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Running head: GROWTH AFTER TRAUMA: A CO-CONSTRUCTED STORY

Growth after Developmental Trauma: A Co-Constructed Story

by

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DISSERTATION

Submitted in partial fulfillment for the degree of
Doctor of Psychology in the Department of Clinical Psychology
at Antioch University New England, 2019

Keene, New Hampshire



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A CO-CONSTRUCTED STORY**

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Abstract

In this study, I explored post-traumatic growth as embedded in a co-constructed healing relationship between a trauma survivor and a “mentor” who has been instrumental to their recovery. It is widely known that people who are resilient in overcoming early adverse childhood experiences have had someone in their corner who believed in them. In a separate, but related body of literature, there are similarly well-documented benefits for those who have the chance to make a difference in a survivor’s life, including for example: relatives, educators, and therapists. To date, we still don’t know if survivors and their mentors hold the same understanding of the elements that made this relationship unique for each of them. This study used Interpretive Phenomenological Analysis (IPA) to inform a qualitative research design. IPA was used to analyze data gathered from semi-structured interviews of five dyads consisting of a survivor and their mentor.

The major findings in this study include the seven following themes: (a) Improved Sense of Self, (b) Validation, (c) Trust and Good Faith, (d) Modelling, (e) Worldview Changes, (f) Shared Experiences, and (g) Healthy Boundaries. Discussion of the findings includes a comparison to existing research on trauma survivors’ growth in the context of supportive relationships, possible limitations of the research, suggested future directions for research, and clinical and research implications including how clinicians may use the findings as a guide to improve therapy with trauma survivors.

Keywords: post-traumatic growth, trauma, mentor, mutual, supportive relationships

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Growth after Developmental Trauma: A Co-Constructed Story

The following qualitative research study explored post-traumatic growth as embedded in a co-constructed healing relationship between a developmental trauma survivor and a “mentor” who has been instrumental to their growth. The medical model, with its focus on illness and symptoms, remains dominant in our understanding of the long-term effects of developmental trauma. However, this model often overlooks the potential for growth after adversity (Joseph, 2009). There is a developing and exciting body of literature suggesting that some subset of traumatized adults actually achieve positive personal change by growing not in spite of, but *from* their struggle with trauma (Calhoun & Tedeschi, 1999). This idea of possible growth after adversity is newer to psychological inquiry but has been a theme present in philosophical, mythological, spiritual, religious and other literature throughout history (Tedeschi, Park, & Calhoun, 1998).

Growth after Adversity

The topic of growth following adversity has been bolstered by the positive psychology field, which has rapidly developed since its introduction at the turn of the 21st century. This phenomenon of growth after trauma has increasingly become an established field of scientific research and clinical interest (Joseph & Butler, 2010). The shifted focus from negative outcomes of trauma to resilience, thriving, and growth introduced the possibility of discovering and understanding positive pathways to better treat and support those who have experienced trauma.

Tedeschi and Calhoun (1995) coined the term Posttraumatic Growth (PTG) to describe the positive psychological change that may occur after someone experiences trauma. These researchers reported data that suggest a wide band of possibility for PTG—over a variety of studies, between 30% and 90% of individuals facing a serious crisis experience at least some

positive change. The theory of post-traumatic growth suggests that a traumatic experience can also serve as a catalyst in the development of positive changes in beliefs, goals, behaviors, identity, life narrative and wisdom (Tedeschi & Calhoun, 2004).

Recent literature suggests that PTG is enhanced by responsive and empathic relationships that strengthen individual characteristics typically associated with resilience and growth, including, for example, increased self-esteem, a more internal locus of control, and an optimism bias after negative experiences (Canevello, Michels, & Hilaire, 2015). Supportive relationships have been described as protective factors that enhance adaptation and promote growth after trauma by moderating the effects of childhood adversity (Ludy-Dobson & Perry, 2010). The link between PTG and relationships is further supported by a related body of literature that frequently references the presence of a significant person or mentor, who through relational support, has been instrumental to the personal growth of a trauma survivor (Roman, Hall, & Bolton, 2008).

Despite preliminary evidence supporting the importance of relationships with significant persons as a facilitator to PTG in trauma survivors, there remains a knowledge gap that explores PTG as developing within the context of a relationship between a trauma survivor and mentor. For example, little is known about whether survivors and their mentors experience their healing connection in similar ways. Increased understanding of the characteristics of a caring and supportive relationship that facilitates PTG offers an opportunity to examine the qualities that may foster adaptation and growth in trauma survivors.

Definitions of Key Terminology

The following terms are defined within the context of this study:

Post-traumatic growth. PTG is described as the positive psychological change that is experienced as a result of struggling with highly challenging, stressful, and traumatic

circumstances that challenge adaptive resources and impact the way one views and understands the world (Tedeschi & Calhoun, 2004). It is reported that as many as 70% of trauma survivors experience positive change in some aspect of their life (Jayawickreme & Blackie, 2014).

PTG is viewed as a multidimensional construct of the subjective perception of positive personal change. The theory of PTG proposes that traumatic events serve to challenge preconceptions about the self, others, relationships, and the world, forcing a reconfiguration of one's beliefs, goals, behaviors, identity, and overall worldview (Meyerson, Grant, Carter, & Kilmer, 2011). There is substantial literature that supports Tedeschi and Calhoun's (1995) theory of PTG as occurring in several life domains. These domains are frequently described as changes related to an increased appreciation of life, a redefinition of life priorities, a sense of increased personal strength, the identification of new possibilities, an enhancement of intimate relationships and positive spiritual change (Joseph & Butler, 2010; Meyerson et al., 2011; Neimeyer, 2006).

The process by which PTG occurs is thought to include several variables, including posttraumatic cognitive activity, environmental factors, and social processes. For example, social support offered by caring individuals may provide comfort and support that helps the trauma survivor make meaning out of the traumatic experience. PTG is used to operationalize a movement beyond adaptation, one that surpasses the ability to resist negative impacts of trauma and in which the individual thrives as a result of their trauma exposure. It describes not only recovering from trauma or returning to the pre-trauma state of functioning, but as the experience of further individual development via positive personal change. The term "growth" in PTG emphasizes that development has occurred beyond the level of adaptation, life awareness, or psychological functioning prior to the trauma. Those who overcome traumatic events with this improved functioning are regarded as having struggled with and changed as a result of their

experience of trauma (Zoellner & Maercker, 2006). PTG is related to, but also distinct from, resilience and other strength-based concepts used to describe positive outcomes after traumatic experiences (Meyerson et al., 2011).

Resilience. Resilience is a complex and broad concept that describes the adaptive characteristics that allows one to cope and recover from trauma. It is distinguished from PTG by the level of post-trauma functioning. Whereas PTG highlights a positive personal change in functioning, resilience describes a dynamic process that allows one to recover or return to a *similar* level of psychological functioning, with minimal negative consequences (Bonanno, 2004). Resilience focuses on a specific subset of processes associated with development that are thought to increase adaptation and wellbeing in the face of significant adversity. More recently, resilience has been defined as a developmental process that occurs within environmental and contextual factors (Lee et al., 2013). Additionally, the definition of resilience has progressively moved from one of individual traits to a multi-systemic understanding of the term (Ungar, Ghazinour, & Richter, 2013).

Resiliency is derived from the interactions between individuals and the environment around them. The ability to resist the effects of trauma exposure is determined by one's development in environments that either support or buffer maladaptive reactivity to traumatic experiences (Ungar, 2011). From a social-ecological perspective, resilience has been defined as "the capacity of both individuals and their environments to interact in ways that optimize developmental processes" (Ungar, 2013, p. 256). Within this context, resilience may be understood as an interaction between individual and social factors that may ameliorate the most severe impact of traumatic exposure. Psychological and dispositional attributes that contribute to shaping resiliency include motivation, optimism and support systems such as friends, families

and religious communities (Lee et al., 2013). Resilience and PTG, though distinct constructs, share the theory of social support as a contributing factor to their respective roles in trauma recovery. Research on both constructs suggests the role of relational support as a significant contributor to effective coping and adaptation to life following trauma (Meyerson et al., 2011).

Developmental trauma. Van der Kolk (2005) and colleagues have used the term “developmental trauma” to describe the distressing and disabling consequences of adverse childhood experiences with abusive and neglectful caregivers. Individuals who have experienced developmental trauma are described as having been exposed in early life to multiple adverse interpersonal events. This form of multiple and chronic interpersonal traumatization impairs development across several areas of functioning, including emotional, behavioral, social, and neurobiological. Developmental trauma is distinguished from other isolated traumatic incidents by its continual process and relational context (Allen, 2001). Developmental trauma is characterized by exposure to repeated acts of interpersonal trauma, such as neglect, witnessing domestic violence, and emotional, physical, and sexual abuse. A parent or another person in a custodial role (e.g., coach, teacher, camp counselor) is typically the one responsible for the child’s chronic abuse, neglect, and other exposures to violence (Van der Kolk, 2005).

Mentor. Children can often overcome early adverse experiences with primary caregivers by being fortunate enough to find a caring, special adult outside of the traumatic caregiver system who becomes invested in their wellbeing. Research has demonstrated that this seeking of relational support, extends to adults with unresolved childhood trauma who later in life, develop healing connections with caring and supportive individuals. Additionally, these relationships were identified as those in which a positive figure provided the survivor with respect, acceptance, and enduring support (Roman et al., 2008). In this dissertation, I refer to these

positive figures as mentors. Within the context of this study, a mentor will be defined as someone who functioned as a figure of significant social support for a developmental trauma survivor. Figures who may be mentors include but are not limited to family members, coaches, teachers, clergy, youth counselors, therapists, bosses, and co-workers. The mentee may be defined as an individual who may be in the role of being advised, trained, or counseled in a supportive relationship (American Psychological Association, 2006). Allen and Eby (2011) state that the influence of relational support on wellbeing may be effectively represented by the relationship between a mentor and mentee.

Conceptual Framework

The Relational-Cultural Theory (RCT) of psychological development proposes that relationships are essential in healthy development. More so, the theory asserts that the relational nature of our development drives us to “grow through and toward connections” (Goldstein & Brooks, 2012, p.77). RCT views relationships as a two-way process in which both individuals can influence their experience and the relationship, through responsive and mutually empathic interactions (Jordan, 2008). The result is a relationship that may be used as a primary source in fostering growth and the ability to withstand adversity. Jordan suggests that these positive interpersonal relationships help people grow through and beyond their challenging, stressful and traumatic experiences. This is thought to be accomplished through the strengthening of individual characteristics commonly associated with resilience and growth, such as increased self-esteem, internal locus of control, and positive temperament after a negative experience (Goldstein & Brooks, 2012; Jordan, 2008;).

This dissertation aimed to support RCT’s theory that people experience personal growth through a mutually beneficial relationship, in this instance, between a trauma survivor and a

mentor. Research that seeks to further understand those elements of a healing relationship that optimizes positive change in the wake of adversity will add to the growing body of literature on the treatment of trauma; specifically, those qualities of a relationship that may facilitate PTG within the context of a therapeutic setting and thereby encourage a positive outcome during trauma treatment. It also sheds light on both the trauma survivor's perspective and the mentor's perspective on their healing relationship—a dyadic interpretation that has yet to be fully explored.

A Measure of Childhood Trauma: Adverse Childhood Experiences Study

There is a wide body of research supporting the relationship between negative experiences in childhood and poor health outcomes in adulthood. To date, the largest investigation of the impact of adverse childhood experiences (ACE) was conducted by Felitti et al. (1998) in cooperation with The Centers for Disease Control and Prevention (CDC) from 1995 to 1997. In this epidemiologic study, referred to as the ACE study, the term adverse childhood experiences is used to describe those potentially damaging or traumatic early life experiences that contribute to the development of health risks and poor health outcomes in adulthood. Over 17,000 middle-class adults were surveyed about their childhood experiences before the age of 18 (ACE questionnaire) and current health status and behaviors. Participants were attributed one point for each indicated adverse experience for a total ACE score. The adverse childhood experiences in this study were defined as (a) psychological, physical, or sexual abuse; (b) emotional or physical neglect; and (c) growing up in a household where there was exposure to substance abuse, mental illness, violent treatment of a maternal figure, parental separation, and criminal behavior (Felitti et al., 1998). Within the context of this dissertation, this definition is used when discussing adverse childhood experiences.

Two-thirds of participants in the study reported at least one ACE with most of these occurring in the child's home, and likely within the caregiver system. Additionally, over 15% of participants had an ACE score of 4 or more. The study revealed a highly significant relationship between ACE scores and adult health status (Felitti et al., 1998). As participants' ACE scores increased, so did their health risk factors and disease conditions; including smoking, obesity, substance abuse, suicide attempts, heart disease, lung disease, liver disease, suicide, cancer, HIV and STDs (Anda & Felitti, 2003). Adverse childhood experiences have a wide range of consequences that inevitably transcend the individual's suffering and impact society (Cicchetti & Toth, 2005). By one sobering estimation, the socioeconomic impact of adverse childhood experiences revealed that the lifetime societal cost of new cases of children exposed to ACEs in a single year is approximately \$124 billion (Fang, Brown, Florence, & Mercy, 2012). This societal cost includes the expenses associated with the different systems that are responsible for addressing the impact of childhood interpersonal trauma throughout an individual's lifetime: these include, for example, childhood health care costs, adulthood medical costs, special education costs, criminal justice costs, productivity losses and welfare systems costs (Fang et al., 2012).

Developmental Trauma Causes Dysregulation across Multiple Systems

It is estimated that at least one billion children worldwide experience a single type of interpersonal trauma (Hillis, Mercy, Amobi, & Kress, 2016). However, developmental trauma is thought to affect as many as 1 in 7 to 1 in 10 children; a rate more prevalent than has typically been recognized (Ford, Grasso, Elhai, & Courtois, 2015). What distinguishes developmental trauma from other kinds of traumatic exposure are both the interpersonal elements—someone on whom a child is dependent inflicts the suffering, and the cascading effects—the child seldom has

a single traumatic exposure, and the impact is felt across multiple systems. Developmental trauma occurs within the child's caregiving system and involves extremely stressful experiences that include but are not limited to sexual or physical abuse, parental substance abuse, neglect, abandonment, significant disruptions of protective caregiving, and witnessing domestic violence (Ford et al., 2015).

The adverse interpersonal experiences at the core of developmental trauma can disrupt typical maturation, affecting both the structure and functioning of brain development, and lead to persistently altered attributions and expectancies about the self, relationships, and others. Some researchers suggest that developmental trauma is associated with challenges in six broad domains: (a) affect regulation, (b) information processing, (c) self-concept, (d) behavioral control, (e) biological processes, and (f) interpersonal relationships (VandenBos & American Psychological Association, 2013). Although developmental trauma is still being studied for inclusion as a DSM diagnosis (Bremness & Polzin, 2014), the social and regulatory challenges for children exposed to multiple early adverse experiences are increasingly well documented (Alink, Cicchetti, Kim, & Rogosch, 2012; Van der Kolk, 2003).

We Hurt and Grow in Relationships

Developmental trauma can be distinguished from other types of traumatic exposure because it is inherently relational, occurring within the context of a child's relationship with a caregiver. The difference between a social environment that is impoverished or enriching, during or after childhood adversity, significantly influences the developing child's ability to recover and grow from traumatic experiences (Wright & Folger, 2017). Healthy relationships are the building blocks of relational protective mechanisms that, along with neurobiological processes, help individuals survive and thrive in the wake of adverse childhood experiences. Conversely, a

traumatized child without social support will likely have a more difficult time because of the lack of relationally based protective mechanisms that would mitigate the effects of adversity (Ludy-Dobson & Perry, 2010). From the moment we are born until the day we die, relational interactions have a profound regulating effect on stress and neurobiological processes activated by adversity. Healthy relational interactions provide a protective function of social support that buffers the impact of adverse childhood experiences and fosters positive and healing coping states (Münzer, Ganser, & Goldbeck, 2017).

Developmental trauma and attachment. Because developmental trauma occurs within the context of the child's caregiving system, it has a significant impact on the child's sense of attachment security. The significant disruption and betrayal of the child's relationship with a caregiver responsible for their safety is likely to affect the child's ability to form connections to the self and others, often resulting in an insecure attachment style. For example, Sandberg, Suess, & Heaton (2010) state that, "individuals with trauma-based attachment difficulties are more likely to distrust others, avoid seeking support, and perceive those who try to assist them as malevolent or unhelpful" (p. 36). Individuals with insecure attachments tend to struggle with relationship boundaries, feel emotionally disconnected from others, have difficulty responding to others' emotional states, lack empathy, and have fragmented and disconnected self-concepts. They also report more depression and physical symptoms (Mickelson, Kessler, & Shaver, 1997).

The role of developmental trauma in compromising attachment security has been well established. For example, one study that examined the role that attachment plays in mediating the relationship between different types of trauma and depression severity concluded that: "insecure attachment, evident in attachment anxiety and avoidance, is associated with greater levels of psychopathology following stressful life events" (Fowler et al., 2013, p. 314). The

study's data analyses found, in particular, that interpersonal trauma was significantly correlated with insecure attachment; that is, with both anxious and avoidant styles of insecure attachment. Interpersonal trauma was also associated with greater severity of depression. Notably, however, exposure to non-relational trauma was not correlated with depression or attachment anxiety and avoidance (Fowler et al., 2013).

Children with abusive and neglectful primary caregivers have a better chance of overcoming such adversity if they have other nurturing adults in their lives who provide social support. For example, research has demonstrated that perceived social support increases adult adjustment by mediating the effects of childhood maltreatment (Runtz & Schallow, 1997). Additionally, social support predicted lower negative outcomes in adults who were exposed to cumulative interpersonal trauma during childhood (Schumm, Briggs-Phillips, & Hobfoll, 2006). Fowler and colleagues (2013) make a compelling case for the efficiency with which attachment aspects of interpersonal relationships regulate distress by providing a sense of security. It may then be suggested that although interpersonal harm can impair functioning, there may be aspects of interpersonal relationships capable of mitigating the effects developmental trauma and ultimately fostering positive personal change.

Relational growth. Our relational development and resources influence a number of psychological functions including affect, bonding, attachment, and other fundamentals for interpersonal communication and connections (Brown & Zinkin, 2000). The study of growth after trauma has yielded some important relational findings. For example, in a narrative study on women thriving after childhood abuse, Hall et al. (2009) revealed that most of these women were found to “exhibit remarkable PTG” (p. 383). Participants were noted as having been exposed to childhood abuse as early as infancy and this exposure typically continued until the survivors no

longer lived with their caregivers. Most of the participants met the criteria for thriving, which was described as success in their occupations and intimate relationships. The researchers used the term “redemption” to describe how survivors transformed their negative histories into positive outcomes (Thomas & Hall, 2008). Thomas and Hall discovered that “redemption was most often found through significant relationships” (p. 164).

This study of female survivors thriving in adulthood was further researched to explore how these women transformed their histories of childhood adversity into positive outcomes through supportive relationships (Thomas & Hall, 2008). A subanalysis of the nature of these relationships revealed that these thriving women identified key positive figures as integral to their growth. These figures included family members, coaches, teachers, therapists, bosses, and co-workers who provided healthy relationships that mitigated the effects of their childhood trauma (Roman et al., 2008). The survivors benefitted from the different point of reference provided by those positive figures with whom they shared a healing connection. Findings revealed that these thriving women described their supportive relationships using two distinct characterizations: (a) the “saw something in me” and (b) “no matter what” relationships. Specifically, these relationships were noted as aiding in the women’s success by providing validation, acceptance, and recognition. The *saw something in me* relationships were described as interactions where positive figures provided survivors with feedback on their individual strengths and skills. The *no matter what* relationships were identified as those in which the survivor was provided enduring support by a positive figure who was accepting, constant and reliable (Roman et al., 2008). These relationships offered the survivor an opportunity to affirm their existence as a person “worthy of respect, caring, or concern” (Roman et al., 2008, p. 195).

This narrative study is a sample of the limited literature on childhood trauma survivors’

perspective of thriving or growth after trauma. More specifically, it portrays the importance of the social support provided by positive figures; or as they are referred to in this dissertation, mentors (Roman et al., 2008). The relationship between a trauma survivor and mentor may then be viewed as one that is capable of facilitating growth despite adversity. In a related body of literature, the nature and processes of mentoring relationships are explored from the perspective of the mentor, revealing that mentors also benefit from these healing relationships (Allen & Eby, 2011; Hall, 2003).

Mentoring as Mutually Beneficial

A meta-analytic review revealed that youth from backgrounds of adversity were most likely to benefit from mentoring (DuBois, Holloway, Valentine, & Cooper, 2002). Kram and Isabella (1985) noted that in a mentoring relationship, mentees benefit from the following psychosocial functions: (a) counseling, (b) role modeling, (c) friendship, (d) acceptance, and (e) confirmation. Similar research on mentor's benefits, revealed that the most significant benefit to mentors was self-enhancement. Additionally, mentors are thought to achieve personal satisfaction from passing knowledge and skills on to others, exhilaration from the fresh energy of mentees, improved understanding by receiving a new perspective on adversity, and the loyalty and support from the mentees themselves (Ragins & Kram, 2007).

Although there is less specific research documenting a mentor's perspective of their relationship with trauma survivors, the benefits that mentors accrue from various types of mentoring relationships have been explored widely. In a study on mentoring processes, Philip and Hendry (2000) interviewed 30 adults identified by youth as mentors. These adults consisted of 13 community members and 17 professional youth mentors. They described four aspects of benefits to their relationships with their adolescent mentees: (a) making meaning out of their own

experiences; (b) gaining insight into another person's reality and learning from their experience; (c) developing relationships that were reciprocal and across generations; and (d) building psychosocial skills that fostered communication, empowerment, trust and mutual respect (Philip & Hendry, 2000). Similar accounts suggest a reciprocal relationship where mentors report increased personal satisfaction, self-esteem, and social insight through redefined personal values as a result of informal and formal mentoring relationships with children, adolescents, and young adults (Allen & Eby, 2011).

In a more trauma-related exploration, Hernández, Gangsei, and Engstrom (2007) introduced the concept of vicarious resilience, based on the phenomenological analysis of the experience of therapists who work with survivors of violence. This study explored whether therapists learned something about overcoming adversity from their clients; the authors called this "vicarious resilience" (p. 37). The analysis of interviews with 12 therapists revealed themes that described the effects of witnessing a survivor's recovery from adversity. These themes included the empowerment of therapists through interaction with survivors; the reassessment of the significance of their own problems; the reaffirmation of their commitment to helping survivors; and the reevaluation of the perceptions of themselves, their relationships, and their environment. The researchers noted that vicarious resilience was "a unique and positive affect that transformed therapists in response to trauma survivors' resiliency" (Hernández et al., 2007, p. 237). This research suggests that the benefits of healing relationships with trauma survivors extend to those providing support, such as teachers, coaches, family members and other mentors.

Bridging the Gap: Is PTG Mutually Beneficial and Co-constructed in Relationships?

Taken together, the literature on PTG, relational growth and mentoring as mutually beneficial, provide preliminary evidence that PTG is enhanced by relationships that foster

positive personal change for both partners in the post-traumatic relationship. However, to date, there have been two distinct bodies of literature drawing independently on the survivor's perspective and the mentor's perspective. By contrast, there is very limited exploration of how the specific relationship, weaving together both perspectives, may be understood as mutually beneficial and co-constructed. The current study addresses this gap in the literature.

Neimeyer (2006) states that it is “worth bearing in mind that interpersonal narration is a highly interactive activity, as friends, family, and other social actors variously support, extend, or contest one another's stories” (p. 71); this may be particularly true for the experience of growth after adversity. Developmental trauma's etiology is rooted in the caregiving relationship, which underscores the importance of understanding the relational context of survivors' ability to not only endure, but to also thrive following adversity. Given that the trauma is interpersonal, it follows that the healing must also involve interpersonal processes. Without adult love and meaningful engagement, the likelihood of overcoming adverse childhood experiences is greatly diminished (Schumm et al., 2006). Notably, too, Tedeschi and Calhoun (2004) state that growth arises from the struggle to make meaning of the trauma, rather than from the traumatic event itself. This is not something children or young adults can construct on their own in isolation. They create this new meaning in the context of healing relationships.

In this dissertation, the relationship between developmental trauma survivors and their primary mentors was explored to better understand their subjective and reciprocal experiences of positive change as a result of their healing connection. In creating meaning, a story is constructed; and in a dyadic relationship, the story is constructed together, by both parties. The meaning of the relationship between survivor and mentor may thus be described as, a unique co-construction of a narrative of growth and mutual influence. Exploring the co-construction of

this mutually beneficial relationship has implications for the healing of trauma and PTG.

Growth after Developmental Trauma: A Co-Constructed Story

To date, the literature drawing on the trauma survivor's perspective and on the mentor's perspective of their relationship has constituted two separate explorations of what might well be a single phenomenon. There is limited research of how the specific relationship, weaving together both perspectives, may be understood as mutually beneficial. Little is known, for example, about whether survivors and their mentors hold similar understandings of the elements that make their relationship particularly important to each. The relationship between survivor and mentor is dynamic; research that focuses on individual interviews potentially misses recollections triggered by hearing the thoughts of the other. This research examined how PTG may be depicted as embedded in this dyad's mutually beneficial relationship, by exploring the shared narratives of the survivors and their mentors. Increased understanding of the characteristics of a relationship that fosters PTG, may have clinical implications for qualities in therapeutic relationships that may encourage PTG during treatment.

This phenomenological study aimed to explore the facilitation of PTG in the context of a mutually beneficial relationship between a childhood trauma survivor and a mentor who share a healing connection. I spoke with developmental trauma survivors and their primary mentors, to better understand specifically what they meant to each other and how their co-constructed narrative has fostered personal growth or change for both of them. The importance of relationships in developmental trauma and its recovery made it likely that relational themes would emerge within the dyad's co-constructed story of growth. There were aspects of their relationship that they both described as being essential in producing the mutually beneficial nature of their relationship. This dissertation aimed to get at the core co-constructed themes

emerging from the central research question: How do survivors of developmental trauma and their primary mentor describe their relationship as mutually beneficial and fostering positive personal change?

Method

Methodology: Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis (IPA) is a qualitative methodology which combines phenomenology, hermeneutics, and idiographic theories to explore how individuals make sense of their experiences (Smith & Osborn, 2004). Phenomenological research focuses on an individual's reactions, perceptions, feelings, and the details of an experience, while hermeneutics recognizes how an individual's experiences emerge dialectically from their relational, linguistic, cultural, social, and historical contexts. That is, phenomenology emphasizes the experience, whereas hermeneutics is concerned with the interpretation of phenomena. IPA's idiographic emphasis is apparent in its commitment to in-depth analysis of phenomena understood in context and from the perspective of a specific group of individuals (Smith, Flowers, & Larkin, 2009). These theoretical underpinnings offer insight into IPA as a suitable approach to achieve the goal of understanding the relationship between a developmental trauma survivor and their mentor, through the meanings that they ascribe to their combined experience of the relationship.

In IPA, semi-structured interviews are used to gather detailed information about participants' experiences. This methodology granted me access to a rich account of participants' experiences and allowed me to explore, describe, and interpret this information using idiographic analysis. IPA provides a thorough and systematic process for examining how meanings are constructed by participants (Smith et al., 2009). The object of this study was to explore

developmental trauma survivors and their mentors' co-interpretations of how they experienced their relationship. Mertens (2015), in *Research and evaluation in education and psychology: Integrating diversity with quantitative, qualitative, and mixed methods*, suggests that a social constructivist lens be used when the phenomenon to be studied involves "the complex world of lived experience from the point of view of those who live it" (p. 16-17). IPA's ontology is consistent with social constructionism in its assumption that sociocultural and historical contexts influence how individuals experience and understand a phenomenon. The IPA method acknowledges that, like the participant, I am equally influenced by my sociocultural and historical contexts which in turn affects how participants' experiences are interpreted and understood. IPA refers to this two-stage process as the "double hermeneutic," a process in which I tried to understand an individual, who in turn was trying to understand their world (Frost et al., 2010; Smith et al., 2009; Smith & Osborn, 2004).

Researchers perspectives and assumptions. A social constructivist epistemology argues that researchers and participants are intertwined in a cooperative and dialectically influencing process, where they influence each other, and that the pre-understandings of each are rooted in their multiple contexts and relationships outside the researcher-participant relationship (Mertens, 2015). In this case of IPA, I took an active role in the research process; striving to achieve an intimate understanding of participants' personal world, while acknowledging that access was both made possible and limited by my own pre-understandings (Smith & Osborn, 2004). The literature on phenomenological research, suggested that I deliberately place aside my own judgments and experiences of the phenomenon under study in an effort to most accurately describe participants' account of their experiences; this process is referred to as bracketing (Chan, Fung, & Chien, 2013). However, IPA's hermeneutic interpretation recognizes that

bracketing and other methods used to limit researcher biases are not logical, given that psychological reality is understood as socially constructed. As suggested by IPA, I used reflexivity in an effort to understand as well as I could the experiences of my participants' rather than the objectivity attempted with the use of bracketing.

King and Horrocks (2010) described reflexivity as a process that allowed one to "look 'inwards' and 'outwards', exploring the intersecting relationships between existing knowledge, our experience, research roles and the world around us" (p. 125). Reflexivity allowed me to acknowledge my role in creating and making sense of a participant's personal account of their experiences. In practicing reflexivity, I tried to constantly be aware of how my sociocultural and historical contexts shaped how I could understand someone different from myself or something different from what I already understood. It also made me more aware of how my knowledge and experiences in psychology influenced what I could understand (Hawes, 1998; King & Horrocks, 2010). My prior knowledge and understandings made it possible for me to develop the concept for this dissertation as well as biases and assumptions about the phenomenon being studied. I anticipated that my biases and assumptions would impact my understanding and interpretation of participants' experiences and in some cases, distort and/or direct interpretations. Therefore, in the limitation section, I identified my biases and assumptions and acknowledged them as potentially limiting this study's findings. Additionally, I used reflexivity throughout the study which allowed me to be mindful of the impact that my knowledge and experience had on the research.

Participants and Sampling

Target survivor participants were individuals 18 years or older, who were able to identify one mentor willing to participate in the study, who had at least four adverse childhood

experiences, and who scored a minimum of one standard deviation above the mean on a measure of perceived PTG. To participate in the study, mentors were required to be identified by a survivor as someone who supported their recovery and growth and were also 18 years or older. The sample size included five dyads, each consisting of a survivor and their identified mentor. Survivors were selected from a population of childhood trauma survivors who had previously spoken publicly about their adverse childhood experiences in public spaces geared towards providing support and encouragement during recovery.

Justification for sampling size and method. The target sample size was a total of five dyads. A sample size of three to six dyads was noted by Smith et al. to provide sufficient cases for the development of meaningful data. Smith et al. (2009) attested that this sample size allowed for the “detailed analysis of each case, resulting in a table or figure capturing the pattern for that particular person. It is then quite manageable to examine the table or figure from each participant to elicit the themes across the group” (p. 106).

IPA’s commitment to understanding a phenomenon from the perspective of those specific individuals who experienced said phenomenon, reflects its idiographic approach to research. To achieve this level of in-depth analysis, “IPA utilizes small, purposively-selected and carefully-situated samples” (Smith et al., 2009, p. 29). Consistent with IPA, purposive sampling was used to recruit participants who would most appropriately offer in-depth insight into the phenomenon under study. These participants were selected on the basis that they represented a specific perspective, that is, a mutually beneficial relationship between a survivor and mentor that facilitated perceived growth in the survivor. In the purposive sampling, there were criteria for inclusion for participation. For survivor participants, the criteria included being 18 years or older, being able to identify one mentor willing to participate in the study, having four or more adverse

childhood experiences, and scoring one standard deviation above the mean on a measure of perceived PTG.

To be eligible for the study, each survivor participant had to recruit a mentor to volunteer to be interviewed along with them. Mentors were selected by survivors because of the subjective definition of the role; that is, only the survivor was capable of identifying an individual in their life who supported them in their post-trauma growth. Although mentor participants were selected through this method, it was consistent with purposive sampling and more specifically criterion sampling (Palinkas et al., 2015). In addition to being identified as a mentor by a survivor, these individuals were required to be 18 years or older.

Sampling procedure. Invitations for participation (See Appendix E) were forwarded to individuals who were publicly identified as having experienced at least one adverse childhood experience on social media, blogs, forums, interviews, workshops, colloquiums, online articles, and other public avenues geared towards providing support for trauma survivors. Recruitment flyers (See Appendix F) and invitations to participate were also sent to administrators of websites and listservs where individuals who met the selection criteria were members. (See Appendix G for a list of data collection websites and listservs used).

A SurveyMonkey link to the survivor's informed consent (Appendix H) webpage was included in the invitations for participation and flyers. Individuals who went to the link were directed to the survivors' informed consent webpage, and after acknowledging that they read the informed consent, were given the option to confirm consent or opt out of the study. Those who consented to participate in the study were entered into a drawing for a \$25 gift card and asked to provide their name and email address, before proceeding to the measures. Each measure was presented on an individual webpage in the following order: demographic questionnaire

(Appendix A), ACE Questionnaire (Appendix B), then PTGI (Appendix C). Upon completion of all three measures, individuals were reminded of the requirement of a mentor to participate and were asked to acknowledge that they had a mentor in mind. Individuals were also notified that those who qualified for further participation would be contacted with instructions to recruit their mentor as their co-participant in the study and that both mentor and participant would be compensated \$50 for their participation.

After four weeks, I reviewed the completed measures for individuals who were 18 years or older, who were able to identify one mentor willing to participate in the study, who had a score of four or more on the ACES Questionnaire, and who scored at least one standard deviation above the mean on the PTGI. The individuals (survivors) who met the criteria were emailed a notification of their selection to further participate into the study on the condition that their mentor completed an attached informed consent form (Appendix I). The first five survivor participants who returned the completed and signed mentor consent forms were accepted into the study; a notification was sent to both survivor and mentor informing them of their acceptance as a dyad and referring them to a list of available dates and times for dyadic interviews. Each dyad received a case number in addition to each survivor and mentor's participant coded ID number. Once the five dyads were selected and consent forms for both mentor and survivor completed, I conducted a raffle with the email addresses of all those who completed the measures and the winner was awarded a \$25 gift card.

Instrumentation

Demographic Questionnaire. Basic demographic information about each survivor participant were collected. (See Appendix A)

Adverse Childhood Experiences (ACE) Questionnaire. The Adverse Childhood

Experiences (ACE) Questionnaire was used to assess and operationalize developmental trauma in survivor participants (See Appendix B). The ACE Questionnaire is a 10-item measure typically used to assess respondents' "burden of traumatic childhood exposures" (Anda & Felitti, 2003, p. 2). Questions on the measure required a 'Yes' or 'No' response to identifying adverse childhood experiences of abuse, neglect, and household dysfunction. (e.g., Did a parent or other adult in the household often or very often push, grab, slap, or throw something at you?; Were your parents ever separated or divorced?; Was a household member depressed or mentally ill, or did a household member attempt suicide?) A total ACE score was calculated by adding the number of 'Yes' responses. A study assessing the relationship between ACE scores and psychosocial well-being found the ACE Questionnaire to have a good internal consistency of 0.81 (Bruskas & Tessin, 2013). An ACE score of four or more has been linked to childhood trauma and negative outcomes in adulthood (Felitti et al., 1998). For this study, an ACE score of four or more was considered indicative of having experienced developmental trauma.

Post-Traumatic Growth Inventory. The Posttraumatic Growth Inventory (PTGI) was used to operationalize and assess individuals' self-report of positive benefits that have occurred in the wake of their developmental trauma. The PTGI is a 21-item inventory that uses a six-point Likert scale to measure the extent to which a respondent perceives positive change as an outcome of their traumatic experiences (See Appendix C). The PTGI is comprised of five factors or subscales which may be summed to calculate a total PTGI score. For the purpose of this study, only the overall PTGI score was used, because my interest was in the overarching theme of personal growth rather than positive changes in specific domains. The PTGI is a multidimensional measure that shows good construct validity. In a comparison of two groups of individuals, those who experienced a significant traumatic event during the past year and those

who did not, the PTGI was found to have good construct validity. Findings supported the hypothesis that those participants who had experienced trauma reported more benefits compared to those who did not; specifically, they scored significantly higher on 4 of the 5 PTGI subscales. Regarding reliability, the PTGI was also found to have high internal consistency of .90 and adequate test-retest reliability of .71 (Tedeschi & Calhoun, 1996). Overall PTGI scores can range from 0 to 105 (Osei-Bonsu, Weaver, Eisen, & Vander Wal, 2012). A study evaluating patterns in PTG found that, in a sample of 926 adults, the overall PTGI score mean was 53.04 with a standard deviation of 24.17 (Taku, Cann, Calhoun, & Tedeschi, 2008). In this study, scores that were one standard deviation above the mean (77.21) were considered indicative of significant perceived posttraumatic growth.

Data Collection Methods and Procedures

Interview protocol. A semi-structured, in-depth interview design was used to elicit the participants' stories and responses. IPA requires that the data be a detailed account of a lived experience obtained by a method in which participants are granted the opportunity to speak, reflect, develop and express their thoughts and feelings at length (Smith et al., 2009). A semi-structured interview schedule was used to ensure that the research question was answered (See Appendix D). Open and broad questions were used to limit my influence on participants' responses and to focus the discussion of relevant topics. I also used funneling, a process in which I moved from descriptive questions at the beginning of the interview to more sensitive or reflective ones (Smith et al., 2009). The interview questions were focused on the meanings that the mentor and survivor ascribe to their relationship. In keeping with hermeneutic theory, survivors and mentors were given room to exercise their roles as co-constructors with me in the production of the interview content.

Justification for data collection method. IPA's choice of interview method is semi-structured, using an interview schedule which guides rather than dictates the interview. Semi-structured interviews create space for and require a rapport between the interviewer and participants. In semi-structured interviews, researchers and participants are able to "engage in a dialogue whereby initial questions are modified in the light of participants' responses, and the investigator is able to enquire after any other interesting areas which arise" (Smith et al., 2009, p. 57). As suggested by IPA, my aim was to get as close as possible to understanding the participants' understandings of the phenomenon. With this in mind, participants were (a) considered the authority on themselves and their experiences, (b) tended to guide the direction of the interview process, and (c) introduced ideas that I had not previously considered (Smith & Osborn, 2004).

In this study, dyadic interviews were used to gather more in-depth data than would be collected by using only an individual interview approach. The process of joint interviews and analyses, viewed as a single account using IPA, has been found to be effective in enhancing data rigor by obtaining a more integrated account of a relational experience (Burton, Shaw, & Gibson, 2015; Donnellan, Murray, & Holland, 2014; Harris, Pistrang, & Barker, 2006). IPA was used to interpret the rich and detailed account of a mutually beneficial relationship that facilitated post-trauma growth, as obtained from the perspective of both survivor and their mentor during dyadic interviews.

An advantage to the dyadic interviews was that one participant's response elicited new ideas or prompted the recall of old memories for the other participant. In comparison to individual interviews where new ideas or memories would have likely been confined to what a single participant could recall on their own. Another benefit observed in the use of dyadic

interviews was that participants appeared to be relatively comfortable disclosing intimate or uncomfortable information in the presence of the other participant. This is supported by Morgan, Ataie, Carder, & Hoffman, (2013) report that participants felt more at ease when discussing topics that may feel private because of the presence of the other partner who had been supportive. In contrast to research using individual interviews, this dyadic interview method limited the likelihood that participants withheld from disclosing shared experiences to respect the privacy of the other participant.

Interview processes. Dyadic interviews were conducted via Zoom®, a secure video conferencing service. Dyads were emailed website links and dial-in numbers to access the Zoom conference where we were able to see and hear each other in a private and secure video meeting. Participants accessed the conference using a computer, mobile device application, or telephone call. Some participants opted to only participate by telephone using the dial-in option due to technical difficulties connecting using a computer or mobile device and personal preferences not to be video recorded. Two dyads participated via video, one survivor participated via video while their mentor dialed in, and the remaining two dyads connected using the dial-in option.

The interviews for each dyad occurred with both participants connected to and present in the conference meeting at the same time. Three dyads connected to the meeting separately due to location differences and two connected from the same device. Interviews ranged from approximately an hour and 45 minutes to three hours. The five dyads interview length averaged 2 hours and 15 minutes. Each interview was audio recorded for transcription and data analyses.

The interview procedure was flexibly guided by the interview schedule, in which questions were first asked to the dyad as a unit with follow up questions directed towards each participant. The interview process began with general questions before moving on to questions

that were more sensitive or invited reflection. The questions ranged from narrative to more analytical and were asked in this order to ease participants into the interview process. Both participants were given the opportunity to answer each protocol question and to expand on the initial responses of the other participant. Prompts were used as necessary if responses were too general or abstract. Participants frequently and spontaneously conversed with each other without prompts from me, engaging in a dialogue process which offered me the opportunity to observe, in the moment, their collaboration in developing a shared narrative of their experiences. One unanticipated development was that participants would often note that they were surprised to only become aware during interviews the impact of their influence on the other through what they previously believed to be seemingly simple interactions. Further, on several occasions, one participant's reference to a particular situation or interaction seemed to stimulate the other participant's recall of the same or a similar experience.

At the conclusion of dyadic interviews, each survivor and mentor received a \$50 gift card for their participation.

Data Analysis Processes and Procedures

Analysis of the interview data was conducted using MAXQDA, a software programmed designed for computer assisted analysis of qualitative data. Audio recordings were uploaded into the software and each dyadic interview was transcribed by me. Every attempt was made to transcribe interviews accurately; audio recordings were played back several times to allow for precise transcription. The first step of IPA involves multiple readings of the transcript. IPA recommended that I became familiar with the transcript before examining it on an exploratory level (Smith et al., 2009). After the transcriptions of each interview was finalized, I immersed myself in the data with repeated readings.

In the second step, I examined semantic content and language to produce comprehensive notes on the data. The transcript was examined in the following steps: (a) using comments that generally described the content; (b) re-read with a linguistic focus noting how relevant content and meanings were presented; and (c) re-read from an interpretative perspective, noting participants' understanding of relevant content (Smith et al., 2009). The MAXQDA software was used to assist in analyzing the content of each interview, allowing me to make exploratory notes of meaningful words, statements, or exchanges between participants that captured their unique experience.

The third step involved the development of emergent themes by "mapping the interrelationships, connections and patterns between the exploratory notes" (Smith et al., 2009, p. 91). Emergent themes were identified through analyzing exploratory notes. Each emergent theme was then organized in a table with its accompanied exploratory notes and transcript excerpts (See Table 3, after appendices, for example of development of emergent themes). The MAXQDA software aided in the organization of codes and the maintenance of accuracy by providing easily accessible and adaptable templates. Furthermore, excerpts were used as evidence for the presence of themes to add transparency to the data.

In the fourth step, I identified connections across themes and aggregated them based on conceptual similarities to create superordinate themes. These steps were repeated for each transcript. Patterns across cases were identified and emergent themes were reorganized or relabeled to illustrate shared qualities. Using MAXQDA's organization features, emergent themes were grouped into clusters with similar content. These clusters were reviewed and organized to reflect dyads shared higher order qualities, creating data sets where themes with similar content were grouped together to form superordinate themes. These superordinate themes

therefore consisted of the emergent themes grouped together based on their similarities. (See Table 4, after appendices, for data organized by superordinate and emergent themes). The superordinate themes represented the essence of the dyads' reported experiences.

Ethical Considerations

Recruiting method. The survivors invited to participate in this study were selected from a population of individuals who previously shared their experiences of childhood trauma in a public space geared towards providing support for trauma survivors. These individuals were active in childhood trauma survivors' communities that provided support and shared information and resources. Selecting participants from this population relatively minimized potential harm when survivors were then asked questions related to their adverse childhood experiences during interviews. That is, individuals felt more comfortable discussing possibly sensitive topics because they had previously shared them in a public space. Survivors' knowledge about supports and resources from being members in these childhood trauma survivor communities, also minimized the possible risks of participating in the study. Additionally, this study's focus on positive outcomes in the wake of trauma, appeals to survivors' reported interest in furthering research that speaks to positive personal change and growth after trauma rather than the negative consequences that typically dominate the literature.

Confidentiality. In gathering detailed accounts of participants' experiences, as in IPA, it is important to take measures to protect their confidentiality. For the current study, there a number of strategies that were used to ensure confidentiality. Consent forms required individuals to provide their names and email addresses to be entered into a raffle after completing the measures and to be further contacted for interviews. This information was kept private and confidential in an encrypted file on my password protected computer. After the selection of

participants and the raffle winner was selected, the information of those who were not selected was destroyed to protect their confidentiality. Survivors and mentors were each given a coded identification number and a case number as a dyad. When using direct quotes from transcribed interview, anonymity was maintained through the use of pseudonyms in place of participants' names. The list connecting participants' names with pseudonyms and coded ID numbers, along with audio files, consent forms, interview notes, and other research documents was encrypted and saved on my password protected computer.

Informed consent. A commitment to informed consent is a fundamental ethical consideration when doing any research that includes the use of participants. Practical steps were taken to inform, protect and gain consent from participants in this study. In IPA, "informed consent must be gained not only for participation in data collection, but also for the likely outcomes of data analysis" (Smith et al., 2009, p. 53). Participants had individual consent forms tailored to their specific roles as a survivor or mentor. The informed consent documents (See Appendices H and I) provided participants with information about the purpose of the research, specific participation procedures, length of time involved in participation, possible risks and benefits of participating, limits of confidentiality, and their right to refuse to or withdraw from participating at any time without consequences. Informed consent was obtained from participants prior to the start of the study. Participants were required to grant permission for interview sessions to be recorded and saved for review by me and other persons related to data analysis, such as the dissertation committee. As articulated above, confidentiality was maintained in all cases of data sharing. Informed consent was also obtained for the use of data in any publication of this study.

Research Trustworthiness

Qualitative research differs from quantitative research in how its quality can be assessed as adhering to standards of good and convincing research (Guba & Lincoln, 1994). Whereas quantitative standards use measures of reliability and validity, qualitative research is evaluated according to “how well the researcher has provided evidence that her or his description and analysis represent the reality of the situations and persons studied” and thus is “trustworthy” (Bloomberg & Volpe, 2012, p. 112). The most common critical criteria of trustworthiness used among qualitative researchers are credibility, dependability, transferability, and confirmability (Mertens, 2015). The following describes this study’s efforts to be trustworthy.

Credibility. The concept of credibility in qualitative research parallels quantitative methods’ degrees of internal validity. Credibility is often regarded as the most important criterion for signifying the trustworthiness of a study. It is used to describe the accuracy of the findings (Mertens, 2015). Credibility was maintained through prolonged and persistent engagement, member checks, and peer debriefing.

Prolonged and persistent engagement. This activity required me to spend sufficient time engaged in collecting and analyzing data. One way to demonstrate prolonged and persistent engagement was by making visible the processes of analysis and interpretation and deciding whether or not interviews and analyses have reached “data saturation” (Mertens, 2015). For this study, “data saturation” was evident through the demonstration of themes and examples that are repeated and extended in the data. Evidence of saturation was further visible in my tables of qualitative analysis detailing the repeated themes that emerged from the data.

Member checks. This involved checking in with participants and achieving “a higher level of accuracy and consensus by means of revisiting facts, feelings, experiences or beliefs

collected and interpreted” (Cho & Trent as cited in Mertens, p. 269). In this study, member checks were used to establish the validity of participant’s personal account of their experiences. At the end of each dyadic interview, I asked participants if my summary and notes accurately reflected what they intended to communicate, and if not, changes were made accordingly.

Peer debriefing. To increase credibility, a colleague acted as an independent rater by examining a transcript and making a note of emergent themes. This rater’s finding was compared with that of mine, establishing a form of inter-rater reliability. It should be noted that this colleague was familiar with both the qualitative methodology and phenomenon under study. Additionally, I discussed my interviews and analyses with my dissertation advisor, who was able to view my work in the qualitative analysis software.

Transferability. Transferability is considered to be qualitative research’s parallel to external validity or generalizability in quantitative methods. It “enables readers of the research to make judgments based on the similarities and differences when comparing the research situation to their own” (Mertens, 2015, p. 270), placing the burden of assessing this on the readers. It was my responsibility to include as much relevant information about the participants and their situations as is ethical (Mertens, 2015). This was addressed using thick descriptions.

Thick description. Thick description refers to the details and density described in both the results and discussion sections. By providing rich and detailed accounts of the phenomenon under study, I accomplished my goal of making explicit the sociocultural and historical context of the findings.

Dependability. Dependability is conceptualized as parallel to reliability, and concerns stability. It involves demonstrating that the findings of the study are consistent and if need be, could be repeated with minimal difficulty. To show dependability, changes in processes of this

study was tracked in detail throughout so it can be audited if necessary. I kept regular notes on any changes in the interview process and analyses, which I reported to my dissertation chair. Any changes were minimal and did not compromise the consistency of the findings, thus a dependability audit was not necessary.

Confirmability. Confirmability parallels the notion of “objectivity,” in its focus on possible distortions due to a researcher’s biases or imagination. It involved the level of confidence that this study’s findings are based on participants’ account of their experiences rather than potential bias, interest, or motivation on my part (Mertens, 2015). To accomplish this, I provided a chain of evidence that allowed the data interpretations to be traced to its original source, that is, the text segment from which the themes and interpretations were derived. I also provided clear and detailed descriptions of how interpretations were made by giving examples of the original text segments from the transcribed interview. Additionally, I provided my dissertation chair with my interpretation and their original source in the data to perform a confirmability audit assessing whether my chain of evidence was successfully maintained.

Results

Summary and Description of Participants

The sample consists of five survivor–mentor dyads who were asked to participate because of their subjective and reciprocal experiences of positive change as a result of their relationship. There was a total of 102 potential survivor participants that responded to the study’s recruitment invitations; a surprisingly high response rate over a three month recruitment period. Of the 102 potential survivor participants, 27 met the inclusionary criteria of (a) being 18 years or older, (b) being able to identify one mentor willing to participate in the study, (c) scoring four or more on the ACE Questionnaire, and (d) scoring one standard deviation above the mean on

the PTGI. The 27 individuals who met criteria were invited to participate and recruit their identified mentors. A total of five survivors and their mentors consented to participate in the study, forming the sample size of five dyads. The five survivor–mentor dyads were each given a case number SS1 through SS5. The following paragraphs provide demographic information.

Of the five survivor participants, four identified as female and one as male, with one of the female survivors preferring the pronouns “they” and “them.” The survivors’ ages ranged from 32 to 66 with a median of 43 and mean of 47. Three of the survivors identified as White, one as Native American, and one as Black. Highest level of education varied with one survivor earning a doctorate, two survivors earning bachelor’s degrees, one survivor having earned an associate degree, and one survivor having completed some high school. The mentors identified as three males and two females. The mentors’ ages ranged from 42 to 75 with a median of 63 and mean of 62. Three of the mentors identified as White, one as Native American, and one as Black. Mentors’ level of education varied with two mentors earning doctorates, one mentor earning a bachelor’s degree, one mentor completing some college, and one mentor completing some high school. Mentors were asked about childhood experiences associated with developmental trauma and two of the five mentors endorsed adverse childhood experiences.

The SS1 dyad consisted of a 53-year-old female survivor and 75-year-old female mentor. The pair were friends who initially met three years ago at a community event hosted by the survivor. Their relationship began with the mentor indicating her interest in the survivor’s efforts as an advocate for survivors of trauma and eventually volunteering at the survivor’s community events. The two described their relationship as a friendship grew into a mentorship as they spent more time together. The survivor noted that her mentor has consistently believed and supported

her in all aspects of her life, including helping her care for other survivors and her immediate family. The mentor denied any history of ACEs.

The second dyad, SS2, was a married couple that included a 32-year-old female survivor and 42-year-old male mentor whose relationship spanned four years. The two initially met through an online dating community and got married two years after meeting in person. They described their relationship as always romantic but the survivor described viewing her partner as a mentor as within weeks of their initial contact online. The survivor noted that her mentor has always been and continues to be a resource in helping her navigate her personal and professional experiences. The survivor described her mentor the embodiment of a mentor as described in this study. The mentor and survivor described having similar histories of ACEs and roles of caregivers in their families and professions. Professionally, the survivor cares for animals and the mentor cares for adults with disabilities.

The SS3 dyad consisted of a 66-year-old female survivor and 69-year-old male mentor who shared a 14-year relationship. The survivor was a previous client of the mentor who was a retired psychiatrist. They described their relationship as predominantly professional but noted that over time they began to view each other as friends. The survivor noted that she began to view her psychiatrist as equally mentor and friend after several years of their relationship. The psychiatrist described being pleasantly surprised that the survivor viewed him as a mentor and reportedly was unaware until she viewed him in this capacity until she requested his participation in this study. The psychiatrist retired approximately two years ago and the survivor relocated shortly after to a retirement community in a different state, yet they continued to keep in contact with each other. Of note, the survivor has a history of being a caregiver during childhood to a challenging parent and described herself as embracing a more positive caregiver role since

moving into the retirement community where she cares for older members using skills that she credits her mentor for instilling in her. The mentor denied a history of ACEs. Of note.

The SS4 dyad comprised of a 43-year-old male survivor and 62-year-old female mentor who were friends and colleagues that initially met 18 years ago at an academic conference. Their relationship began as a mentorship with the survivor being supported by his mentor in achieving academic and professional goals. They described their relationship as evolving into one of friendship as the survivor became more of a colleague and less of a student. The survivor referenced the mentor as a significant part of his community, a friend and a mother-like figure who supports him throughout his personal and professional life. They both described themselves as caregivers in their respective communities; the survivor specifically mentoring youth and advocating for the underprivileged. The mentor denied a history of ACEs.

The final dyad, SS5, consisted of a daughter-father pair. The 42-year-old female survivor was the step-daughter to her 63-year-old male mentor and their relationship spanned 37 years. The mentor initially met the survivor when she was 5-years-old shortly after her biological father was murdered. He later got romantically involved with her mother until they parted ways when the survivor was in early adolescence. The survivor reported that the mentor was always supportive and always made an effort to be involved in her life in a mentoring capacity after his relationship with her mother ended. The survivor reported that she continues to regard her mentor as her step-father and that he has always been supportive throughout her life; he walked her down the aisle, helped her care for ailing family members, and continued to include her in family holiday gatherings despite remarrying a couple years after his separation from her mother. The mentor endorsed several ACEs.

The distinctive characteristics of each dyad may also have been an influential factor in the results. The race, sexual orientation, location, and education level of the sample were quite diverse. This produced dyads with unique perspectives and experiences that at times, provided an informative contrast in how themes were manifested. For example, the dyads consisting of a Black survivor and mentor and a Native American survivor and mentor, both produced themes that emerged from descriptions of their experiences of the systematic response and collective impact of developmental trauma in their minority communities. In contrast, the other dyads—White survivors and mentors—produced emergent themes that predominantly manifested from more individualistic descriptions of experiences. It is noteworthy that such a contextual difference was present in the findings, given that themes manifested from more individualistic or communal perspectives and experiences depending on the racial or ethnic identification of the dyads.

Instrumentation Results

Adverse Childhood Experiences Questionnaire. As part of the screening, potential survivor participants were given the Adverse Childhood Experiences (ACE) Questionnaire to assess and operationalize developmental trauma. Respondents' ACE scores of four or more, as measured by the sum of the different categories of ACEs reported, were indicative of developmental trauma and met the required cutoff criteria to participate. One survivor had the highest possible ACE score of 10, two survivors had scores of nine, one survivor had a score of five and another had a score of four. See Table 1 for the types of adverse childhood experiences that each survivor reported on the ACE Questionnaire.

In this sample, survivors' scores on the ACE Questionnaire indicate that each individual reported childhood exposure to multiple acts of interpersonal traumas. These responses ranged

across categories assessing abuse, neglect, and dysfunction in their childhood household environment. Survivors' reported ACEs that were consistent with the repeated and relational context that characterizes developmental trauma in individuals (Ford et al., 2015). Participants' ACE scores and specifically their endorsements of interpersonal traumatic events, suggest that each survivor experienced developmental trauma as operationalized in this study.

Post-Traumatic Growth Inventory. The Posttraumatic Growth Inventory (PTGI) was also used in screening potential survivor participants to operationalize and assess individuals' self-report of positive benefits after their experience of developmental trauma. Each survivor was required to score a minimum of 77.21 out of 105 on the PTGI, one standard deviation above the mean as determined by authors who assessed a general population of adults (Taku et al., 2008). A PTGI score of 77.21 or higher was used as an indicator of significant posttraumatic growth in survivors and served as an inclusion criterion for survivor participants. For this sample, the highest PTGI score was 91 and the lowest was 78 with a mean of 83.4 and a median of 80. See Table 2, after appendices, for the PTGI scores and ACE scores of each survivor participant.

Themes from Qualitative Analyses

The following findings detail the superordinate and emergent themes that surfaced during the qualitative analyses. As noted in the introduction, there are aspects of the relationship between a developmental trauma survivor and their mentor that both describe as mutually beneficial and significant in fostering positive personal change for each respectively. The themes that emerged from dyadic interviews exploring survivors and their mentors co-constructed narrative of growth and mutual influence in their relationship are outlined in subsequent sections. The superordinate themes include (a) Improved Sense of Self, (b) Validation, (c) Trust and Good

Faith, (d) Modelling, (e) Worldview Changes, (f) Shared Experiences, and (g) Healthy Boundaries.

The themes are presented in order of their consistency and depth across dyadic interviews, with the most salient listed first in descending order. That is, the superordinate theme with the highest number of emergent themes and associated transcript excerpts is presented first, followed by the superordinate theme with the second highest number, and so forth. It is important to note that themes were developed based on their recurrence in dyadic interviews across multiple cases. See table 3 for a list of themes that emerged from the data.

Improved Sense of Self. In each case, participants described experiences that provided several strong themes highlighting positive changes in how they think about and view their traits, beliefs, and purpose in the world. These themes captured the importance of the post-traumatic relationship in fostering growth through improved senses of self. The themes were: (a) Increased Self-awareness and Self-assurance, (b) Empowerment and Motivation, and (c) Unconditional Acceptance.

Increased Self-awareness and Self-assurance. Participants described improved self-images due to increased self-awareness and self-assurance in their relationships. Specifically, they noted increases in their conscious knowledge of their character and feelings, and in their confidence arising from an appreciation of their abilities and qualities. As one survivor put it, “I’ve still got a lot of fears that I have to deal with, yet again it’s taken me a long time to get here and I can’t change overnight and I’m proud of the changes I have made.” Another explained,

I feel like a new person really. I’m still who I was but just so expanded and I’ve become way more myself than I ever have been, I’m more fully in myself. Um, I’m more aware

of how I am because of him... I just feel, I'm a lot more, even when I'm depressed, I'm aware that I have a very more, much richer life than I had before.

One mentor described how the survivor positively influenced his sense of self by encouraging his awareness and confidence in his own abilities. He stated, "She tries to get it out of me and help me recognize that I am more than the voices in my head. I'm a success story the way she puts it."

One survivor simply stated, "It's still a long process of being able to have, to know that autonomy is ok, and I don't think I would have had that sense of self had I not met him."

Several participants described how the relationship has fostered change by increasing their self-awareness and self-assurance by using the term "deserving" to highlight their appreciation of their capabilities and qualities. One survivor noted, "I would say the most important thing I got from him is that I am deserving of love and that also means from myself, and that means everything, being able to do things that I always wanted to do." Another survivor echoed this sentiment, "I spent most of my life in a corner and I know it's not good enough, I know I am deserving and worthy of so much more."

Empowerment and Motivation. Participants reported interactions with each other that were twofold; ones that stimulated their interest or desire to act and move towards a goal and others that supported their ability to be more confident and increase control over their life or situation. Participants described these interactions as notable experiences of empowerment and motivation that have contributed to feelings of an improved sense of self. A mentor explained,

It's about making her independent and using her strengths so bringing her away from dependency and co-dependence. To empower her to become as independent and as strong, and to do all the things she wants to do without needing someone else to achieve

that. I mean we all need people for connections and things like that but not to be dependent on me before she does anything.

A survivor described how her relationship with her mentor has motivated and empowered her to achieve goals and take control over her life and situation. She stated, "If I hadn't met him, I would probably still be looking for somebody to rescue me. Or give me the empowerment to realize what kind of situation I was in and be able to get out of that." A mentor echoed this experience, she noted, "I would say he really inspires me and motivates me and encourages me to do things that I might not have otherwise done but I don't know that until it occurs."

A survivor explained his experience of motivation and empowerment through a process of accountability in the relationship, which he notes give him strength and confidence to move towards his goals:

Like I said, the accountability. I can't just do anything in the world because she loves me and she pours into me. So even when I've made errors, I have to think about not only my children but my extended community. Like damn I didn't just let myself down, I didn't just let my mother down, I didn't just let children down, I let her down. That goes to doing something wrong or doing something I think is right in the moment... 'cause there are people that love me that poured into me.

His mentor described in turn how she has benefited from being motivated by their relationship.

The drive and the passion, the self-determination... I think experiencing that or him allowing me to be connected to that energy is really important and has helped me to succeed in a lot of endeavors when sometimes I just want to say "just leave me alone, just leave it alone."

Unconditional Acceptance. Several participants reported on the importance of acceptance; that is, recognizing or valuing a process or characteristic without attempting to change it or protest it. Participants described how their sense of self was positively influenced by experiences where they were shown complete support and absolute acceptance of their abilities and limitations. One survivor described it as “going from absolute no support to absolute unconditional support.” She explained, “He accepts me for me, and I don’t have to change or alter anything about myself, I don’t have to hide anything about myself or my past. I can be free, and he cares about me for me unconditionally.” One mentor described how she practices acceptance:

The first thing is safety, compassion, and love because that’s what I think it’s going to take. I’m not going to judge him, I’m not going to remove him from the community, I’m not going to try to hurt him, I’m only going to try to be compassionate and loving in my communication and in my support of his efforts.

Another mentor highlighted acceptance as mutually beneficial. He cited, “the fact that she recognizes me for me and appreciates what I bring to the table” as important in their relationship.

One survivor described how her mentors complete support and acceptance has improved her view of herself by encouraging her self-acceptance.

I think being supported through all those ups and downs, in the way that he has always supported me, I finally stopped thinking “I’m going to fix myself”, that I am what I am... the whole thing was that I always used to think that “oh my god I found THE answer, now I’m gonna be all cured and I’ll be able to start living me life.” And I finally realized this is my life. And I can still thrive even though it’s not the ideal.

A survivor explained how they now view themselves, “They always ask if you could go back in time, and change one thing about your past, would I have an abusive childhood, it’s like, no, everything, every adversity I’ve gone through has made me who I am today.” Another survivor similarly noted how absolute acceptance fostered his growth.

Probably the worst things that I’ve done in my life and definitely the worst things I’ve done in the last few years, I’ve been able to tell her and not lose a stride. She won’t lose a stride or love me any less and that gives the courage to look at yourself and not sit in a place of shame. When I used to sit in shame is when I used to fall into these holes.

Validation. Another superordinate theme that was prevalent in the data was a general description of participants acknowledging the experience of each other. All of the cases reported specific experiences that facilitated fueled the personal growth of participants through recognition or affirmation of their abilities. This superordinate theme of validation manifested in the data as three emergent themes: (a) Recognition of Potential, (b) Acknowledgment of Personal Impact and Achievements, and (c) Acknowledgement of Vulnerabilities.

Recognition of Potential. Several participants noted the importance of recognizing the potential of each other as a significant feature of their relationship that encourages positive change. A mentor explained how her recognition of her survivor’s potential impacts her growth.

What makes my relationship with him particularly important is that I know that he can reach a lot of people, I think he can change a lot of lives... He has a sense of loyalty, duty, and commitment to himself, community, and his family and I wanna be able to be as supportive as I can to that. His desire to impact, I see that as a responsibility to assist in furthering and building the necessary relationships to advance those concerns which will

better everyone not just our community but the world so to speak. To have a positive impact upon the universe.

Another mentor described acknowledging her survivor's potential as impactful to her and others.

My role, if you like, or my intention is to support Bronwyn to become the best she can and to realize she has these strengths and to use them and help her community, which is also my community.

A survivor explained his mentor's recognition of his potential as fostering his growth. He stated,

In our relationship, she doesn't even have to say to me, I know it transcends me. All that she feeds me, I have a duty to feed to someone else. She doesn't even have to tell me that. I know when she is speaking to me, she's speaking to 200 years from now...If she tells me something, it's not about me, it's about my great-great-great-grandchildren. That's who she's talking to. That she believes I can change the world.

Acknowledgment of Personal Impacts and Achievements. Multiple participants brought up the acknowledgement of personal impacts and achievements as significant in fostering growth for each individual within the relationship. As a survivor put it, "I've learned what I am. What I am has been affirmed and what I'm not. She said it earlier, I'm a genius.... the value of my voice, I've learned that 'cause it's constantly affirmed and constantly reinforced." In describing his survivor's achievements, one mentor stated, "I feel honored and it's validating of the work that we did. You know, I never set out necessarily to be a mentor, but I just listened and tried to figure out with her what was going on."

A survivor described his mentors' impact on his own personal growth and how he in turn validates her by being an embodiment of her achievements. He explained this validating process,

I think that I influence her, where she can see her work come into fruition. In terms of her legacy...if I do a workshop, I'm going to mention her name, or if I'm talking to my partner, or talking to my staff, I'm going to mention her name. So, she knows her name is alive and that's important for us, especially not getting the recognition that we deserve.

One mentor simply highlighted her survivor's achievements and growth over the course of their relationship. The mentor stated, "She probably doesn't realize it, but I've told her that the change in her since I've known her for the past 3 years is incredible." While another mentor described her own growth from recognizing her personal impact on the survivor. She described,

For me it's realizing that, I do make a difference, a positive difference in someone's life, in people's lives. And well she just shows me this... So, I think the confidence of knowing, knowing I suppose more than confidence, that knowing being myself is actually something good. I think she has given me that, this relationship has given me that, and that there's part of my knowing now.

Acknowledgement of Vulnerabilities. Some participants also described experiences where their vulnerabilities and limitations were validated, paving the way for personal growth. One mentor described his experience of recognizing his survivor's vulnerability as a need for support. He explained, "I saw through what she was writing sarcastically for the cry for help that it was. She needed affirmation and also needed someone that could help her and see that she was in the relationship she was, being abused." Another mentor echoed a similar experience of recognizing the validity of her survivor's vulnerabilities. She noted its' impact on the survivor,

I think one of her things is that because she likes change, like we all do and it would be nice, maybe she does not really see the benefit that what she's doing is beneficial and

making changes even though they are not obvious. They may not be so overt, but they are happening, even though you can't see the results, but little by little some awareness.

One survivor described how the acknowledgement of her vulnerability fostered her positive change. She explained,

I had to do a big conference in the city...she helped calm me down and every time I have to do something like news or media, I get very scared and she goes 'don't you know it yet?' And I say 'no.' 'Harvard said it takes 66 times to repeat a behavior before it's hardwired' and it took me a long time to get here and it going to take me a long time to get back. So, with that understanding it takes the shame away from me because I still do react at times.

Another survivor reflected on the importance of having his mentor recognize his vulnerability.

I see myself as hurt, as gentle so rather than get enraged, I'm able to feel pain. I think part of the job of the other person is to see us, and you have to have a relationship with people that can see you, the parts of you that you can't see. So, I'm seeing myself as this tough guy, and it's like I'm not a tough guy. I just want to love people; I just want to love but I think you need someone else to see that...She helped me understand that I'm just scared.

Trust and Good Faith. All of the cases described their firm belief in the truth, reliability, strength, ability, and sincerity of each other and their relationship as significant in fostering positive personal change for both mentors and survivors. This superordinate theme is comprised of three emergent themes participants noted as critical components of their mutually beneficial relationship. The three emergent themes: (a) Openness and Transparency, (b) Trustworthy and Dependable, and (c) Sincerity of Intention.

Openness and Transparency. Open communication was repeatedly described as an important aspect of the relationship of several cases. Specifically, participants placed a high value on frankness and lack of secrecy in their interactions. A mentor described it as “good, honest, open communication without fear of retaliation or fear of judgement.” Another mentor described how openness is always at the forefront of the relationship. She explained,

I think that the times that are difficult is if either party sees the other party engaged in something that is not beneficial and approaching that person on that particular topic or that particular issue makes it difficult and complicated. But the conversation fortunately is still had.

A survivor described how the openness and transparency in the relationship with his mentor encouraged his personal growth. He stated, “On a personal level I can be honest with her. I don’t think there’s anything I can’t tell her. She’s not just gonna agree with it. She ain’t cosigning just anything because she really wants to see me successful.” He further explained,

I think as you care for somebody there’s a level of duty to them. So, I have a duty to say something. If she has a practice or a relationship that I have some concerns about, I’m not gonna hold it back, I’m going to speak to her.

While reflecting on the mutually beneficial aspect of their relationship, one mentor noted,

I have learned a lot from her and I always came into the relationship as non-judgmental, being there with no personal agenda but just to be there for her and If I could support her and do what she need, then I will do that and if I can’t I wish she would say so.

This mentor expressed hope that her survivor would be frank with her, even at the potential cost of their relationship. For her, transparency was part of the foundation of their relationship.

Trustworthy and Dependable. Relatedly, multiple brought up the concepts of trustworthiness and dependability as important characteristics of their relationship. Survivors and mentors firm belief that they can trust and rely on each other nurtured supportive relationships ideal for fostering change. A mentor noted, “I think it all comes back to just having a trusting relationship and being there when you need to be and following through,” while describing how the relationship is reflective of a healing connection. Another mentor spoke to the mutuality of their dependability, “Even when I’m not my best she takes care of me and I take care of her.”

Several survivors specifically named the concept of trust in their relationships as a form of posttraumatic growth. One survivor stated, “I can finally trust somebody and not feel like they’re going to abandon me.” She further explained, “I’m really big on mentoring, and somebody like her, I do trust. And probably for the first time in my life, it feels safe to do so. It’s a big deal.” Another survivor also named trust in the relationship as key to her personal growth.

The other thing was, learning to trust is, his intention to just be there for me, and my learning to trust that and listen to myself...It’s just that trusting that I wasn’t going to be criticized or told to put that away or grow up or whatever. I’d say it happened gradually over time and it was again, his way of being there for me, his compassionate presence there, it was really instrumental.

Other participants expressed how the reliability of their relationship with their mentors shaped their growth. One survivor noted, “I find strength in, that I know, if I find myself in a bind, I can count on him to help me out.” Another survivor explained, “I think just knowing that he’s been there and knowing that if I needed him, I could call, that I had this person who was clearly for me, allowed me to just start being myself.” One survivor described to her mentor the impact of his presence on her life. She stated,

You'll always be with me in a way. Not that I would be calling you up all the time for stuff but that your essence is within me now. And I know how to take care of myself better and I also know that there's a real person there to a degree that if I had to, I could get some help.

Sincerity of Intention. Several cases touched on the value of mentors' and survivors' belief in each other as genuine and well-meaning in their interactions. Many participants named this experience as caring acts that demonstrated the sincerity of intention to support each other. A survivor described the significance of these interactions in her personal growth, stating "I searched so hard for attachments and reconnections, for someone to care and they all walked out because it was a job. I don't feel like it's a job with her. She really cares and I thrive off that." Another survivor echoed this genuineness, "I believe she has a maternal love for me that is authentic. She doesn't have to articulate it, I feel it. The way she cares for me, and looks after me, and believes in me." Multiple mentors also reflected on how their belief in each other as genuine and well-meaning has encouraged positive changes. A mentor provided an example,

I could see how difficult it was for her as she was doing this work and how it stretched her and got her back into her patterns and beliefs that were not helpful for her now. And so, she allowed me to sometimes point those things out...Even though I can say these things to her, but if someone else said that to her she probably wouldn't like it but she's allowed me to be that person in her life who can say that because she knows I love her and that I care about her.

Another mentor described this sincerity of intention as a cornerstone of the relationship.

Believe that there's nothing I'm going to say to you that's with an intention of ill will. Or nothing that I'm going to say that I intend to trouble you. But that doesn't mean that it

won't but if it does, I get a chance to hear how it troubles you and then I learn how to respect or interact with what you're feeling and then incorporate that as we move along. So, I never believe that if he brings me some information that I don't want to hear, that it's because he does not care. I know it's really because he does care.

Modelling. All but one case described positive experiences of modelling in their relationship that contributed to their personal growth. These experiences involved intentional or observational learning and then imitation of behaviors by either the mentor or the mentee. Modelling was noted in the dyadic interviews as two emergent themes: (a) Adopting Positive behaviors and (b) Survivors in Mentorship Roles.

Adopting Positive Behaviors. Participants described various situations where they adopted a particular behavior or attitude after observing these as ideal qualities in the other person and then attempting to replicate it. One survivor explained trying to adopt the sense of calm she experienced with her mentor in hopes that it would foster her personal growth.

You go to her house and there's this calm that goes over you. I tried to recreate it here and I got flowers growing, I'm gardening now, and it's planting that seed; which is what I'm trying to do with myself, create change.

Similarly, a mentor described her experience of observing and seeking to adopt a survivor's specific behavior because of its potential to influence her life and foster change. She reported,

His endurance, drive, motivation; in general, as it is to life and specific as it is to wanting to bring about a change. For example, when he was working on a project and getting up at 4 o'clock in the morning and starting to work. I'm like, damn, I need to get up at 5 o'clock to start working. This is what I mean, maybe I need to go to bed early so I can make sure I get up and get busy doing something. So, I think that's the drive, motivation,

and endurance, it's something that I feel has been a great help to me. And I'm sure that him modeling that for me and me taking on some of his characteristics has been able to help me model it for other people.

One survivor reflected on how his mentor has modelled for him, through intentional teachings, a balance of values that have benefitted him in other relationships.

In terms of my interactions with other people, she taught me the value of mentorship. So, I have multiple mentors that I can reach out to for multiple different skills and topics. And then also there's skills that she helped me develop in terms of compassion and listening and things like that. I wouldn't be able to listen to people and interact with people at the level that I do. These are intentional skills that she teaches in conversation and she models, and she challenges you on.

Another survivor described how adopting her mentor's attitude, specifically his teachings, has been an anchor of support that help her successfully overcome hardships. She noted,

I always tend to fall back on his teachings, and I felt like I kind of evolved from there and then I kind of felt like I just relied on them my entire life. And no matter what adversity I was facing, I always go back to his teachings and I think that would always pull me through... I try to do that a lot and I try to apply that a lot in my life.

Survivors in Mentorship Role. Several cases described experiences where the survivors not only imitated their mentors but also took on the role of a mentor for others. One survivor described his elevation to a mentorship role as rooted in his relationship with his mentor.

I'm a teacher, I'm primarily a teacher 'cause I had good teachers, starting with her, from teaching me to be a good student. I mean of course post my mother and my community. But I wouldn't have had that, I wouldn't know how to...I was able to through a

relationship, I would say with her and people like her, to teach someone else to be compassionate...keep the accountability but keep the compassion, that's learned through modeling. Again, by seeing the perfection in people.

Another survivor echoed a similar process of imitation and growth in which her mentor's efforts as a role model had such an impact on her life that she actively practices those same qualities in hopes of having a similar effect on others.

I think when a parent encourages their child and praises their child, I think that goes a long way and it helps the child's confidence and I got that a lot from my dad. And I think it taught me the kind of parent I want to be to my kids. Like I want to teach them those things too and I'm trying. I'm trying to teach those things to my own kids because I know it went a long way for me and it's helped me and it's helping me in my life.

The theme of survivors in mentorship roles also emerged as experiences where the recipient of the survivor's adopted behaviors specifically included their identified mentor. One survivor described how his growth included being able to reciprocate the support for his mentor he had received. He noted,

She will call me and ask me a question. So, our relationship has changed in that sense. As my scholarship has grown, I've become a resource to her in ways where she was only a resource to me. Which for me personally has affirmed me cause if I can be a resource to her, I can be a resource to anyone in many ways.

A mentor described a similar experience where she witnessed the survivor grow from their relationship to become a mentor who models for others, as well as her identified mentor.

She has helped an incredible number of people. She has rehoused people, supported people out of violent situations, she's been there for other people. She has got them into

all sorts of things and each person she helps is a success...It is amazing what she has done in terms of her work, in terms of her personal growth, or her personal understanding and successes in how she manages her life and her emotions... She's now the expert. She's the teacher. She's become the teacher. One of the reasons she respected me, which is so funny and ridiculous, was because I was a teacher. Because I was a teacher, she thought I knew something. What's funny is that now she has become the teacher.

Worldview Changes. All of the cases described examples where a participant's understanding of the world was changed by interactions in the relationship. They described this change as a shift in their beliefs, thought processes, or actions that encouraged a different interpretation of an experience. This superordinate theme manifested in the data as two emergent themes: (a) Alternative Perspectives and (b) Challenging Viewpoints.

Offering Alternative Perspectives. Participants repeatedly expressed the importance of engaging with each other in ways that offered a different perspective. Survivors and mentors detailed this process of offering each other an alternative perspective as beneficial in clarifying values, solving problems, and taking an informed position on experiences that notably influence their potential for growth. One survivor described this exchange between her and her mentor,

We just have very different ways of looking at things...I'm just completely focused on the little things, where he's just like stop analyzing everything and enjoy how pretty it is, and I'm like "yeah, but." He makes me look at the bigger picture and I get him to focus on the details, so it really works.

A mentor similarly explained how she benefits from her survivor's differing perspective.

The thing that he brings to my attention, which to me has been really important in my life and the way that I work with people, is understanding the concept of love. Understanding

that you can be in relationships with people and work with people and have a love for an outcome, which incorporates for a person, but not in terms of misuse or in terms of abuse. That the goal is to love a person and to work together to get the best outcome you can, the best result that you desire...It's a matter of still finding yourself and holding on and experiencing that affirmation in relationships and to heal yourself cause you realize that you were wounded and to be able to heal that wound.

One survivor described how her mentor's alternative outlook has encouraged her to interpret her experiences in a manner that has encouraged her personal positive change. She explained,

I idolize her as a person because I really truly believe she saved my life, otherwise I would have drowned in that "oh my world, I wanna die." That negative play back that we live with. I think that's the most significant thing that she has been able to not only show me or tell me to do, is rephrasing what I say, so I feel it...she has this funny way of being able to turn it around and give me another perspective. That's the key.

Another survivor noted the value of his mentor's differing perspective in fostering his growth.

She's helping me understand that abandonment is violence. The ways in which I protect myself is going to be some form of violence. So today I don't throw chairs at people, but abandonment is violence. So, she helps me to this day, she helps me regulate my emotions, and pause, and write.

Challenging Viewpoints. Some participants brought up the value of confronting or "calling out" each other's understanding of the world and how it has a positive impact. A survivor explained,

She is my mentor which means she challenges me constantly. She knows me, she doesn't feed into my stuff... I will say something to her that I could get other people to bite on

and she ain't gonna feed into it. If I do something, she'll check me. I think she provides that for me, that's special. I can't get over on her and that's dear to me. I think that takes knowing somebody and listening and being beyond just your own intelligence. It's your emotional intelligence that allows you to be present with people. So that's special.

A mentor challenged a survivor on her perspective during the interview to encourage her to have a more informed interpretation of her experience. He noted,

To be frank, it's wonderful to hear you feeling as positive as you are, but you have come in a number of times feeling positive and you sort of lose it for a while. And go into these, kind of more withdrawn depressed phases and the energy that you're sharing with us is great right now, and it does sound different in the sense that you seem different you seem much more engaged than you have been. But I'm just curious, are you trusting that this sort of new-found self that you are describing is there for the long term, where you can recover it when you lose it more easily now, or what are you thinking about that?

Another case shared a similar exchange outlining the value of "calling out" each other.

Survivor: I'm sure just us being so different that I've helped her see things from a different lens. I keep her on her toes cause I'm going to call her and ask her questions that nobody else is going to call her and ask her.

Mentor: Yeah, cause you going to ask me why am I doing that.

Shared Experiences. This superordinate theme is comprised of experiences that illustrate a sense of 'togetherness' between the survivor and mentor. Participants reported shared experiences that provided two emergent themes illustrating the mutuality of their relationship: (a) Connectedness and (b) Vicarious Success. These themes captured the importance of a shared experience between survivors and mentors that seem to enhance each's individual experience.

Connectedness. As expected, several cases reported experiences that emphasized the value of the bond between a survivor and mentor. Participants described sharing each other's feelings and developing enhanced states of being as a result of their deep connection. One mentor's use of 'us' while discussing the survivor is a notable example of him sharing her feelings. He stated,

Seeing some days that she still gets down and depressed, you know. And I talk to her about what is it today? Is it an anxiety day? Is it a pain day? You know, talking and just trying to figure out what it is that is keeping us down that day or keeping us from being our best.

This mentor also described their 'togetherness' by stating, "the other thing that I've seen, being in relationship to me in moments when she would feel alone, she knows she's not alone, that influences her life." A survivor described connectedness as a defining feature of the relationship.

I believe, I've been taught the souls were connected before they were created and when they meet each other they're like aligned soldiers. Some people repel each other for something beyond this world. There's just a tension you can't articulate, and some people connect beyond this world. It's like they've been looking for each other and they're partners... They say name your men. I could look at somebody's bookshelf, I could walk in your home and look at your bookshelf and know what you're upon... She's gonna name the same scholars I'm going to name, like she's going to be aligned within reason, so I think culturally and intellectually we have a connection that is healthy for me.

A mentor explained her connectedness to the survivor and how it has positively influenced her.

She has taught me a lot, not just about trauma but what it's like I would have never have known what it's like. I can't say I have walked in her shoes because I haven't, but I have

a better understanding so I guess you can say [survivor] has made me a better person. I'm a more compassionate person. In terms of what it's like to live her life, I always kind of knew you can't just tell a person you know this is safe.

One mentor described her deep connection to her survivor as a catalyst for growth. She noted, There is something that we each have to contribute to the existence of the whole. And I think when him and I work together or work with others, that it draws out an energy and I want to do a parallel between energy and triumphant because to experience that energy is what draws out the creativity. Knowing that we have got something together to share that's going to benefit our community and benefit the world.

Vicarious Success. Mentors from multiple cases described experiencing their survivors' successes like their own. There was a sense of accomplishment in their descriptions that suggested a vicarious experience that enriched their relationship. One mentor explained this vicarious experience of her survivor's achievements.

She is stepping into her power more and more and more, which is, it's what I think is supreme but also, we talk more about the mental relationship, it's what you want to see. It's like your kids, when they start to use the tools and the understanding, and you see them deal with situations and it makes you really happy, so I am.

A mentor described her and the survivor's success as a single achievement, demonstrating their unity and her experience of vicarious success being extended to their community.

The part of this story that I would love to tell is the fact that we were able to succeed. We were able to be successful and we were able to communicate with one another and with our community and with the world, the things that are impacting us that a lot of our community and a lot of our friends experience but can't articulate and can't express. And

when you're able to do that for a person, they love you, they appreciate you, they got your back. And so, I think that we have each other's back, we're there for one another and being there for one another means that we're there for the community as well.

Another mentor stated in reference to their relationship, "We celebrate, I celebrate all her wins, our wins." She continued to describe her experience of vicarious success in their relationship.

It's evolved as a really beautiful thing, I think. I mean, I get so much pleasure from seeing her and the work she does and the things she does that I could never do. That's certainly not because of me but that's because of who she is, but the fact that I am part of her life in that way, it's really lovely.

Healthy Boundaries. Participants reported experiences of healthy boundaries that defined how mentors and mentees interacted with each other. These experiences set the foundation from which their mutually beneficial relationship developed. This superordinate theme of healthy boundaries manifested in the data as (a) Setting Expectations and Limits, and (b) Easing Rigidity.

Setting Expectations and Limits. Some participants described establishing expectations and limits in their relationship to maintain healthy boundaries. These expectations and limits outline what each participant holds themselves responsible for in the service of fostering their supportive relationship. A mentor provided an example of how set expectations and limits have maintained the relationship. She stated,

I think our relationship, from the beginning, we set boundaries, or I set boundaries for myself. I set boundaries in the new relationship...we agreed that, she agreed that I could support her, and help her by one thing, and that was about language. She was using a lot of negative language about herself, so we agreed that I could say to her 'is that really true

or do you want to rephrase that or is that helpful?’ I could put little questions in there without her taking it personally. We sat down and agreed on how we spoke to each other and by this stage she trusted me and I really wanted to support her and help her do work she wanted...So we both agreed that it’s helpful and it’s got to be positive and helpful.

This theme of setting expectations and limits is also illustrated in this exchange between a survivor and mentor.

Mentor: There’s a certain point where you can give so much support to somebody and they’re used to being coddled but when it comes to, like, sometimes I have to put my foot down like with a child. You do get that way sometimes and I’m like ‘no, you’re throwing a fit, this isn’t rational. You need to think about what you’re doing and realize how you’re acting to everybody else as well.’

Survivor: And it really snaps me out of that. I’m almost kind of not aware, I’m just upset and just letting it come out, Because, he normally doesn’t speak like that, it kind of shocks me into reality, like, “oh yeah I am being kind of heinous.”

Easing Rigidity. In addition to limits, participants reported on the importance of encouraging each other’s comfort with intimacy in the relationship. Some participants even described purposeful interactions where the one person attempted to diffuse the other’s guardedness. One survivor explained,

she tricks me sometimes. I remember we were at an event and I don’t like anyone in my space or coming at me, like a threatening kind of thing. I’m always guarded especially at events. I remember at one event, she came up and put her hand on my back and straight away my body was rigid and I’m like “No, this is (mentor), it’s ok”, and all of a sudden I felt all this warmth coming from her and I’m like “wow, I like this.” And now I have a lot

of respect and I look up to her, I do not know if it's good or not but she's definitely a role model for me.

Another survivor described how an interaction where her mentor made her feel like her behavior was reasonable and permissible, eased her rigidity, and allowed her to *feel* supported.

I woke up in the middle of the night with a terrible panic attack... I was so freaked out that I couldn't stand it. And you were so nice, I was so sorry I had wake you up in the middle of the night. By that point, by the time you got on the phone, I knew I was having a panic attack. I was so embarrassed, but you were so good about that. It just sort of shows, "ok I can relax into this relationship." And I never called you again for anything but there was something about that that gave me the confidence that you were a good person.

Discussion

The current study focused on exploring the mutually beneficial relationship between developmental trauma survivors and their mentors, to better understand how their co-constructed narrative fostered personal growth after adversity. The findings detailed those themes described by participants as capturing the essence of their experiences of mutual growth within the context of their relationship. In the following section, the major findings of the results are discussed in the context of current literature as it relates to the research question. Limitations of the study are also discussed, including my biases and assumptions about the phenomenon under study. Lastly, the principal implications of the findings are discussed to provide future direction for research and practice in the areas of trauma, growth, and relational support.

Major Findings of Results

Previous research has supported the notion that when there is a history of developmental

trauma, survivors tend to be more vulnerable to disruptions in typical maturation across multiple systems: including cognitive, behavioral, affective, social, and biological domains (Alink et al., 2013; Van der Kolk, 2003; VandenBos & APA, 2013). Nevertheless, there is a growing body of literature that supports the findings of this study regarding the significance of supportive post-trauma relationships in mitigating these developmental disruptions and fostering growth in trauma survivors (Münzer et al., 2017; Wright & Folger, 2017). The current study adds to this research by exploring a post-trauma relationship from the experience of both individuals in the relationship. Through analysis of perspectives of both individuals in a post-trauma relationship, findings have revealed evidence of positive personal change occurring in the relationship as a co-constructed and mutual experience.

The focus of this study was to explore the central research question: How do survivors of developmental trauma and their primary mentors describe their relationship as mutually beneficial and fostering positive personal change? Qualitative data obtained from five mentor and survivor dyads and analyzed using IPA, supported the presence of recurring themes of mutual influence, benefits, and growth within and among dyads. Seven superordinate themes emerged from the data: (a) Improved Sense of Self, (b) Validation, (c) Trust and Good Faith, (d) Modelling, (e) Worldview Changes, (f) Shared Experiences, and (g) Healthy Boundaries. These results provided a unique empirical description of specific patterns and examples that survivors and their mentors reported as significant in understanding their relationship as mutually beneficial and fostering positive personal change.

These findings fit with the Relational-Cultural Theory (RCT) of psychological development and lend more specific information about how supportive post-trauma relationships may be understood as mutually beneficial. RCT proposed that relationships involved a two-way

dynamic process where both individuals influence and benefit from the relationship through mutually responsive and empathic interactions. These interactions were thought to strengthen individual characteristics associated with growth (Jordan, 2008). Canevello et al. (2015) supported this concept, describing increased self-esteem and a more internal locus of control as individual characteristics strengthened typically associated with growth and fostered in supportive relationships. Some of these characteristics are similar to identified superordinate themes in the current study. For example, having increased self-esteem and a more internal locus of control was similar to the themes of Improved Sense of Self in which participants described growth through positive changes in how they think about and view their traits, beliefs, and purpose in the world.

Roman et al. (2008) reported healing connections between adults with a history of childhood trauma and supportive figures as integral to trauma survivors' PTG. The supportive figures listed in their study were identical to figures that survivors in this study identified as mentors, including family members, teachers, and therapists. In their 2008 study, Roman et al. noted that the themes elicited by survivors in relationships with positive figures were predominantly rooted in the context of the survivors' trauma history. These researchers also identified themes that described the relationship as providing enduring support to survivors by being accepting, constant, and reliable; as well as affirming their existence as worthy of respect, caring, or concern despite their trauma histories (p. 195). Findings from this study revealed similar emergent themes of Unconditional Acceptance, Trustworthy and Dependable, and Acknowledgement of Personal Impact and Achievements. The current study adds to Roman et al.'s research by revealing that these themes manifested in the data as experiences from both mentor participants and survivor participants.

By contrast, data from this dissertation challenge Roman et al.'s assumption that such themes were likely rooted in the survivors' trauma history. Indeed, a trauma history is evidently not essential for the emergence of this kind of deep connection; mentors without trauma histories clearly shared in the described experiences. The shared understanding underlying these themes demonstrates that their relationship was a source of *mutual* acceptance, *mutual* reliability, and *mutual* recognition. These findings suggest a relational phenomenon, specifically a process of mutuality in which both individuals in a supportive post-trauma relationship are similarly influenced through their interactions with each other.

Current findings on the value of Modelling, as a theme describing learning then imitation of behaviors by both survivors and mentors, fit well within both the mentoring and trauma literature. Notably, studies exploring supportive figures' influence on mentees and trauma survivors overwhelmingly support Modelling as a feature of positive personal change in their relationships (Ragins & Kram, 2007). Survivors and mentees are predominantly depicted as the ones benefiting in the relationship by adopting behaviors modeled by the supportive figures. However, findings from this study suggest that those individuals providing support may also benefit from modeling survivor's positive behaviors. The current study revealed that multiple mentors identified their survivors as role models, describing how, through the course of their relationship, the survivor became a resource for the mentor through modeled behaviors. The inclusion of the mentor's perspective in this study has shed light on the relationship between a trauma survivor and mentor as beneficial and reciprocal.

The current study is distinct in that it adds to the available literature by interweaving the perspective of both individuals in the supportive relationship and describing how they both experience growth through their relationship. In a similar vein, Hernández et al. (2007) found

that therapists working with survivors also benefit from their healing relationships with their traumatized clients. Their identified themes included participants' empowerment and reevaluation of perceptions, which were similar to this study's themes of Empowerment and Motivation and Worldview Changes. Hernández et al. draw a parallel to the current study through similar themes reported by participants in relationships with survivors. Furthermore, their exploration supports this study's findings that mentors experience mutual benefits and personal change in their relationships with trauma survivors.

The concept of growth underpinned all of the emergent themes in which participants described themselves and each other in the context of their relationships. Each theme included many excerpts from participants describing benefits and positive personal change through specific empathic interactions. These findings are congruent with Duffey & Somody's (2011) description of growth-fostering relationships as involving a process of continuous empathic interactions, noting that "as this exchange continues, each expression of thoughts and feeling creates a progression or flow, enlarging and expanding the feelings and thoughts of both people" (p. 226). The Shared Experiences theme was particularly effective at illustrating this relational mutuality through participants' experiences of Connectedness and Vicarious Success in the relationship.

In particular, as the Connectedness theme explores, participants described experiences of sharing each other's feelings and developing an enhanced state of being—directly as a result of that joining. Both survivors and mentors recognized that their feeling of connection was embedded in empathic patterns of interactions. The value each participant placed on their connectedness was as expected; however, the depth at which they described it as a catalyst for

their mutual growth offers insight into a relational bond that is more mutually influential than previously understood.

This shared impact is further exemplified by the theme Vicarious Success—a concept relatively absent from current literature. Vicarious Success manifested in the interviews as situations where mentors described experiencing their survivors' successes like their own. Although this theme was exclusively comprised of excerpts from mentors, it detailed a process rooted in the mutuality of their relationships with survivors. Vicarious Success appeared in the data as a unique phenomenon in which the success of one person was felt by the other individual, through empathic engagement, as a single emotional experience shared by both. Mentors explained their survivors' success as an achievement for them both, often using the plural pronouns “we” and “our,” demonstrating their sense of achievement as a shared experience rooted in the mutuality of their relationship. These findings increase our understanding of relationships between survivors *and* supportive figures, as capable of positively influencing both individuals through interactions that enrich their individual experiences.

Weaving voices. An essential aspect of this study was the interweaving of both survivor and mentor perspectives into a co-constructed account of their relationship from their perspective as a dyad. This approach was based on the premise that any exploration of a dyadic relationship should include the narratives of the two individuals whose experiences define the relationship. A dyadic exploration, rather than individual, allowed the research to remain true to the relational context of the phenomenon under study—the healing connection.

To understand a relational experience. This study bridges a research gap that chiefly considered two distinct bodies of literature: (a) the survivor's perspective, and (b) the mentor's perspective. The current findings expand our awareness of a supportive post-traumatic

relationship, viewing it as reciprocally beneficial to both individuals in a co-constructed phenomenon of mutual growth. Mutual growth, occurring in the relationship as a benefit and result of positive personal change for both survivor and mentor participants, is at the center of this study's findings and its possible implications for research and practice.

Limitations of the Research

One inherent limitation of this study is the variability in participants' trauma experiences. This study used a simple measure of traumatic exposure and not a diagnostic category; it is likely that the participants' trauma experiences varied widely in type, severity, duration, and onset. What is referred to as complex developmental trauma is not a DSM diagnosis; counting ACEs is not the same as unifying subjects by symptom criteria (Bremness & Polzin, 2014; Ford et al., 2013; Van der Kolk, 2005). Thus, the strategy used to identify survivors for this study is limited because trauma research has not yet yielded a diagnostic nomenclature nor a more refined assessment instrument. The study also did not explore the interpersonal adversities that constituted survivors' experiences of developmental trauma beyond their responses on the ACES measure. This insight into survivors' experiences of developmental trauma may have been useful in providing a contrast to further understanding those elements of their supportive relationship with their mentor that optimizes positive change in the wake of adversity.

The long-term impact of developmental trauma is a complex phenomenon that varies by the number and type of events endured, duration, severity, and the subsequent life experiences of the survivor. No two survivor–mentor relationships experience growth in the same way, just as no two survivors experience developmental trauma the same way. Growth within the context of a survivor—mentor relationship is based on unique histories of participants and their relationships with each other.

A potential limitation of the study is the study's sample size of five dyads. Though this small sample was enough for saturation in exploring the research question—and in another light can be considered a strength of the study because of the rich data provided by in-depth interviews—a larger sample size would provide further information. Thus, the transferability of this study's results is limited by the fact that I adhered to the minimum sample size suggested using the IPA methodology and did not attempt to reach greater data saturation by pursuing more participants. If this research were to be completed with a wider sample of participant dyads, it is likely that a greater breadth of themes would be available.

Another limitation was that there was only one male survivor in the sample. In hindsight, I might have put forth a greater effort to include more male survivors into the study considering that women are known to score higher on the PTGI than men do (Tedeschi & Calhoun, 1996). Additionally, I would cautiously speculate that if the sample included more than a single person who identified as a male survivor, distinct gender-based differences in themes might have emerged. Overall, then, the credibility of this research could have been improved by negative case analysis; that is the search for participants who could have had different experiences or outcomes in spite of having a good mentor relationship, or by the addition of a control sample of homogenous dyads.

There is, of course, unanalyzed selection bias in the choice of participants in this study. For example, the process of mentor identification, though deliberately subjective to the survivor, limits the objective verification of the individual as truly a significant influencer in the survivor's growth. Other limitations include the absence of a universal definition of a "supportive" figure or relationship between a survivor and mentor. Survivors were given the freedom to select their mentor based on their interpretation of the term supportive. For this study, survivors were asked

to identify mentors as supportive figures who believed in them regardless of their history of adversity. Thus, the definition of supportive as it relates to mentors and the dyadic relationship at its essence, is centered on the survivor's individual interpretation.

Implications and Future Directions

A host of recent studies exploring human development assert that relational, rather than individual processes, are foundational for experiences of personal growth. The findings from this study revealed how survivors and mentors described their relationships both as mutually beneficial and fostering positive personal change. Until now, the trauma literature has been relatively absent of research that similarly expands on the understanding of this supportive post-trauma relationship as beneficial to both individuals by incorporating their subjective and reciprocal experiences of positive change.

Clinically, the findings of this study may be particularly relevant to recognize as a guide for professionals working with developmental trauma survivors. The positive interactions described across the themes of Improved Sense of Self, Validation, Trust and Good Faith, Modelling, Worldview Changes, Shared Experiences, and Healthy Boundaries may serve as a resource for relational competence that supports effective clinical practice. Those working with children and adult survivors of developmental trauma might benefit from incorporating the current findings into clinical practice. For example, rather than focusing on the individual client or family as the therapy unit, it might be very helpful to treat mentor-mentee dyads instead.

It is important to develop a deep understanding of the elements of supportive relationships that encourage personal growth, especially for effective treatment of survivors with histories of interpersonal trauma. We now know that enduring and supportive relationships are essential for promoting PTG for survivors and provide mutual experiences of growth for their

mentors. It should be noted that features beyond the supportive relationship may have contributed to experiences of growth. Job achievements, educational accomplishments, increased wisdom, adopting a caregiver role, or engaging in acts of advocacy are examples of other resources or individual qualities that may have bolstered the development of PTG. A number of survivors in this study identified as caregivers and discussed acts of altruism and advocacy. Additionally, they discussed how providing care to others seemed to enrich their experiences of growth. Further research on how PTG may be bolstered by survivors' role as caregivers would provide information on an additional factor that may foster positive outcomes after trauma.

An important question resulting from this study is how the findings might be considered in the context of trauma work. Understanding how growth occurs in relationships and the mutuality that is integral to this process of growth provides a foundation from which the clinician-client relationship may be viewed (Duffey & Somody, 2011). Within the therapist-client dyad, it may be helpful for clinicians treating trauma survivors to be aware of which specific positive interactions, as described in each theme, would be most beneficial in fostering mutual growth in the therapeutic relationship with a trauma survivor. The clinical benefits of mutual growth to survivors are often more apparent; therefore, it is worthwhile to name those benefits clinicians may experience; such as decreases in burnout, vicarious trauma, and compassion fatigue. Future research on the analysis of post-trauma relationships, integrating both the therapist and client perspectives, would offer further insights into the ways in which clinicians may more effectively engage in the assessment and intervention of trauma survivors—with the added benefit of recognizing the client's impact on the therapist's personal growth. Not addressing this mutuality overlooks the potential for the improved engagement and benefit to clinicians and survivors in trauma treatment.

This study's focus on a strength-based perspective that incorporates the experience of a trauma survivor and their supportive figure in a post-trauma relationship makes a number of significant contributions to the areas of PTG and relational support in trauma research. The findings assert that the themes identified and described by trauma survivors and their mentors make possible the occurrence of mutual growth, a positive relational phenomenon.

In contrast, trauma research has historically focused mostly on the harmful effects of survivors' trauma on their supportive figures, including, for example, causing suffering and secondary traumatic stress. Future trauma research should expand on current findings that also look for growth opportunities embedded in interactions between trauma survivors and their supportive figures. In the future, an inquiry into *both* the post-traumatic stress and the post-traumatic growth that describes such relationships would lead to a fuller understanding of the complexity of healing from early interpersonal adversity.

A cohesive whole. Trauma recovery is frequently described as a complex process, yet it is rarely discussed in literature from a dialectical perspective. Similarly, this study focused predominantly on PTG, although the negative effects of trauma are equally, if not more, prevalent in survivors. A growing body of research supports the coexistence of PTG and posttraumatic stress in survivors, suggesting that trauma recovery involves a dialectical process (Wu, Zhang, Liu, Zhou, & Wei, 2015). In this study, four survivors described experiencing posttraumatic stress and two disclosed current diagnoses of Posttraumatic Stress Disorder, despite each scoring significantly above average of the measure of PTG. The experiences of these survivors suggest that PTG and posttraumatic stress are not mutually exclusive, and the negative impact of childhood trauma is persistent if not always hindering. In clinical practice,

considering PTG and posttraumatic stress as equal parts of a whole would encourage treatments tailored to address survivors' dialectical experience of trauma recovery.

It's never too late. The findings of this study were clinically significant in revealing that survivor's supportive relationships during adulthood were capable of mitigating the effects of their childhood trauma. Four out five survivors reported meeting their mentors as adults and benefiting from these supportive relationships in ways that allowed them to thrive despite their trauma histories. This growth has been speculated as a process of repairing disrupted childhood attachments or positively transforming a trauma narrative through healing connections in adulthood (Bifulco et al., 2006; Thomas & Hall, 2008). This knowledge has the potential to motivate and foster hope in the treatment of adult survivors of childhood trauma. Survivors and their clinicians would benefit from the knowledge that survivors can still heal and experience positive outcomes through supportive relationships, regardless of the amount of time that has lapsed since their childhood trauma.

Social justice considerations. Over a three-month period, an astonishing 102 childhood trauma survivors responded to this study's recruitment invitations. This high rate of response demonstrated the survivors' eagerness to describe their growth with the support of a mentor and to be interviewed with that mentor. These survivors belonged to online support networks where they often discussed their trauma recovery, but few knew of any trauma research that focused on their positive outcomes. The enthusiasm this community expressed during my recruitment suggests a demand in this population to share their stories of growth and success in spite of their traumatic histories. There is an essence of empowerment in their willingness share beyond their online forum to have their voices heard. I would therefore advocate for future research exploring childhood trauma survivors' experiences of positive outcomes in the wake of adversity.

It is equally important to note that these survivors' enthusiasm included their willingness to be interviewed with their mentors. Several survivors who did meet criteria whose mentors were unavailable to participate, often due to their deaths, expressed their dismay at missing this opportunity to share in such a dyadic experience. Clinically, it would be worthwhile to consider how the survivor–mentor dyad may be utilized to further the treatment of childhood trauma. For example, workshops or therapies for dyads that centered on strengthening their healing connection and using them as a resource for trauma recovery and mutual personal growth. Furthermore, survivors' eagerness to share their experience of PTG and to be interviewed with their mentors is encouraging to future researchers interested in this population.

Dyadic interviewing. The study's methodology was innovative in that the dyadic interview process was used to explore a phenomenon typically studied using an individual interview approach. The innovation in the method was to have the survivor and mentor interviewed together to reveal emergent themes from their co-constructed narrative of their relationship. This approach is informative for researchers studying relational processes as it emphasizes the dyadic experience of the individuals involved in the relationship. My methodological premise was that any exploration of a relationship should include the equal collaboration of all parties in the relationship, as any experience within the context of the relationship would be co-constructed recognizing reciprocal influences. Dyadic interviews offer a means to obtain a single account of a relational experience and may be adapted in various studies where the interactions of multiple individuals are the focal point of the phenomenon under study. This study's whole methodology, or parts within it, may be helpful to future researchers interested in cultivating rich contextual detail to examine a relational phenomenon.

The current study gathered evidence supporting the research question by exploring emergent themes from the dyadic interviews process and content. The co-constructed aspect of the findings incorporated data that manifested as participants engaged in dialogue during the interviews as well as their recollection of past experiences. Future researchers interested in themes collaboratively developed by participants may find it helpful to focus more on the *process* of dyadic interviews: specifically, the emergence of themes as participants respond to each other in dialogue. This would offer additional evidence, show up differences in belief as they shape toward a shared understanding, and increase the validity of the co-construction of themes. In this way, the researcher would be able to witness participants collaboratively create themes through a dialogic process of dyadic interviews.

Personal Reflections

I experienced this study as a personal journey for myself as well as the participants. From recruitment to interviews, I interacted with survivors and mentors in a manner that seemed to disregard our obvious unfamiliarity with each other. Participants radiated a sense of warmth and openness that made me feel less like a researcher and more like a friend. I felt honored to be privy to the stories shared by each dyad and on many occasions found myself moved to tears by their disclosures. In particular, I strongly related to survivors' experiences of overcoming adversity and at times got emotional as participants discussed their intense feelings of triumph or gratitude towards their mentors.

This study offered me a candid look into the power of relationships and their capacity to enrich individual experiences, including my own. This was most notable during the hours I spent interviewing each dyad, followed by hours more of transcribing and analyzing their shared narratives. It was a remarkable experience to bear witness to the healing connection between

each survivor and mentor. There was an unexpected sense of intimacy during each interview that I continued to experience long after analysis of interviews and struggled to communicate in my writings. It motivated me to redouble my efforts to capture the essence of this supportive relationship. It is worthwhile to consider how bearing witness to such a healing connection can have a profound effect on others. For me, this involved a greater sense of appreciation for those in my life who embrace the role of supportive figures. In clinical settings, I imagine it would foster a sense of hope, warmth, and endearment; enriching the experience of those who witness this phenomenon.

I am highly aware that my biases and assumptions may have impacted my understanding and interpretation of participants' experiences. With an ACE score of three and several years of clinical and academic knowledge, I have my own understanding of which aspects of a supportive relationship foster growth and mutual influence. My potential biases and assumptions include unwittingly measuring others' interpersonal adversities and personal growth in comparison to my own; having a higher threshold for what would be considered adverse interpersonal interactions; and a lower threshold for what would be considered supportive interactions. Of note, member checks and peer debriefing were used to help remove bias from the analysis and to improve the overall credibility of the findings, both maintained that the themes were valid.

Conclusion

This study explored post traumatic growth as embedded and mutually experienced in a relationship between a developmental trauma survivor and their mentor. The findings from this study confirm existing literature, suggest new ideas for future research, offer a guide for informed clinical practice, and provide important insights into the experience of the survivor–mentor relationship as mutually influential and beneficial. A shared history of mutually

responsive and empathic interactions influenced both survivors and mentors by offering an improved sense of self, validation, trust and good faith, modelling, worldview changes, shared experiences, and healthy boundaries. Survivors and mentors attest that these interactions fostered the positive personal changes at the root of their experiences of growth. Their co-constructed narrative described their relationship as a two-way dynamic process of responsive and empathic interactions from which they both benefit. Thus, relationships between trauma survivors and supportive figures are a significant resource capable of not only mitigating the possible negative effects of traumatic experiences but also providing a supportive environment for both individuals to flourish.

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Appendix A

Demographic Questionnaire

What is your age?

- a) 18 to 24 years
- b) 25 to 34 years
- c) 35 to 44 years
- d) 45 to 54 years
- e) 55 to 64 years
- f) Age 65 or older

What is your gender?

- a) Female
- b) Male
- c) Transgender
- d) Other. Please Specify _____

Are you of Hispanic, Latino, or Spanish origin, such as Mexican, Puerto Rican or Cuban?

- a) Yes
- b) No

What is your race?

- a) White
- b) Black or African American
- c) American Indian and Alaska Native
- d) Asian
- e) Native Hawaiian and Other Pacific Islander
- f) Other. Please Specify _____

What is your current marital status?

- a) Single
- b) Married
- c) Separated
- d) Divorced
- e) Widowed

What is the highest level of education you have completed?

- a) Some high school
- b) High school graduate
- c) Completed some college
- d) Associate degree

- e) Bachelor's degree
- f) Completed some postgraduate
- g) Master's degree
- h) Ph.D., law or medical degree
- i) Other advanced degree beyond a Master's degree

Which of the following best describes the area you live in?

- a) Urban
- b) Suburban
- c) Rural

Which of the following categories best describes your primary area of employment (regardless of your actual position)?

- a) Homemaker
- b) Retired
- c) Student
- d) Unemployed
- e) Agriculture, Forestry, Fishing, or Hunting
- f) Arts, Entertainment, or Recreation
- g) Education
- h) Construction
- i) Finance and Insurance
- j) Government and Public Administration
- k) Health Care and Social Assistance
- l) Hotel and Food Services
- m) Information
- n) Legal Services
- o) Manufacturing
- p) Military
- q) Mining
- r) Publishing
- s) Real Estate
- t) Religious
- u) Retail
- v) Scientific or Technical Services
- w) Software
- x) Telecommunications
- y) Transportation and Warehousing
- z) Utilities
- aa) Other. Please Specify _____

Appendix B

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household **often**...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No
2. Did a parent or other adult in the household **often**...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No
3. Did a person **ever**...
Touch or fondle you or have you touch their body in a nonconsensual sexual way?
or
Try to or actually have nonconsensual oral, anal, or vaginal sex with you?
Yes No
4. Did you **often** feel that...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No
5. Did you **often** feel that...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No
6. Were your parents **ever** separated or divorced?

Yes No

7. Was a household member:

Often pushed, grabbed, slapped, or had something thrown at him or her?

or

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?

or

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

Yes No

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?

Yes No

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

Yes No

10. Did a household member go to prison?

Yes No

Appendix C

Post Traumatic Growth Inventory

Indicate for each of the statements below the degree to which this change occurred in your life as a result of the crisis/disaster, using the following scale.

0 = I did **not** experience this change as a result of my crisis.

1 = I experienced this change to a **very small degree** as a result of my crisis.

2 = I experienced this change to a **small degree** as a result of my crisis.

3 = I experienced this change to a **moderate degree** as a result of my crisis.

4 = I experienced this change to a **great degree** as a result of my crisis.

5 = I experienced this change to a **very great degree** as a result of my crisis.

	0	1	2	3	4	5
1. I changed my priorities about what is important in life.						
2. I have a greater appreciation for the value of my own life.						
3. I developed new interests.						
4. I have a greater feeling of self-reliance.						
5. I have a better understanding of spiritual matters.						
6. I more clearly see that I can count on people in times of trouble.						
7. I established a new path for my life.						
8. I have a greater sense of closeness with others.						
9. I am more willing to express my emotions.						
10. I know better that I can handle difficulties.						
11. I am able to do better things with my life.						
12. I am better able to accept the way things work out.						
13. I can better appreciate each day.						
14. New opportunities are available which wouldn't have been otherwise.						
15. I have more compassion for others.						

16. I put more effort into my relationships.						
17. I am more likely to try to change things which need changing.						
18. I have a stronger religious faith.						
19. I discovered that I'm stronger than I thought I was.						
20. I learned a great deal about how wonderful people are.						
21. I better accept needing others.						

Appendix D

Semi-Structured Interview Schedule

The interview schedule was used flexibly; interview length may vary between an hour-and-a-half to three hours.

Date: Case Number:
Time: Survivor coded ID number:
Location: Mentor coded ID number:

General prompt: Can you tell me a little more about that?

General probe: What do you mean by 'helpful' (or any applicable word)?

Introduction

Share as much or as little as you feel comfortable. If you would like to stop at any time please do not hesitate to let me know. I will ask you to give me a number of examples to better capture your perspective and ensure that I do not assume or misunderstand your story. Everything you tell me will always be confidential and your information will remain anonymous. Most importantly, I hope this will feel like a conversation.

Dyadic Interview Examples:

1. Can you share with me the story of how you two met? (Probe for location and year)
2. How has your relationship changed over time? (Probe for frequency of contact, accessibility)
3. Were there difficult times in your relationship? Can you give an example?
4. Were there particular triumphant moments you two shared? Can you give an example?
5. What have been important turning points in your relationship, given that you both may have different turning points?
6. How do you think your interactions with others would have differed if you two never met?
7. Please describe the differences and similarities between this relationship and others you have had. (Prompts: What makes this relationship different/special?)

8. Would you two say that you share a healing connection? Can you try to describe this connection? Do you think this connection goes both ways? Can you give an example?
9. Have you talked to each other about Survivor's ACES or things related to it? What was that been like for you; Survivor then mentor? Did things change in your relationship as a result of talking about it?

Questions directed to survivor:

1. Why did you select Mentor as your mentor and partner in this research?
2. What makes your relationship with Mentor particularly important to you?
3. Do you feel like your relationship with Mentor has caused you to grow in any particular way?
4. Are there things about you, your relationship with Mentor, or things that happened to you as time passed that have given you strength and confidence? Can you tell me more about that?
5. What about yourself and your life situation would indicate to you that you are doing well and successful despite your ACES? Can you give an example?
6. What happened that made your childhood difficult? You can say as little or as much as you want or we can skip this question.
7. How do you think your experience compares with that of other survivors? Are things going as well as you had hoped?
8. What things do you do for yourself to stay well? How does your relationship with Mentor help you handle strong feelings, memories or other issues related to your ACES?
9. Have you had any recent problems or issues that you feel are connected to your ACES and that Mentor have helped you navigate? How did you first deal with these problems before meeting Mentor?
10. Who else helped you overcome hardships related to your ACES, other than Mentor?
11. How do you think your relationship with Mentor has influenced him?

12. What have you learned or gained from your relationship with Mentor?

Questions directed to mentor:

1. What is it like for you knowing that Survivor sees you as a mentor, as a person who supported and believed in her?
2. What makes your relationship with Survivor particularly important to you?
3. Do you feel like your relationship with Survivor has caused you to grow in any particular way?
4. How do you think being a supportive figure for Survivor has influenced or impacted you?
5. Are there things about Survivor or your relationship with her that have given you strength and confidence?
6. What about Survivor would indicate to you that she is doing well and successful despite her history? Can you give an example?
7. Have there been times where you felt like you were struggling to support Survivor?
8. Do you have an ACES history? Do you mind briefly telling me about it, you do not need to go into detail or we don't have to talk about it at all.
9. Since meeting Survivor, has your view of people with ACES changed? Has your perspective on life changed in anyway?
10. What have you learned or gained from your relationship with Survivor?

Summary and Ending of Interview

1. Is there anything that you would like to add today?
2. Were there questions you expected that didn't come up?

Ask for accuracy of interpretations and make necessary changes where warranted.

Appendix E

Invitation for participation

Dear,

I am a doctoral student in the Clinical Psychology Department at Antioch University New England. I am writing to tell you about my research study, which I hope will interest you.

I want to hear about childhood trauma survivor's story of growth with the support of a positive figure. I am interested in how survivors describe their experience of personal growth. I also want to learn how childhood trauma survivors describe their relationship with supportive figures as influential to their growth. I am also interested in whether the supportive figure benefited from their relationship with a survivor.

You may participate if you are over the age of 18 and are able to identify someone who has supported you. This person may be a friend, spouse, relative, teacher, counselor, coach, etc. After I review the data, I will contact participants again. You will be able to comment on my results and make sure my understanding of your experience is correct.

If you would like to participate, please go to the link below to complete a survey and to be entered into a raffle for a \$25 gift card. If you qualify, you will be contacted to be interviewed and compensation for interviews is \$50. Participation is voluntarily and you may leave the study at any time.

If you are not interested in this survey, do you know any childhood trauma survivors who might be? Please feel free to send this letter and link along to anyone who may be interested!

If you have any questions, please feel free to contact me.

Thank you! I look forward to hearing from you.

Sincerely,

LINK: <https://www.surveymonkey.com/r/YourSurvivorStory>

Appendix F

Recruitment Flyer



RESEARCH STUDY
Seeking Participants

**We are interested in
YOUR STORY of GROWTH!**

Participants Can Enter To Win \$25 Gift Card

This research study explores how individuals describe their growth after adverse childhood experiences with the support of a ‘mentor’.

Eligibility:

- **Be 18 years or older**
- **Have a ‘mentor’ in mind** (E.g. relative, friend, teacher, coach, etc.)
- **Experienced ANY of the following before 18 years old:**
 - **Physical or emotional neglect.**
 - **Emotional, physical, or sexual abuse.**
 - **Violence against a maternal figure.**
 - **Lived with household members who were substance abusers, mentally ill, or ever imprisoned.**
 - **You may qualify with another experience not mentioned above, contact researcher to find out!**

To learn more or to participate:

Call, text or email

Appendix G

Potential Data Collection Websites and Listservs

Name	Website
Adverse Childhood Experiences Study Community	http://www.acesconnection.com/groups
Huddl	http://www.huddl.org/
Adult Survivors of Childhood Trauma and PTSD	http://www.ptsdtraumasurvivors.com
Help for Adult Victims of Child Abuse	http://www.havoca.org/resources/forum/
National Association of Adult Survivors of Child Abuse	https://www.facebook.com/NAASCA
The Traumatic Diaries of a Wounded Healer	https://www.facebook.com/thetraumaticdiariesofawoundedhealer/
Healthful Chat	http://www.healthfulchat.org/ptsd-chat-room.html
Out of the Storm	http://www.outofthestorm.website/
Healing Wounds Together	https://healingwoundstogether.com
Mental Health Forum	https://www.mentalhealthforum.net/forum/forum41.html

Appendix H

Survivor Informed Consent

Project Title: Growth after Developmental Trauma: A Co-Constructed Story

Project Investigator:

Dissertation Chair:

Introduction

I am a doctoral student in the Clinical Psychology Program at Antioch University New England. As part of this degree, I am completing a project that explores the relationship between an individual with a history of adverse childhood experiences and a “mentor” who has been supportive and instrumental to their success. This research is supervised by a core faculty member within the Clinical Psychology Doctoral Program.

This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participation in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

Purpose of the research

The purpose of this project is to explore the healing relationship between an individual with a history of adverse childhood experiences and a “mentor” or someone who believed in them. A mentor can be family members, coaches, teachers, clergy, youth counselors, therapists, bosses, co-workers, etc. We are interested in learning more about characteristics that made this relationship unique for both survivor and mentor. This information will allow us to better understand how both individuals may have benefited from this relationship by focusing on growth and success as opposed to problems related to a history of adverse childhood experiences.

Type of Research Intervention

This research requires your participation in two phases. If you choose to participate, you will be asked to fill out three questionnaires that ask questions about your demographic information, adverse childhood experiences, and your perceived growth despite this history of adversity. The second phase of this research, if you qualify, will involve your participation in an interview with your mentor where you will be asked to describe your growth and success as it relates to your relationship with your mentor. Interview times will vary between 1-2 hours and interviews will take place via Zoom, a video conferencing service accessible via laptop, desktop, or phone. Interviews will be audio recorded solely for research purposes, and all of the participants’ contributions will be de-identified prior to publication or the sharing of the research results. These recordings, and any other information that may connect you to the study, will be kept encrypted on a password protected computer in a secure location.

Participant Selection

You are being invited to take part in this research because you have been identified as someone who has previously spoken publicly about a history of adverse childhood experiences. In order to participate in this study both you and your mentor must be at least 18 years old.

Voluntary Participation

Your participation in this study is completely voluntary. You may choose not to participate or withdraw from the study at any time. You will not be penalized for your decision not to participate or for any of your contributions during the study.

Risks

While there are no known physical risks associated with this study, the content of the questionnaires and interviews may invoke uncomfortable memories or feelings. These feelings may arise during participation or be delayed days or weeks. A list of mental health resources to help work through any issues should they arise will be provided at the completion of the questionnaires and again at the start of the interview.

Benefits

There are no assumed direct benefits to participating but you may find expressing your thoughts and feelings helpful in gaining a new understanding of yourself and your mentor. You may also uncover new areas of personal growth. Lastly, your shared experiences may help inform future research on growth and success after adversity.

Reimbursements

There will be compensation for your participation. After you complete the questionnaires in first phase of the study, you will be entered into a drawing for a \$25 Amazon gift card. If you are invited and choose to fully participate in the second phase of the study, you and your mentor will each receive \$40 at the completion of the interview.

Confidentiality

All information will be de-identified, so that it cannot be connected back to you. Your real name will be replaced with a pseudonym in the write-up of this project, and only the primary researcher will have access to the list connecting your name to the pseudonym. This list, along with completed measures and audio recordings of the discussion sessions, will be encrypted and kept in a secure, locked location.

Limits of Privacy Confidentiality

Generally speaking, I can assure you that I will keep everything you tell me or do for the study private. Yet there are times where I cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused,
- The researcher finds out that that a person plans to hurt him or herself, such as commit suicide,
- The researcher finds out that a person plans to hurt someone else,

There are laws that require many professionals to take action if they think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition,

there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to self-harm or harm another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

Future Publication

Though the purpose of this study is primarily to fulfill my requirement to complete a formal research project as a dissertation at Antioch University, I also intend to include the data and results of the study in future scholarly publications and presentations. Our confidentiality agreement, as articulated above, will be effective in all cases of data sharing.

Right to Refuse or Withdraw

You have the right to stop participating at any point in the study for any reason. There will be no penalty for ending your participation at any time but the compensation is only offered after completing the interviews.

Who to Contact

If you have any questions about the study, you may contact [Researcher].

If you have any questions about your rights as a research participant, you may contact [IRB Chair name and number].

DO YOU CHOOSE TO BE IN THIS STUDY?

I have read the foregoing information. I have had the opportunity to ask questions about it during the screening telephone interview and any questions I have been asked have been answered to my satisfaction. If I have any questions later, I will contact the researcher via the telephone number or email address provided. I consent voluntarily to be a participant in this study.

Date: _____ Signature of Participant: _____
 Day/month/year

Researcher's Initials _____

DO YOU CONSENT TO BE AUDIOTAPED IN THIS STUDY?

I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.

Date: _____ Signature of Participant: _____
 Day/month/year

Researcher's Initials _____

Appendix I

Mentor Informed Consent

Project Title: Growth after Developmental Trauma: A Co-Constructed Story

Project Investigator:

Dissertation Chair:

Introduction

I am a student in the Clinical Psychology Doctoral Program at Antioch University New England. As part of this degree, I am completing a project that explores the relationship between an individual with a history of adverse childhood experiences and a “mentor” who has been supportive and instrumental to their success. This research is supervised by a core faculty member within the Clinical Psychology Doctoral Program.

This consent document will explain the purpose of this research project and will go over all of the time commitments, the procedures used in the study, and the risks and benefits of participation in this research project. Please read this consent form carefully and completely and please ask any questions if you need more clarification.

You are receiving this consent form because you have been identified by a potential participant as someone they consider a mentor.

Please provide the name of the individual who has forwarded or provided this informed consent document to you:

First Name

Last Name

Purpose of the research

The purpose of this project is to explore the healing relationship between an individual with a history of adverse childhood experiences and a “mentor” or someone who believed in them. A mentor can be family members, coaches, teachers, clergy, youth counselors, therapists, bosses, co-workers, etc. We are interested in learning more about characteristics that made this relationship unique for both survivor and mentor. This information will allow us to better understand how both individuals may have benefited from this relationship by focusing on growth and success as opposed to problems related to a history of adverse childhood experiences.

Type of Research Intervention

In this study, the term mentor is applied to anyone who supported an individual who had adverse childhood experiences. A mentor can be family members, coaches, teachers, clergy, youth counselors, therapists, bosses, co-workers, etc. This research will involve your participation in an interview where you will be asked to describe your relationship with your ‘mentee’; that is, the individual who identified you as their mentor. We are interested in learning more about characteristics that made this relationship unique for both survivor and mentor. Your

participation will involve an interview with you, your mentee, and the researcher. Interview times will vary between 1-2 hours and interviews will take place via Zoom, a video conferencing service accessible via laptop, desktop, or phone. Interviews will be audio recorded solely for research purposes, and all of the participants' contributions will be de-identified prior to publication or the sharing of the research results. These recordings, and any other information that may connect you to the study, will be kept encrypted on a password protected computer in a secure location.

Participant Selection

You are being invited to take part in this research because you have been identified as someone who was supportive and instrumental in the growth and success of an individual with a history of adverse childhood experiences. In order to participate in this study, you must be at least 18 years old.

Voluntary Participation

Your participation in this study is completely voluntary. You may choose not to participate. You will not be penalized for your decision not to participate or for any of your contributions during the study. If an interview has already taken place, the information you provided will not be used in the research study.

Risks

While there are no known physical risks associated with this study, the content of the questionnaires and interviews may invoke uncomfortable memories or feelings. These feelings may arise during participation or be delayed days or weeks. A list of mental health resources to help work through any issues should they arise will be provided at the completion of the measures and again at the start of the interview.

Benefits

There are no assumed direct benefits to participating but you may find expressing your thoughts and feelings helpful in gaining a new understanding of yourself and your mentee. You may also uncover new areas of personal growth. Lastly, your shared experiences may help inform future research on growth and success after adversity.

Reimbursements

There will be compensation for your participation. If you choose to fully participate in the study, you and your mentee will each receive \$40 at the completion of both individual and dyad interviews.

Confidentiality

All information will be de-identified, so that it cannot be connected back to you. Your real name will be replaced with a pseudonym in the write-up of this project, and only the primary researcher will have access to the list connecting your name to the pseudonym. This list, along with completed measures and audio recordings of the discussion sessions, will be encrypted and kept in a secure, locked location.

Limits of Privacy Confidentiality

Generally speaking, I can assure you that I will keep everything you tell me or do for the study private. Yet there are times where I cannot keep things private (confidential). The researcher cannot keep things private (confidential) when:

- The researcher finds out that a child or vulnerable adult has been abused,
- The researcher finds out that that a person plans to hurt him or herself, such as commit suicide,
- The researcher finds out that a person plans to hurt someone else.

There are laws that require many professionals to take action if they think a person is at risk for self-harm or are self-harming, harming another or if a child or adult is being abused. In addition, there are guidelines that researchers must follow to make sure all people are treated with respect and kept safe. In most states, there is a government agency that must be told if someone is being abused or plans to self-harm or harm another person. Please ask any questions you may have about this issue before agreeing to be in the study. It is important that you do not feel betrayed if it turns out that the researcher cannot keep some things private.

Future Publication

Though the purpose of this study is primarily to fulfill my requirement to complete a formal research project as a dissertation at Antioch University, I also intend to include the data and results of the study in future scholarly publications and presentations. Our confidentiality agreement, as articulated above, will be effective in all cases of data sharing.

Right to Refuse or Withdraw

You have the right to stop participating at any point in the study for any reason. There will be no penalty for ending your participation at any time but the compensation is only offered after completing the interviews.

Who to Contact

If you have any questions about the study, you may contact [Researcher].

If you have any questions about your rights as a research participant, you may contact [IRB Chair name and number].

DO YOU WISH TO BE IN THIS STUDY?

I have read the foregoing information. I have had the opportunity to ask questions about it during the screening telephone interview and any questions I have been asked have been answered to my satisfaction. If I have any questions later, I will contact the researcher via the telephone number or email address provided. I consent voluntarily to be a participant in this study.

Date: _____
Day/month/year

Signature of Participant: _____

DO YOU CONSENT TO BE AUDIOTAPED IN THIS STUDY?

I voluntarily agree to let the researcher audiotape me for this study. I agree to allow the use of my recordings as described in this form.

Date: _____
Day/month/year

Signature of Participant: _____

Researcher's Initials _____

Appendix J

The Posttraumatic Growth Research Group of The University of North Carolina at Charlotte granted permission for the use of the Posttraumatic Growth Inventory (PTGI) in this dissertation; as noted in the following email in which permission was requested for use of the measure in this study.

You may use the PTGI in your dissertation research. Best wishes for success with that project.

Posttraumatic Growth Research Center
UNC Charlotte
Department of Psychological Science
9201 University City Blvd
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Lawrence G. Calhoun (lcalhnr@uncc.edu)
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<http://www.routledge.com/books/details/9780415645300/>.

Appendix K

The Adverse Childhood Experiences (ACE) Questionnaire is in the public domain and not copyrighted; therefore requires no permission to reproduce. The Centers for Disease Control and Prevention, which was partially responsible for the original CDC-Kaiser ACE Study, states that the ACE questionnaire which was used in the study is not copyrighted, and there are no fees for their use.

Additionally, an article on the Prevent Child Abuse website about the Adverse Childhood Experiences Study and written by Dr. Robert Anda, a Senior Researcher in Preventive Medicine and Epidemiology and a consultant to the Centers for Disease Control and Prevention, reported that the ACE Questionnaire is in the public domain and not copyrighted; therefore it is available for use by anyone. (https://www.preventchildabuse.org/images/docs/anda_wht_ppr.pdf)

Tables

Table 1

Types of Adverse Childhood Experiences

Childhood Exposure	Survivor				
	SS1	SS2	SS3	SS4	SS5
Abuse					
Emotional	X	X		X	
Physical	X	X		X	X
Sexual	X	X		X	
Neglect					
Emotional	X	X	X	X	X
Physical	X	X		X	X
Household Dysfunction					
Substance Abuse	X	X	X	X	X
Mental Illness	X	X	X	X	
Parental Separation	X	X		X	X
Domestic Violence	X	X		X	
Criminal Behavior	X		X		

Table 2

PTGI and ACE Scores of Survivor Participant

	PTGI Score	ACE Score
Survivor 1	80	10
Survivor 2	80	9
Survivor 3	78	4
Survivor 4	91	9
Survivor 5	88	5

Table 3

Example of Development of Emergent Themes

Transcript Excerpts	Exploratory Comments	Emergent Themes
<p>I'm a teacher. I'm primarily a teacher cause I had good teachers, starting with her, from teaching me to be a good student. I mean of course post my mother and my community. But I wouldn't have had that, I wouldn't know how to, I mean somebody call me today where the student thought they were having a nervous breakdown. School teachers have to respond to that a certain way. I was able to through a relationship, I would say with her and people like her, to teach someone else to be compassionate around that but yet still give the student an assignment. They had to go home but still give them an assignment that needed to be done and keep the accountability but keep the compassion, that's learned through modeling. Again, by seeing the perfection in people." - Survivor; SS4</p>	<p>Survivor describes his experience of adopting the mentorship role</p>	<p>Survivor as Mentor</p>
<p>"She will call me and ask me a question. So our relationship has changed in that sense. As my scholarship has grown, I've become a resource to her in ways where she was only a resource to me. Which for me personally has affirmed me, cause if I can be a resource to her, I can be a resource to anyone in many ways" Survivor; SS4</p>	<p>Survivor is resource to mentor- being a support to the supporter</p>	<p>Survivor as Mentor</p>
<p>"They say how do you know when you become a teacher and they say your teacher designates when you are a teacher. Or when you teacher dies. So one of my teacher's died, my other teacher said "you supposed to be teaching." We walk into a room and Dana take a step back and say "Kevin is here." So I've learned that I'm a teacher. How else would you know that? Cause usually we're going to be around people that are looking to oppress us and you know we're always talking about the politics of knowledge. And I've learn to be a supportive mentor.... I give what was given to me... I learned how to give it, I learned how to receive it and how to do something with it and give it back to the world. "- Survivor; SS4</p>	<p>Mentor passes on the torch. Survivor takes on role that mentor promoted him to-Mentor says when survivor becomes a mentor</p>	<p>Survivor as Mentor</p>

Table continues

Table 3 continued

Transcript Excerpts	Exploratory Comments	Emergent Themes
<p>“I think when a parent encourages their child and praises their child, I think that goes a long way and it helps the child confidence and I got that a lot from my dad. And I think it taught me the kind of parent I want to be to my kids. Like I want to teach them those things too and I’m trying, I’m trying to teach those things to my own kids. Because I know it went a long way for me and it’s helped me and it’s helping me in my life.”- Survivor; SS5</p>	<p>Mentors impact as a role model makes survivor want to also be a role model</p>	<p>Survivor as Mentor</p>
<p>“If you breaking it down into smaller pieces, if you like, Sarah has helped an incredible number of people. She has rehoused people, supported people getting out of violent situations, she’s been there for other people. She has got them into all sorts of thing she has done and each person she helps is a success. Whatever forward movement they made because of Bronwyn, that’s a success... It is amazing what she has done in terms of her work as well as in terms of her personal growth if you like, or her personal understanding and successes in how she manages her life and her emotions. Also, the work she does is full of successes and there’s certainly been challenges (laughs) and really difficult things and her studies. She’s now the expert. She’s the teacher. She’s become the teacher. One of the reasons she respected me, which is so funny and ridiculous, was because I was a teacher. Because I was a teacher she thought I knew something. What’s funny is that now she has become the teacher”- Mentor; SS1</p>	<p>Mentor brags about survivor as a mentor- attests to her mentoring efforts</p>	<p>Survivor as Mentor</p>
<p>“You go to her house and there’s this calm that goes over you. I tried to recreate it here and I got flowers growing, I’m gardening now, and it’s planting that seed; which is what I’m trying to do with myself, create change.”-Survivor; SS1</p>	<p>Survivor attempting to imitate mentor</p>	<p>Survivor Adopts Positive Behaviors</p>
<p>His endurance, drive, motivation; in general, as it is to life and specific as it is to wanting to bring about a change. For example, when Kevin was working on a project and getting up at 4 o’clock in the morning and starting to work, I’m like, “damn I need to get up at 5:0 clock to start working.” This is what I mean, that motivation. Going to bed early, maybe I need to go to bed early so I can make sure I get up and get busy doing something. So I think that’s the drive, motivation, and endurance is something that I feel has been a great help to me. And I’m sure that him modeling that for me and me taking on some of his characteristics has been able to help me model it for other people.”-Mentor; SS4</p>	<p>Mentor models for survivor, pushes survivor’s standard a role model-mentor then adopts survivor’s behaviors; i.e., survivor becomes mentor by modelling behaviors</p>	<p>Survivor Adopts Positive Behaviors</p>

Table continues

Table 3 continued

Transcript Excerpts	Exploratory Comments	Emergent Themes
<p>“I always tend to fall back on his teachings. And I felt like I kind of evolved from there. And then I kind of felt like I just relied on them my entire life. And no matter what adversity I was facing, I always go back to the teachings, his teachings. And I think that would always pull me through... I think the biggest thing (I learned) was to be kind, be honest, work hard, study, and educate yourself. Ask question. Don’t judge people. Don’t drag other people down, lift them up instead of dragging people down... And I think I do that, I try to do that a lot and I try to apply that a lot in my life. Be happy for other people, don’t be jealous.” Survivor; SS5</p>	<p>‘his teachings’- Survivor imitates behaviors learned from mentor.</p>	<p>Survivor Adopts Positive Behaviors</p>
<p>“In terms of my interactions with other people, I think Dana, well for one I wouldn’t have had mentors. She taught me the value of mentorship. So I have multiple mentors that I can reach out to for multiple different skills and topics. And then also there’s skills that she helped me develop in terms of compassion and listening and things like that. I wouldn’t be able to listen to people and interact with people at the level that I do. There are intentional skills that she teaches in conversation and she models and she challenges you on. And then with that, I don’t believe that I would teach and have the same values for teaching that I have”- Survivor; SS4</p>	<p>Observational or intentional learning? or imitation?</p> <p>Mentor is actively teaching/modelling behaviors and expects survivor to adopt.</p>	<p>Survivor Adopts Positive Behaviors</p>
<p>“his way of being there for me, was just compassionate presence there, it was really instrumental. It’s also helped me with other people. I turned that around on other people to, and try to be the same way and it gets good results, it’s amazing (mentor laughs). You treat people nicely and you really listen to what they’re saying. You know, and just try to be there for them instead of trying to fix them, you just try to be there and it’s amazing how that work and how much good you can spread around.” Survivor; SS3</p>	<p>Survivor adopting compassion- an attitude? way of being?</p> <p>Adopting idealized quality.</p>	<p>Survivor Adopts Positive Behaviors</p>

Table continues

Table 3 continued

Transcript Excerpts	Exploratory Comments	Emergent Themes
<p>“I know for myself when I, if I’m struggling with something and I often will think “well ok, how would Ted listen to me.” And then I try to do that for myself and I’ve also found that using the same kind of, I think I said this earlier, the same kind of listening to people in a non-judgmental way...I have so many people that are happier now just because I treat them in a non-judgmental way and listen to what they have to say, I don't know, I just feel like I’ve picked up that form Ted and I am learning to turn it around and use it to be there for other people in a way that’s actually having a positive impact. So it’s not only healing me I’d say, there’s some other people that’s being at least partly, idk if healed is the right word for them but it brought some joy anyway, just because of my presence here.” - Survivor</p> <p>“Thank you Amy, yea, that’s very meaningful to me, to hear that.”-Mentor; SS3</p>	<p>Utilizes same behavior mentor demonstrated to have similar effect.</p> <p>Exchange between survivor and mentor-in vivo construction?</p>	<p>Survivor Adopts Positive Behaviors</p>

Table 4

Data Organized by Superordinate Themes and Emergent Themes

Superordinate Themes	Themes
Improved Sense of Self	Increased Self- awareness and Self-assurance
	Empowerment and Motivation
	Unconditional Acceptance
Validation	Recognition of Potential
	Acknowledgment of Personal Impact and Achievements
	Acknowledgement of Vulnerabilities.
Trust and Good Faith	Openness and Transparency
	Trustworthy and Dependable
	Sincerity of Intention
Modelling	Adopting Positive behaviors
	Survivors in Mentorship Roles
Worldview Changes	Alternative Perspectives
	Challenging Viewpoints
Shared Experiences	Connectedness
	Vicarious Success
Healthy Boundaries	Setting Expectations and Limits
	Easing Rigidity