclusion in the main study. All responses are optional and confidential, and will be read only by the primary researcher. Not all people who take this survey will be included in the main study.

Although it is not a common event, it is not unusual that someone could become distressed by the questions in this survey. If this happens to you, you can leave the survey at any time by closing the browser window.

If you find yourself in need of assistance, you can call the 24-hour crisis line at:

Toll-free: 866-4CRISIS (427-4747)
Local in King County: 206-461-3222

Please write down these numbers before continuing. If you consent to these risks and choose to continue, please hit the "next" button at the bottom of the page. Otherwise, you can close the window now.

Thank you for your time and your interest in the Death of an Abuser study.

Page 2 – Survey:
This is the first step toward determining if you are eligible for the main study. This part has 10 questions, and might take approximately 10 minutes of your time. You can quit the survey at any time if you decide not to complete it. Thank you for your participation.

1. In what year were you born? (Enter 4-digit birth year; for example, 1976)

☐

2. What gender best describes you?
- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Unsure/questioning
- ☐ Do not choose to respond

3. Did you experience abuse by a parent or primary caretaker that began before the age of 12?
- ☐ Yes
- ☐ No
- ☐ Unsure or do not remember

If you answered yes to question #3, please answer questions 4-7 below. If you answered no, please press the "next button" at the bottom of the page.

4. What was the abuser's relationship to you?
   - ☐ Biological Parent
   - ☐ Step Parent
   - ☐ Adoptive Parent
   - ☐ Live-In Partner to Parent
   - ☐ Other (Please Specify):

5. Has the abuser died?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure or do not know

6. If yes, how long ago did the person die?
   - ☐ Less than one year ago
   - ☐ Between one and two years ago
   - ☐ Between two and five years ago
   - ☐ More than five years ago
   - ☐ Unsure or do not know

7. Briefly, what was the cause of the abuser's death (to the best of your knowledge)?

Page 3 – Conclusion

8. Thank you for completing the preliminary screening interview for this study. This survey is NOT the main study; it is for determining if you meet the eligibility criteria for the main study. If you do meet selection criteria, are you willing and interested in being contacted by the researcher for possible inclusion in this study?
   - ☐ Yes
   - ☐ No
   - ☐ Unsure or not at this time

9. If yes, please provide email address or phone number for contact purposes. Information will not be used by anyone other than the researcher for study purposes.

Name	
City/Town	
State/Province	
Email Address	
Phone Number	

Informed by Davis (2010).

APPENDIX C

Prescreening Phone Interview Schedule

Survivor Research
Pre-screen interview

Introduction: Thank you for taking the time to speak with me about this study. Is this still a good time to talk? This will take approximately 15-20 minutes, and I can answer any questions you may have at the end. You are able to end this conversation at any time. Just let me know that you would like to stop.

I am looking for adults between the ages of 50 and 70 who experienced a repeated pattern of physical and/or sexual abuse by a parent that began before the age of 12. Additionally, I am looking for adults in this situation where that parent has died within the past two years. Do you think this might fit your experience?

If no, thank them for their interest. If yes, then say: Good, then may I ask you some further questions?

1). Can you briefly tell me who abused you and what forms that abuse took?

2) How old were you when this abuse began? How long did it continue? How frequent was the abuse?

3) How old are you now?

4) Has that abuser died? If yes, how long ago did she/he die? How did she/he die?

5) Have you received therapy or other care due to this abuse or the death of the parent? If so, please explain. Are you currently in therapy?

6) Are you currently thinking about killing yourself? (If yes, probe further.*)

7) What do you think it might be like for you to be asked extensively about your history of abuse and the death of this abuser?

8) Have you told others your story?

9) Please tell me about your support system.

10) What city or town do you live in?

If local:
11a) Are you available and willing to be tape recorded and interviewed for up to 2 hours?

If not local:
11b) Are you available and willing to participate in a Skype interview that would be tape recorded for up to 2 hours?

If at any time during the interview an answer to a question precludes someone from being considered for the full study, the researcher will say: It sounds like your experience might be different than the subject area of this study. Thank you very much for your time and interest.

* If the caller indicates suicidal ideation, appears to be in distress, is seeking referrals or access to information about current suicidal ideation or treatment for complicated grief, the researcher will say: It sounds like you may need immediate support and resources, and this study is not going to do that for you. Do you have a pen and paper, and may I give you the number of the Crisis Line?

Informed by Davis (2010).

APPENDIX D

Referral List for Participants

Although it is not a common event, it is not unusual that someone could become distressed by thinking about and talking traumatic experiences. If this happens to you, you can interrupt or terminate your participation in this research without consequence.

If you are in immediate danger, go to the nearest emergency room or call 911.
You can also call the 24-hour King County crisis line at:
Toll-free: 866-4CRISIS (427-4747)
Local in King County: 206-461-3222
(Note that you can call confidentially and anonymously.)

If you find that would like to speak to someone and are not in immediate danger, you can consider the following resources:

- You can contact your primary health care provider

- Seattle Therapy Alliance – Affordable counseling for women
  http://seattletherapyalliance.com/
  Phone: (206) 660-4396

- Shepherd's Counseling Services – Specializes in survivors of sexual abuse
  http://www.shepherdstherapy.org/

  Phone: (206) 323-7131

- Therapy Collective

- Community Counseling & Psychology Clinic at Antioch Seattle
  http://www.antiochseattle.edu/student-campus-resources/campus-resources/mental-health-counseling/community-counseling-and-psychology-clinic/
  Phone: (206) 268-4840

- Washington Information Network 211 – Community Resource Database
  http://www.resourcehouse.info/WIN211/
  Phone: 211

- Washington State Psychological Association
  www.wapsych.org - click on "Find a psychologist"

- Sidran Institute – Traumatic stress education & advocacy
  Email for local referrals with specialty in trauma treatment:
  http://www.sidran.org/help-desk/get-help/

- International Society for Traumatic Stress Studies
  Clinical Directory: http://www.istss.org/source/cliniciandirectory/

APPENDIX E

Informed Consent Form

Antioch University Seattle Informed Consent Form

The Doctor of Psychology Program supports the practice of protection for human participants in research and related activities. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you agree to participate, *you are free to withdraw at any time*, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach.

Purpose of the study

This research is being completed to meet requirements of the Doctor of Psychology program at Antioch University Seattle. The researcher, Heather Spence, is conducting a research study on the experiences of adults who were abused by their parents as children. In particular, the researcher is interested in the effect that this history has on adults when the abusive parent dies.

You have been chosen to participate in this study because you are adult who experienced a pattern of sexual or physical abuse committed by your parent, and that parent has died within the past five years.

Procedures to be followed in the study, identification of any procedures that are experimental, and approximate time it will take to participate:

If you choose to participate in the study, you will be scheduled to meet with the researcher for an interview that will last up to two hours. This interview will occur in person if you live in the Seattle area, or on Skype, if you live in another location at your convenience.

At no time will deception be used in this study. The interview will consist of open questions about your abuse history, your life as an adult, and your experience of the death of your abuser. You will choose how to answer these questions and can decline to answer any question or questions without consequence. The interview will be audio recorded. After the interview, the session will be transcribed verbatim (this means that your exact words will be written down), although all names or identifying information (for example an address) will be removed from the transcript. You will be given the opportunity to read the transcript and provide input or ask that any information be excluded from the study. You can also choose to withdraw entirely from the study and have your data destroyed within two weeks of your interview.

Your personal information (like name, contact information, and location) will not be kept with your interview recording and will not be included in the research study. At no time will this information be accessible to anyone except the researcher and the supervising faculty of this study. To further protect your identity, you will be asked to choose an alias (a different name) to be called during the interview and in future correspondences with

the researcher. Details that could lead a reader to identify you will be changed or left out to maintain your confidentiality.

When the research is completed, you will have an opportunity to read the study. You are not required to read the study or provide additional input beyond the interview in order to participate in this research.

Description of any attendant discomforts or other forms of risk involved for those taking part in the study:

You may experience increased anxiety or stress leading up to, during, or after the interview. You might be reminded of difficult times in your past or present and might find yourself thinking about them more often. If you experience difficult emotions that require therapeutic support, I encourage you to speak to the researcher (myself) at any time. Appropriate referrals will be available to help you to manage these responses and you will be financially responsible for any charges that are associated for service.

When completing the interview, you may experience a question that you find unpleasant, upsetting, or otherwise objectionable. A few of the questions may cause you to experience negative emotions. If this occurs, I recommend that you speak to the researcher at any time. Remember, you are able to decline to answer any question you choose

Description of benefits to be expected from the study or research:

When your participation is complete, you will be given an opportunity to learn about this research, which may be useful to you in understanding yourself and others. You will also have an opportunity to contribute to psychological science by participating in this research. It is possible that clinicians and other people who have had similar experiences as you will be better able to understand their situations.

You are welcome to ask questions of the researcher about this process or the study at any time.

Special notice to participants who are interviewed through Skype:

Using Skype will allow participation in the study when the participant and researcher are not in the same location. If Skype is used, all precautions available will be used to protect your information. Skype conversations are encrypted; however, the researcher cannot be held responsible for the security of a third party site and cannot offer full protection of your information over Skype. The researcher will record the audio of the interview. No video will be recorded. If the interview is conducted over Skype, the researcher asks that you conduct the interview in a quiet location where you are comfortable and have little to no distractions.

Limits to Confidentiality

In some situations, I am required by law and/or the guidelines of my profession to disclose information whether or not I have your permission. I have listed some of these situations below.

Confidentiality cannot be maintained when:
- You tell me you plan to cause serious harm or death to yourself, and I believe that you have the intent and ability to carry out this threat in the very near future. If this were to happen, I would need to attempt to keep you safe by contacting the appropriate authorities, which would generally mean that I would call emergency services (911).
- You tell me you plan to cause serious harm or death to someone else who can be identified, and I believe you have the intent and ability to carry out this threat in the very near future. In this situation, I must inform the appropriate authorities (generally by calling emergency services at 911), and I must inform the person who you intend to harm.
- You tell me you are abusing someone else (physically, sexually or emotionally). (Here "abuse" addresses the legal concept of child abuse.) In this situation, I am required by law to report the abuse to the Department of Social Services.

I have read the above statement and have been fully advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the potential risks involved, and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subjected to reproach. I may also ask for a summary of the results of this study. If I have questions I may contact the investigator, Heather Spence, at survivorresearch@gmail.com or Faculty Research Advisor, Dr. William Heusler, at wheusler@antioch.edu.

Signature _____ Date_____
        Participant

Signature _____ Date _____
        Researcher, Heather Spence

I give my permission to be re-contacted at a later date for a possible follow-up:

Yes_____ No_____

APPENDIX F

Interview Schedule

The purpose of this study is to explore what influence a history of childhood maltreatment has on an adult's experience of the death of an abusive primary caregiver. How do these adults make sense of losing parents who maltreated them? How is the grieving process affected? How has one's culture and community affected this experience (e.g., role of religion, immigration status, socioeconomic status, sex/gender roles, social class, etc.)? What has happened in the lives of these individuals between childhood and adulthood that has affected their experiences?

Cover informed consent and ask participant to choose an alias before beginning the recording process.

Alias Name: _____

Thank you for agreeing to be interviewed for this study. This will be a very open interview, and I want you to answer the questions in the way that you choose. I might ask you some follow up questions as we go, and you are always free to decline to answer anything that I might ask. Do you have any questions before we get started?

1. Can you tell me what interested you in this study? (Based on answer, determine where to start interview schedule)

2. Can you give me a description of what your childhood was like?
   Possible prompts: Did your family have enough money for food and housing? What was your education like? What kind of neighborhood did you live in? What did your parents do for work? What languages were spoken in the home?

3. Can you describe your childhood history of being maltreated?
   Possible prompts: What did it feel like to be in your family? How did you cope? What was happening with other family members? Did you have support, and if so, from whom? What did it look like? How did you explain the abuse to yourself?

4. Can you tell me about late adolescence and early adulthood?
   Possible prompts: What was your living situation like? What was your relationship like with your family? How did you make sense of your experience at this point?

5. Did your childhood history change the way that you think or feel about yourself?
   Possible prompts: How do you make sense of your experience now?

6. Can you tell me about the death of your abusive parent?
   Possible prompts: How did you experience your role in your parent's life during this period? Were you interacting with your parent during this period? What was that like for you (whether the person was interacting or not)?

7. How would you describe how the death of your parent has impacted you?

Possible prompts: How did you feel before and after the death? How has this changed over time? How did you cope?

8. How did the death impact your relationships?
   Possible prompts: family of origin? Current spouse/children? Friends? Work colleagues?

9. What role has your community and culture played in how you have experienced the abuse and death of your parent?
   Possible prompts: Who do you consider to be the other influential people in your life? Has religion played a role? Friends? Family? Partner? Work colleagues?

10. How do you see yourself in the future?

11. How do you feel now talking about this with me?

12. Is there anything I didn't ask you that I should have?