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Life Trajectories of Female Child Abuse Survivors Thriving in Adulthood

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A narrative study of thriving adult female survivors of childhood maltreatment was undertaken to discover how they had achieved success. Life trajectory patterns, turning points, and setbacks were identified. Data consisted of 81 interview transcripts derived from a series of three interviews, spaced over 6 to 12 months, with 27 survivors. The childhood abuse was intrafamilial, beginning as early as infancy and continuing, in most cases, until participants left home. The onset and pace of the healing trajectory were quite variable, including a roller-coaster pattern as well as patterns of slow, steady progress and continued struggle. Four types of redemption narratives were delineated. Survivors had not been spared depression but had made achievements in work and education and displayed remarkable generativity, parenting their own children well, and mentoring other young girls, especially victims of abuse.

Keywords: *abuse, emotional; abuse, physical; abuse, sexual; coping and adaptation; life stories; narrative methods; recovering; resiliency; women's issues*

How do some adult women achieve success in relationships and work after enduring childhood maltreatment (CM), including atrocities such as beatings, choking, rape, sodomy, and torture? Achieving well-being after such severe trauma defies expectation. Extensive literature documents the deleterious long-term aftereffects of CM, including (but not limited to) substance misuse, weight problems, sleep disorders, depression, sexual dysfunction, and posttraumatic stress disorder (PTSD) (Briere & Elliott, 2003; Gillespie & Nemeroff, 2005; Langeland & Hartgers, 1998; Van der Kolk, McFarlane, & Weisaeth, 1996; Wheaton, Roszell, & K. Hall, 1997). In contrast, there is a much smaller body of scholarly inquiry about the path to recovery and healing trod by some abuse survivors.

Because previous studies have tended to focus exclusively on survivors of sexual abuse, we considered abuse more broadly, adopting the term "child maltreatment," as used in annual government reports (e.g., United States Department of Health and Human Services, 2004).

Maltreatment includes neglect and emotional abuse as well as physical forms. Because researchers have often constrained participants' elucidation of unique aspects of their healing process by administering paper-and-pencil tests or adhering to structured interview protocols, we undertook a narrative study of thriving adult female survivors of CM. Narrative methodology was chosen because it permits us to learn how people interpret their own traumatic experiences (Klein & Janoff-Bulman, 1996). "Telling narratives is a major way that individuals make sense of disruptive events in their lives" (Riessman, 1990, p. 1199).

Specific aims of the study were to describe aftereffects of CM, identify strengths and strategies, examine key relationships, and analyze social and political contexts of surviving and thriving after CM. In this report, we present our analysis of life trajectories of the CM survivors, identifying pivotal turning points that propelled them in a new direction, and examining the aftermath of those turning points.

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Review of Literature

Thriving

When the research project was conceptualized, the term "thriving" was selected because we sought recipients of CM who exhibited psychosocial well-being in adulthood as described in theories of thriving and posttraumatic growth (PTG) (Carver, 1998; O'Leary, 1998; Tedeschi, Park, & Calhoun, 1998). The theoretical literature about thriving is relatively new and empirical investigation is nascent. To date, it is unclear whether some elements of the ability to thrive after trauma are innate or learned. Based on a metainterpretation of qualitative studies, Finfgeld (1999) concluded that thriving was an outcome of being courageous. Illustrative of extant literature is a study of young adult survivors of childhood cancer ($N = 50$, mean age 22) by Parry and Chesler (2005) that identified five themes of thriving: (a) psychological maturity, (b) greater compassion and empathy, (c) new values and priorities, (d) new strengths, and (e) recognition of vulnerability and struggle and a deeper appreciation for life. Underscoring the themes was a metanarrative of psychospiritual growth. Cancer survivors substantially differ from CM survivors, however, because they receive abundant encouragement and support from families and health care providers during their childhood trauma. Such support is often absent in abusive families

Trajectories and Turning Points

Several researchers have sought to identify trajectories and turning points that predict whether early trauma results in growth or psychopathology. A trajectory, as defined by Wheaton and Gotlib (1997, p. 1), is "the continuation of a direction . . . toward a destination." Some life trajectories exhibit a linear pattern of growth toward individuation and self-actualization. Generally speaking, a childhood rich in psychological and social resources is correlated with possession of those same resources many years later (Moen, 1997). It logically follows that children who experience brutal maltreatment have a more arduous journey. But turning points might moderate or mediate negative outcomes. A turning point can disrupt the trajectory, changing its direction. Turning points are more than temporary detours; they have substantive, lasting effects (Wheaton & Gotlib, 1997).

Clausen (1995) asked participants in their mid-50s or early 60s to pick out turning points, at which their lives took a different direction. More than half of the reported turning points were role transitions, and of these the majority were expected (such as a job promotion or becoming a parent). Turning points could result from deliberate choices (e.g., to marry) or chance encounters (e.g., accidentally meeting someone who became a mentor). Clausen (1993) also noted that turning points could be psychological, related to reinterpretation of past experiences or altered life perspective.

Turning points in midlife (broadly defined as ages 30 to 70) were examined by Wethington, Cooper, and Holmes (1997), using questions such as "During the past 12 months, did you have any very serious physical injury or flare-up of a major health problem?" and "During the past 12 months, did you find out something about yourself that made you realize that you were a much *better* person than you thought you were?" The most frequently reported turning point was an awareness of growth and development in the context of a role change.

"Psychological turning points" were studied in midlife adults by Wethington (2003). Perceptions of growth and strength often emanated from difficulties, including divorce, losing the family savings, or caring for a terminally ill parent. Positive outcomes did not always ensue. Turning points could also produce a negative aftermath, such as depression.

Redemption and Contamination Sequences

McAdams and Bowman (2001) moved a step further by developing a method for categorizing the aftermath of a turning point. When a negative situation (such as a death in the family) is transformed into a positive outcome (e.g., the family becomes closer to one another after the loss), the term "redemption sequence" is used: In other words, the painful event is "redeemed, salvaged, mitigated, or made better in light of the ensuing good" (McAdams, Reynolds, Lewis, Patten, & Bowman, 2001, p. 474). In contrast, a "contamination sequence" involves a good experience being "spoiled, ruined, contaminated, or undermined by what follows it" (McAdams, Reynolds, et al., 2001, p. 474).

Life-story accounts provided by midlife adults and college undergraduates were coded by McAdams, Reynolds, et al. (2001) for redemption and contamination imagery. Correlations were computed between the narrative themes and various measures of well-being. The researchers found that redemption sequences were positively correlated with life satisfaction, life coherence, and self-esteem (and negatively correlated with depression), whereas contamination sequences were

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strongly correlated with depression and negatively associated with life satisfaction, life coherence, and self-esteem (McAdams, Reynolds, et al., 2001). Not surprisingly, in the life narratives of these presumably nontraumatized individuals, redemption imagery was more common than contamination imagery.

Method

Study Participants

A total of 44 women participated in one or more interviews, conducted after initial screening by a research assistant. Inclusion/exclusion criteria for the study were (a) self-identification as a child abuse survivor; (b) comprehension of English at sixth-grade level; (c) not currently experiencing psychotic symptoms, severe depression, or suicidality; (d) not currently experiencing interpersonal violence; (e) not currently abusing alcohol or other drugs; and (f) not currently experiencing acute physical illness.

Data Collection

Using flyers, network sampling, and a feature article in the local newspaper, community-dwelling adult women were invited to participate in the study. The majority of participants responded to the newspaper article, which covered an interview with the PI (principal investigator) about the study and its focus on success as opposed to problems related to abuse. Telephone screening assured that potential participants were not currently in crisis and described the protocol for three sequential audiotaped interviews, conducted by the same interviewer and spaced across a time span of 6 to 12 months. Institutional Review Board approval and informed consent were obtained before commencing interviews. Provision for psychiatric care was made and a referral list was given to each participant, in the event that an interview caused distress. Minor distress was reported by a few, but more often women reported that the interviews were experienced as therapeutic. Not all participants completed all three interviews, for various reasons (e.g., moving, sick child, telephone no longer in service, felt story had been completely told with one or two interviews). The predetermined target of 25 participants' completing three interviews was exceeded ($N = 27$).

Two-hour interviews were conducted by graduate-level psychiatric nurses in settings of the women's choice (home, workplace, university office). We used open-ended interviews regarding what participants considered to be central in terms of abuse/neglect, its context, and what worked for them. Narratives tended to be freely flowing with little need for interviewers' probes. Our aim was to allow women to tell their life stories in their own way. After transcription of the audiotapes, a research assistant created pseudonyms to label the typed transcripts. A demographic and health history questionnaire elicited data about the types of abuse experienced, treatments obtained for aftereffects, perpetrators, and relevant aspects of participants' family background.

Characteristics of the Subsample

The analysis of life trajectories and turning points involved narratives of the 27 women who had completed all three interviews. The resultant set of 81 transcripts provided richly detailed, comprehensive accounts of the life course for extensive narrative analysis. The single-spaced text of a set of three interviews was often 100 pages long. Participants ranged in age from 29 to 79 ($M = 48.9$, $SD = 11.3$), spanning the eras of the adult life cycle that Levinson (1996) termed early (ages 17 to 45), middle (40 to 65), and late (60 and beyond) adulthood. Approximately half of the women were only or oldest children (or oldest girl). Education ranged from 10th grade to graduate degrees, and racially, Euro-Americans predominated (21), with the remaining women being either African American (4) or Latina (2). CM had begun as early as infancy and continued in most cases until participants were able to leave the family home. A majority (74%) experienced sexual abuse, combined with other forms, such as physical abuse, emotional abuse, and neglect. Nearly all recounted multiple types of abuse, and commonly adult males were sexually and physically abusive, whereas mothers tended to be nonprotective and/or verbally abusive. Number of marriages ranged between zero and four, as did number of children. Patterns of marriage and motherhood did not differ from those in the general population. Nearly all of the women had experienced lengthy and/or recurrent depression and anxiety-related symptomatology, and many also reported intrusive recollections, hypervigilance, and other symptoms of posttraumatic stress disorder (American Psychiatric Association, 2000).

Data Analysis

Narratives are co-created with their listeners (Gergen, 2004), and in this study a variety of interviewers and readers constitute the audience. Thus, the co-creation continued in dialogues that took place

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within the team over 4 years. The analysis was anchored by the specific study aims and emergent themes that were further explored. Respondents who volunteered for the study knew our focus was on strengths and on improvement of health and other services for survivors of CM. Most of them said their narratives were intended to help others and, less often, to help themselves through having found a listener. We also used the principles of reflexivity, fostering "epistemological vigilance" (Bourdieu, 2004, p. 89), by interrupting each phase of analysis with new questions. We read for juxtaposition, combinations, and discontinuities as further means of reflexivity (Barthes, 1985). Although recognizing the postmodern critique of subjective representation, human action recounted in narrative has relevance beyond the original episode (Ricouer, 1981) and beyond individual meanings. Approaching the healing trajectories, we relied mainly on Riessman (1993), who defines narrative as talk about consequential events. We also used techniques of Josselson and Lieblich (1993), Lieblich, Tuval-Mashiach, and Zilber (1998), and McAdams, Josselson, and Leiblich (2001). The three phases of analysis in the present project were as follows:

Phase I. Initially we mapped the interview content through development of a concept list, which was revised six times. As a way to achieve initial data reduction and summarize the texts according to the aims of the study, we also developed Summary Narrative Assessment (SNA) forms. Analysis shifted between the SNAs and the original transcripts in a dialectical process. The SNAs assisted us in identifying the decade in which the participants achieved an upward swing in their healing trajectories. Women were classified into four groups: "thrivers" who made upward progress since their 20s ($n = 8$), 30s ($n = 8$), or 40s ($n = 6$) and "strugglers" ($n = 5$) who had made some progress but were hindered by frequent thinking about abusive dynamics and were less successful in work and relationships. Rough graphs of trajectories were drawn, indicating that the women's healing paths were quite diverse, with no predominant pattern. Turning points were coded according to the definition of Wheaton and Gotlib (1997, p. 5): "a change in direction in the life course, with respect to a previously established trajectory, that has the long-term impact of altering the probability of life destinations." Turning points were also diverse, some clearly attributable to a crisis such as divorce or death in the family, and others attributable to women's personal reflections or sudden epiphanies (see Figure 1 for examples).

Figure 1
Examples of Turning Points

- Ethel, at age 11, realized that she could become pregnant and stopped the incestuous sex with her father.
- Becky, while in her 20s and involved with an abusive man who stole from her and hit her, decided that she would never again tolerate abuse in a relationship.
- A priest used the term "emotional abuse" regarding Sue's childhood, which was a revelation to her: "The priest used that expression [emotional abuse] and I'd never thought of it. Well, that was the first time I'd had some insight into a lot of things."
- After Gwen's mother acknowledged she always knew about the father's sexual abuse ("I didn't think it hurt you"), Gwen relinquished the concept of this woman as her mother.

The aftermath of turning points was negative in many cases. For example, committing oneself to marriage is usually construed as a growth-promoting life event. However, for these women it was not uncommon that a marriage was disastrous, causing a marked downward shift.

Phase II. To systematically examine the direction and nature of the aftermath of turning points, we employed the coding scheme of McAdams et al. (2001) to identify the redemption and contamination sequences that followed. Relying on the full transcripts rather than the SNAs, we read for the sense of the whole narrative and also analyzed line-by-line for clearer understanding of the turning points and sequences. Examples of redemption and contamination sequences are provided in Figures 2 and 3.

Phase III. The final phase of the analysis involved delineation of detailed trajectories of exemplar cases, to highlight turning points and the most significant redemptive sequences that catalyzed the recovery process in adulthood. Women's own evaluation guided our designation of the major redemptive sequences in their lives; they often explicitly identified those sequences as lifesaving. A new concept, *setbacks,* was incorporated in Phase III, to differentiate adverse events that had lesser impact and duration than turning points, not necessarily changing the direction of a life trajectory. Setbacks create less disruption but might lead to temporary self-doubt, anxiety, and/or sadness. The

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Figure 2
Condensed Examples of Redemption Sequences

Participant was abandoned by mother	→	Received significant support from teachers, aunt, grandmother, who served maternal functions
Participant's first marriage was disastrous	→	Depression related to the marriage propelled her to therapy and became the key to her upward trajectory
Participant married an abusive man at age 18	→	She stood up to the husband with a gun and divorced him at 26, later achieved a happy marriage
Participant fired from job	→	The firing prompted return to school, where she earned a graduate degree
Participant, with support of spouse, confronted abuser	→	Abuser did not deny it, as she had expected; confrontation was a very cleansing thing
Participant's abusive mother developed breast cancer, almost died	→	Participant stayed at hospital, cared for mother; afterward, father apologized for abuse and both parents now treat her with respect

Figure 3
Condensed Examples of Contamination Sequences

Participant revealed abuse by grandfather to parents	→	Told to keep secret within the family
Participant confronted abusers as an adult	→	None of the perpetrators admitted or apologized
Participant awarded college scholarship	→	Did not go, felt she must work to support herself, regrets relinquishing scholarship
Participant married and had a son	→	Husband was abusive, son is "just like his father," and she is completely estranged from him now
Participant searched for and found biological family	→	Biological mother and older sister did not want continued contact
Participant moved out of abusive childhood home at 18 and began working, functioning independently	→	Forced to return home at age 29 after health crisis and divorce, again plunged into abusive family dynamics
Participant reported incest to her minister	→	Minister told his wife, who called the mother; participant punished for "lying"
Participant found a profession which is socially valued and provides good income	→	The work is often draining and difficult
Participant undertook psychotherapy	→	Therapist was immersed in her own personal problems, thus the therapy was ineffective and terminated after only a few months

survivor resolves not to be undermined, takes effective action, and moves on. Examples of setbacks are provided in Figure 4.

Efforts to enhance rigor and credibility of the analysis. Throughout the analysis, the larger multidisciplinary team was used as a sounding board for these emergent discoveries. In addition to weekly or biweekly evening meetings over a 4-year period, the team held half-day retreats; notes taken at these meetings constitute an audit trail for the project. Critique and consensual validation by team members from varied disciplines (psychology, psychiatry, nursing) and by several experiential consultants (CM survivors not in the study) enhanced the rigor and credibility of the analysis.

Figure 4
Examples of Setbacks

- **Setback to Janet in a group conducted by a college professor:**
  "We were asked to make a commitment to stay . . . for a certain length of time, no matter how difficult it became. From the 2nd session I went to, I felt like I had made a mistake. The facilitator was not very well schooled in what she was doing. . . . She questioned the way we answered questions. She even criticized me about the way I sat. It was so difficult that I was having to have an extra private therapy session on the day after that group, just to get over the group."
- **Effective action taken:**
  Janet took care of herself, and left this group. "I sat down and wrote a letter, made copies and sent to everybody in the group, including the leader, and said, 'This is not being helpful to me. I know I made a commitment, but I can no longer do this.'"

- **Setback to Jade in nursing school:**
  Jade became extremely upset by a patient in pain who yelled and screamed at her for delay in obtaining his analgesic, "even though it wasn't really my fault or anything . . . I ended up going home in tears that night. I cried all night. I mean, this guy just bashed all my confidence. How did I think I could do this? [i.e., complete nursing school]. I almost quit and I had only 3 weeks left. My instructor was an asshole, gave me a bad time for crying."
- **Effective action taken:**
  Jade did *not* quit and resolved not to ever let anyone "bash her confidence that bad again."

Findings

Life trajectories of this group of CM survivors displayed diverse pathways, defying facile categorization. At the time of data collection, most of the 22 women in the thriving group were at the highest point in their trajectories, well educated and successful in their occupations and intimate relationships. Significant redemptive sequences had served as catalysts for the healing process. However, thriving was not a destination at which a survivor arrived unscathed. Rather, thriving was an evolutionary process. Degrees of successful progress versus continued struggling were observed. We begin with a broad overview of the life trajectories of the participants, then move to specific patterns of trajectories, types of redemption narratives, threads throughout the narratives, and discussion.

Broad Overview of the Life Trajectories

Beginning in houses of horror. The women's trajectories began in dangerous houses of horror. Abused in their own homes by members of their own families and/or other individuals brought there by

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family members, they were deprived of the safety and security that children should receive. In contrast to romantic images of home as a snug cocoon or haven, study participants described home as a "prison," "jungle," "nightmare house," "gloomy depressing place," or "hell." Many lived as exiles (J. M. Hall & Travis, 2006), even though some of them have continued or resumed contact with their abusive families. The acute distress and vulnerability still experienced during visits to the childhood home is captured in the words of one participant: "I went home about a month ago and I felt like I was raw. I felt like all the skin was off my body."

Although most participants had a biological mother in the home, they were never adequately mothered (Bolton, 2006). Eighty one percent of participants identified their mothers as perpetrators of CM or cognizant of/complicit in the CM perpetrated by the father, stepfather, uncle, grandfather, or older sibling(s). Not only did mothers fail to protect their daughters from abuse, some were neglectful of basic needs such as food. Mothers who were childlike forced their daughters to take on parental responsibilities:

> I can remember specifically when I was about 9 years old, I thought it was literally just trading places with my mother. I thought I became a mother. I thought I was there to take care of her. [Janet]

Some study participants were designated as the family scapegoat, relegated to the role of domestic servant or pseudo-wife to the father/stepfather. CM was extensive, inflicted by multiple perpetrators. Verbal abuse included derogatory labels such as "whore" and confidence-destroying messages such as "You will never amount to anything." Betsy's father told her that she was "born with a black cloud over [her] head," which she believes was prophetic of her life of "one step forward, five steps back." Some participants believed that the verbal abuse had longer lasting effects than the physical: "You can separate yourself from the physical, you cannot separate yourself from all of those messages, because they go right in there and stick." Close sibling bonds provided vital support for some participants, but others felt completely alone. Many participants were threatened with death if they dared disclose the abuse. A few had survived actual murder attempts (e.g., by smothering, choking, poisoning). Others did not face death literally but experienced it existentially, in the deadening of their spirits and numbing of their emotions.

CM within the home was usually completely hidden from neighbors, extended family, clergy, and the larger community, thus negating the possibility of the girl receiving external support. One participant described her family's façade of normalcy as "like a Norman Rockwell painting to outsiders." In maturing, the girls gradually became aware that their household was not normal because they visited homes of neighbors or schoolmates, in which manners at the dinner table were observed and disagreements did not escalate into physical violence. They mobilized hope of another kind of existence by fantasizing about escape, sometimes identifying with strong, smart, female characters in books, such as Nancy Drew, or reading about resolution of injustices in novels (*To Kill a Mockingbird*, *The Count of Monte Cristo*).

Becoming resolute. A central finding of the larger study was a narrative motif associated with success that we termed *becoming resolute* (J. M. Hall, 2007). Becoming resolute was multifaceted, manifested by the survivor's displaying fierce determination, developing new, nonabusive relationships, and surmounting aftereffects of abuse, such as substance misuse (J. M. Hall, 2007). Early indications during childhood included brave actions such as refusing to stay in the house alone with the abuser, challenging a tyrannical stepfather, and asking to see a psychiatrist (although that request was not granted). One girl eluded her abuser by climbing a tree and staying there for 12 hours. Ambitious future goals were formulated. For example, in the absence of any role model who graduated from college, one participant set a goal at age 9 to eventually go to college.

The school years. School became a welcome refuge for some participants, who encountered supportive teachers and blossomed intellectually and socially. School did not serve as a refuge for others, particularly those who struggled with distractibility, social bullying, and isolation. Many spoke of their ability to learn being impaired by the maltreatment they were experiencing at home. At the minimum, however, school was a safe place ("I loved it because that was 8 hours out of the day that I knew I was safe, and that was a great feeling"). Some teachers fulfilled maternal functions (e.g., one observant teacher bought a girl her first bra), whereas others did not recognize signs of pathology in a girl's home (e.g., repeated failure of parents to comply with requests for parent–teacher conferences). Only a few participants revealed their abuse to teachers, with mixed results (e.g., referral to counseling versus simplistic advice such as "lock your door at night").

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The inability to fit in with peers was painful to many, especially those pointing to neglect as the core of maltreatment:

> I remember in first grade being aware that I did not have a mother at home. I remember looking at other little girls and noticing that I was not dressed like they were. [Becky, who was abandoned by her mother at age 4]

> When I was in school, I never really did develop that social circle of friends. . . . When I did have a circle of friends, I was the fifth wheel, I didn't really fit in. [Adele]

> I remember being ugly, kids picking on me and teasing me. . . . I wasn't a good student because I was so screwed up. [Jade]

One participant described the "hell" of high school as follows:

> My father had started to violently rape me again at night. I would be so sore and tired when I would go to my first class at 8 AM. I was full of guilt and shame. After all, I went to a Catholic high school. I was preached to by nuns and priests every day. How could I show my ugly face, my ugly soul, every day? There was an evil inside me. Now I know the evil thing inside of me was Dad's pecker.

The escape. Eventually, escape was accomplished in the late teens by running away, marrying, or enrolling in college in another locale. Leaving the chaotic childhood home was essential for moving beyond mere survival to possibilities for differentiation of an autonomous, healthy self (Bowen, 1976). One participant created a new birth certificate for herself, which she showed her interviewer, proclaiming that "now it is safe to let [my] pure, innocent, untouched, perfect self shine bright for all the world to see."

The early adult years. First marriages, especially those entered for the purpose of escape, tended to fail (63% ending in divorce). Insofar as they were deciding at all, rather than doing the "expected," they made poor choices; many of these husbands/partners proved to be abusers. First jobs tended to work out better than first marriages. The women worked hard and made use of opportunities, receiving commendations from employers and making incremental gains as they achieved leadership positions and promotions. The narrative of Joy, an insurance adjustor, is typical: "I just did really well, and advanced. I was handling claims that supervisors couldn't believe I was settling, getting releases from people." Likewise, academic achievement was common in narratives of success. "Knowledge is just the key to empowerment, and to so many different things."

Clinical intervention. For a fortunate few, effective clinical intervention took place in late childhood or adolescence. For example, Becky was hospitalized at 14 after an overdose, and outpatient treatment with a psychologist continued until the end of high school; this treatment was critical to her upward trajectory. For most of the participants, treatment was not available until adulthood, after separation from the childhood home. Quite often, therapy was sought because of severe depression, relational problems, or substance misuse, not because of CM. During initial treatment, abuse might not even be revealed to care providers. Inability to connect with a therapist was not uncommon. Some women expressed cynicism about their counselor's ability to care for them (e.g., "It was pretty apparent that I was just another 90 dollars;" "He's just sitting there watching his watch;" "She was not there for me"). Mental health system barriers prevented access to treatment or limited its effectiveness for some participants (e.g., no child care in residential treatment facilities; lack of insurance coverage; inadequate number of allowable visits; frequent changing of providers in managed behavioral health care settings).

By the time of our interviews, 25 of the 27 women had received some counseling or therapy, with varying outcomes. Treatment initiated the most significant redemption sequence for some participants but resulted in contamination sequences for others. Fran asserted that the intensity of her treatment (while hospitalized for depression and suicidality) was detrimental. Staff brought her family in for a confrontation, but she was not ready: "I just don't think they thought that through, they didn't listen to me." After discharge, she was forced to return to the parental home because she had no other place to go. Her posthospital experience was a "living hell for many years after that." Four hospitalizations over a 2-year period followed, a time that Fran calls her "lowest point." She finally moved out to an apartment and her trajectory started upward again.

Participants deemed that an unconscionable therapist mistake was disbelieving a woman's account of abuse (e.g., "The psychiatrist proceeded to tell me that he believed Freud, I had a daddy complex, 'All little girls fantasize about their fathers.' I was so pissed at him").

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Other clinician mistakes included (a) using therapy sessions to talk about their own personal problems; (b) voyeuristic focus on abuse events; (c) pressure to remember "something more" when they were unable to do so; and (d) encouragement to express themselves in the therapist's own terms, or as participants said, "put words in my mouth":

> I wasn't a big talker, and he was trying to pull things out of me. He used to say, "I'm sure you feel dirty, like trash." No, I don't feel like trash, I'd never felt dirty or anything like that.

Some participants greatly resented a therapist's attempt to undermine self-protective beliefs. For example, Mae remembers thinking, "'I can't have two crazy parents.' . . . I knew my dad was a bad guy, he was pretty blatant, so I was trying to hang onto Mother." Similarly, at age 7 Janet overheard her mother lie to a doctor, claiming that a fall caused her detached retina (actually caused by her father's blows). However, even now, in her 60s, Janet cannot verbally acknowledge that her mother knew of her father's rough physical and sexual abuse. When a therapist once bluntly said, "Your mother did know," Janet could not accept this: "It just totally devastated me because the thought that my mother knew and didn't do anything about it was more than I could handle. And I guess if it were a fact, I still wouldn't want to know it."

Self-strengthening measures. Women used metaphors such as "climbing the mountain," "climbing out of a deep pit," and "learning to sail my ship," to describe their effortful journeys. Numerous strategies fostered upward trajectories (Broyles, 2006). Women devised their own creative techniques for coping with overwhelming situations. Sue compartmentalized, "putting things in boxes"—such as her "daddy box"—until she felt ready to deal with them. Mantras of perseverance were recounted, such as "I pull myself up with my bootstraps and just keep going"; "I'm gonna get through this"; and, "I just have to keep putting one foot in front of the other." Presently, the more successful narratives depict survivor-protagonists at a point of peace and life satisfaction, although some must expend considerable energy to avoid being dragged back down into dysfunctional family dynamics. For example, Jade resides hundreds of miles away from her manipulative, negative mother and severely impaired siblings, but her equilibrium is frequently disrupted by crisis-related telephone calls:

> You get all these phone calls: Sandy tried to kill herself, Robbie's drinking again, and Rita is sick. They suck the life out of me. Why destroy myself, why let myself be pulled into that flood, that torrent, when I have so much to preserve?

Thriving participants have learned to set limits on intrusive and exploitive family members and to surround themselves with positive people. For all participants, there are predictable difficult times: Mother's Day, Father's Day, birthdays, other holidays, and anniversaries of tragic events, such as the suicide of a family member. The women have learned to be kind to themselves during these times:

> I try really hard now to just cut myself all kinds of slack. Last year I didn't send out Christmas cards. . . . I tend to just cocoon . . . write in my journal, [do] things that I know help me like certain books, certain movies that are comforting.

Generativity. Despite the poor parenting they had received, participants generally parented well. Many spoke of specific attention to assuring their children were never in unsafe circumstances, including protecting them from possible abuse by their own family perpetrator(s). Ages of their children ranged from preschool to midlife. Women spoke with pride of children who were "so normal," "happy and healthy," citing accomplishments such as making good grades and finishing college. None of the participants had abused their children, although one deplores her daughter's addiction and blames herself because she did not achieve her own sobriety until she was 45. Concern for their children had motivated some participants' entrance into therapy:

> I had two very small children and that was what sent me [to therapy]. I thought, "I am not gonna kill myself and I am not going to have my children have a crazy mother like I did."

> It was just so hard. They [her children] had everything I never had, and I would lose my temper with them. . . . I went to counseling and that's when I uncovered . . . all this abuse I covered and denied and never dealt with.

Generativity was demonstrated outside the participants' own families through nurturance of nieces and nephews and through community service (e.g., child abuse prevention program, mental health advocacy). Many women undertook mentorship of young girls through Big Sisters, Girl Scouts, and foster parenting. Several became involved in volunteer work with abuse victims (either children or adults). Others chose human service professions (physician, nurse, social worker,

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counselor). As incongruous as it might seem, women often used words such as "lucky," "blessed," "fortunate," and "grateful," and felt compelled to "give something back." One woman stated, "Part of why I survived [is] because I always had this thing in the back of my head, I wanted to help other women survive."

Directional Patterns of Trajectories

Although life trajectories were diverse, three directional patterns were observed: (a) a pattern of relatively steady upward progression, once the pivotal redemption sequence occurred; (b) a lengthy roller-coaster pattern, with many ups and downs before assuming a clear upward directionality toward healing; and (c) a struggling pattern, characterized by stagnation or downward progression. To illustrate these patterns, exemplars are depicted in Figures 5, 6, and 7. It should be noted that for many participants there were long periods in which there were no turning points, thus no change in direction of their trajectories. For example, Gwen spoke of her "long desolate time in the desert," and Denise spoke of a long "holding pattern" (approximately 15 years of suppression and secrecy before disturbing flashbacks prompted entrance into psychotherapy at age 39).

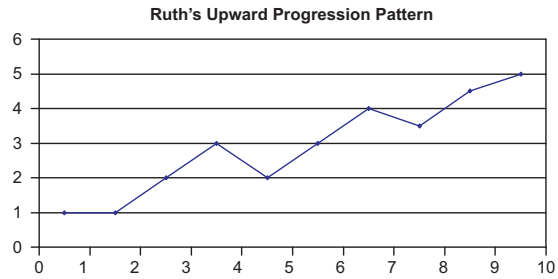
Pattern of steady upward progress. As noted earlier, an upward turn could begin as early as the 20s or as late as the 40s. One participant spoke of her epiphany as follows: "I was 32 years old before I felt like I had a right to be on this earth, breathing this air." Once the pivotal upward turn and redemption sequence occurred, women in this group ($n = 14$) generally, at least outwardly, displayed a relatively usual life course. Some among them might simply appear to be "late bloomers." They pursued education and careers, and almost all established families of their own. Only a few remain unpartnered and/or did not have children of their own.

For those with the pattern of steady upward progress, setbacks could occur during vulnerable times, but the women defined these as solvable problems and took action. For example, Elaine became depressed ("I just got in this huge black hole") when her daughter started kindergarten (the same age when Elaine had had a sexual incident with a playmate that made her feel deeply shameful). She proactively asked to be admitted to a psychiatric unit, where she stayed for a week. The episode of depression did not derail her upward progress.

Figure 5 traces the trajectory of a participant who exemplifies the pattern of steady upward progress. During Ruth's trajectory, she transformed herself

Figure 5
The "Steady Upward Progression" Pattern: Ruth as Exemplar

1. **Family of Origin**
   Ruth was the 2nd oldest of 7, grew up poor in a Hispanic family, sexually abused by an uncle for 11 years. The mother was critical of all of the children. School was "horrible" and the only bright note during the school years was the town librarian who treated her kindly and selected books for her. Because she was Hispanic, she experienced prejudice from the White children. She was shy and felt she was "nobody."
2. **Turning Point**
   Teacher called her "a bump on the log" during grade school.
3. **First Redemption Sequence**
   In defiance of the teacher, she studied harder, made the honor roll: "I was gonna show that teacher. I am somebody, I can do this. I'm not a bump on the log. Those mean awful words probably put the fire under me."
4. **Turning Point**
   Married at age 18. During the years of this marriage, Ruth was hit by a drunk driver and required several surgeries. The doctor told her never to feel sorry for herself, which she deemed important advice.
5. **Contamination Sequence**
   Husband was abusive, marriage ended in divorce when she was 26. She stood up to this abusive husband with a gun. Says the divorce is "best thing I've ever done for myself."
6. **Turning Point**
   Sought counseling after divorce, only attended three sessions because therapist angered her by saying, "There's nothing wrong with you." Ruth says, "That was one pivotal turning point. . . . He's right, I can change this, and I've been fighting ever since."
7. **Extended Redemption Sequence**
   Began to work with abused and neglected children; began to release her own anger and shame; moved to another state at age 28 and became a successful tour director; changed jobs at 37, was encouraged to complete college and graduated after 8 years of part- time study.
8. **Setback**
   Has experienced several episodes of sexual harassment in the workplace (e.g., groping), usually freezes and withdraws, but a recent incident was reported to a department head and a sexual harassment meeting was held.
9. **Turning Point**
   Married second husband, marriage has been successful, 15 years duration.
10. **Now**
    Likes job, exhibits generativity by helping abused children. Has set boundaries with parents and forgave her abuser.
    "My abuse happened, yes, I don't down-play that, but I don't have to dwell on it. . . . I choose to make my life happier. . . . If you cannot find that open door, crack and push it open. There's always a little light, you just have to stick your finger in there . . . and then walk through."



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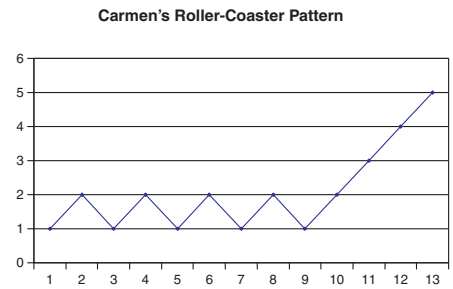
from a childhood "nobody" (her descriptor) to a professional in her field and contented spouse and parent in midlife. Ruth tried discussing her CM with her parents, who did not validate it. In spite of this, Ruth simply began moving beyond it in her 20s. After she divorced an abusive first husband, an extended redemption sequence ensued. Ruth overcame a weight problem, found career success, and achieved a satisfying second marriage. Anger was an empowering force for Ruth on several occasions: when a childhood teacher demeaned her, and when a therapist told her nothing was wrong with her. Ruth's consistent faith and involvement in her church and church-related women's groups have been instrumental in her healing. Her stance toward the abusive past (quoted in Figure 5) is emblematic of the more successful narratives.

Roller-coaster pattern. Women in this group ($n = 8$) often used the term "roller-coaster" to describe their tumultuous crisis-to-crisis journey. Carmen's abuse began at age 7 and continued until age 12. Her abuser (brother-in-law) was so blatant that he fondled her when camping in the same tent occupied by his wife. He also required her to touch his penis all through church services, ostensibly shielded from view by a hymnbook. Carmen wondered why the family couldn't or wouldn't see what was going on. As shown in Figure 6, not until her fifth turning point, at age 40, did Carmen experience a significant redemption sequence. Her family never validated the CM; early marriages were disastrous; and she struggled with depression, anxiety, intrusive memories, and binge eating for consolation of dysphoric moods. At age 45, she is at the highest point in her trajectory, pursuing a master's degree to become a counselor to help other women. A constant in her story is her devotion to her two children, whom she credits as motivating her to continue the struggle (see Figure 6).

Struggling pattern. The narratives of some women were clearly stories of continued struggle. Without assuming that their life course would not take an upward turn at some future point, we heuristically referred to them as "strugglers" ($n = 5$). These women often could cite several important turning points (such as leaving an abusive husband) and described some promising periods of forward movement, but their trajectories tended to be marred by extended contamination sequences. Unchanged for one such participant were her mother's demeaning, verbally abusive behavior toward her, her estrangement from her siblings, her view of herself as a victim, and her depression (unresponsive to medications and therapies). Her only two turning points (finding an enjoyable job and marrying) ended in contamination sequences (fired from job, divorced from husband). "Strugglers" differed from the "thrivers" in several respects: (a) unfinished business with their families of origin; (b) lack of supportive intimate

Figure 6
The "Roller-Coaster" Pattern: Carmen as Exemplar

1. **Family of Origin**
   Carmen was the baby of 5. Father was schizophrenic; both parents emotionally abusive and neglectful. She was the different one, was called "mailman's child." Sexually abused by sister's husband from ages 7 to 12. Family looked perfect to outside world, and no one intervened in abuse. Hated school, didn't do well, in part because of ADD. School requested parents to come in for conferences, but they would not attend.
2. **TurningPoint** (age 12 **)**
   Told mother about abuse by brother-in-law.
3. **Contaminating Sequence**
   Abuser was not ostracized or punished; the whole matter was "swept under the carpet." No one in family validated trauma of the abuse.
4. **Turning Point**
   Left home for college.
5. **Contamination Sequence**
   ADD contributed to "bombing out" of college.
6. **TurningPoint**
   Marriage.
7. **Contaminating Sequence**
   Husband left her for another woman when she had two small children, moved back home with mother, period of sexual promiscuity, abortion that was a "wake-up call."
8. **Turning Point**
   Married second husband, "settled down."
9. **Contaminating Sequence**
   Husband was physically abusive; she left him but returned several times because "he'd always promise me something"
10. **Turning Point**
    Began affair with man who became her third husband; he provided "safe place to call home," and her most significant redemption sequence began. She says "Bob really rescued me."
11. **Most Significant Redemption Sequence**
    Within the security provided by third husband, began sharp upward turn. Resolved: "I messed up the first 40 years of my life; I'm not messing up the last 40." Read 300 books in a year, went back to college, made straight As. Admitted abuse to other people for first time at age 40.
12. **High Point**
    Earned bachelor's degree at age 43.
13. **Now: "My life is wonderful"**
    Enrolled in master's program preparing to be a counselor; "I have this passion to help other women;" receiving beneficial therapy; working with personal trainer; found a church home; released anger at 85-year-old mother; two children (ages 18,16) doing well. "My therapist is helping me with balance, I've always been on a roller coaster . . . and I am trying to learn to live in the middle."



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relationships; (c) a "victimized" self-perception; and (d) serious, long-lasting physical and/or psychological aftereffects of the abuse. It should be noted, however, that struggling participants did not differ from thrivers in severity and types of abuse, perpetrators, age, and education. It was their being "stuck" in the past that hampered progress in the trajectory. In the words of one participant, they were "frozen in time, frozen in emotion, the ice cube that always lives in the freezer." Even though all the strugglers had received therapies, the abuse was "fresh." As Lynn said, "The abuse was like yesterday, it's not in the past. . . . It doesn't go away." The trajectory of Lynn illustrates the struggling pattern (Figure 7).

Types of redemption narratives

Four types of redemption narratives were found in the narratives of the 22 thriving participants: redemption by counseling or psychotherapy, redemption by a loving relationship (other than therapist), redemption by God, and self-redemption (see Table 1). Though the word "redemption" is derived from the work of McAdams (McAdams & Bowman, 2001), it seems particularly applicable to the narratives of these women. Among the synonyms of the word "redeem" are "liberate," "rescue," and "save." Many were aware of the unlikelihood of their becoming "this successful," after what they had endured as children. They saw much of their life as miraculous in the sense of competing against great odds.

Redemption by counseling or psychotherapy. The upward swing in the trajectories of 12 women was initiated by entering psychiatric/psychotherapeutic treatment. These participants were in a state of crisis at entry (e.g., Joy said she was "drowning, grasping at a straw. . . . I just couldn't go on anymore"; Jeri said that the "volcano" of her anger erupted at age 35). Most commonly, the women received individual psychotherapy, crediting the therapist for affirmation, steadfast support, and assistance in relinquishing abuse-related guilt and shame. Mae said, "It was the most important relationship I've ever had in my life, and I literally felt like it saved my life, and I'm a different person than I was." Involvement in individual therapy often led to taking part in other modalities, such as group, family, or art therapies. Although therapy catalyzed the upward turn, these narratives almost never depicted the healing path in a linear, smooth fashion. Bouts of hospitalization for psychiatric crises or substance misuse punctuated the trajectories of several women. Intense introspection and grief work helped some (e.g., grieving a motherless childhood). Typical were the words of Janet: "I really thought at times that I would never be able to endure the recovery process. It was so much more painful than the original abuse, because I had done such a good job as a child of numbing or anesthetizing myself to the pain." In this era of cost-saving brief therapies, the women were adamant that lengthier treatment might be necessary for recipients of child abuse: "I wish people would realize . . . it's long term, it's tedious, and I know that insurance companies can't see the end result that they want—a quick fix—but some things you can't fix quick." Participants also emphasized the usefulness of psychotropic medications while undergoing counseling.

Figure 7
The "Struggler" Pattern: Lynn as Exemplar

1. **Family of Origin**
   Lynn was the oldest of 4. Father was alcoholic, physicall abused her almost daily. Mother never protected or intervened in her beatings. Mother verbally abusive, controlling, manipulative. Lynn was the family scapegoat: "I was always wrong. I was always bad." The only affection she received in childhood was hugs from kind nuns at her Catholic school, but harsh punishments were administered there as well.
2. **Turning Point** (age 18)
   Married; received last beating from father the night before she married.
3. **Contaminating Sequence**
   Husband was abusive paranoid schizophrenic; she had to leave him and return home; father began beating her son.
4. **Turning Point** (age 24)
   Married second husband.
5. **Contamination Sequence**
   Husband was verbally abusive, marriage ended in divorce and Lynn and her three children were evicted from the home; went to therapy: "a lifeline."
6. **Turning Point** (age 33)
   Father died: "One of the happiest days of my life. It was like I won the lottery."
7. **Contaminating Sequence**
   Although her father died, this did not bring closure to the unresolved issues with her family of origin: "It's unresolved; I can't bury it for good."
8. **Turning Point**
   At age 36 became involved with a psychiatrist ("wonderful man").
9. **Contaminating Sequence**
   The psychiatrist would not marry her, dumped her on 40th birthday, propelled her into therapy again.
10. **Turning Point**
    Married "adoring" third husband, a "dear sweet man."
11. **Contaminating Sequence**
    The husband developed RA, emphysema, and then cancer; was sick during all 18 years of the marriage; Lynn cared for him until he died.
12. **Now** (see 12 to 14 on graph)
    Lynn (now age 61) is in an extended contamination sequence. Despite therapy at intervals, which provided her a "lifeline," she has never worked through the abuse and does not believe that is possible ("I don't know anybody who had an abusive childhood who went on to be highly successful"). Over the years, Lynn has worked as a bookkeeper and clerk but never had a career. She is now disabled because of RA,lupus, hypertension, and obesity. She lives an isolated lifestyle, seldom having company, and reports continued conflicts with her family and some of her children.

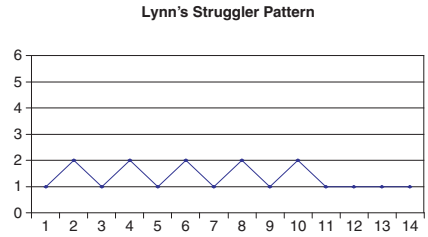

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Table 1
Thriving Participants Categorized by Types of Redemption Narratives and Timing of Upward Turn in Trajectory ($n = 22$)

Pseudonym	Type of Redemption Narrative	Decade of Upward Turn	Perpetrator(s) of Abuse
Adele	Therapy	30s	Grandfather, father
Amy	Therapy	20s	Friend of brother, stepfather, mother
Becky	Therapy	20s	Uncle, mother
Candace	Relationship	20s	Parents, neighbor, gang-rapists
Carmen	Relationship	40s	Parents, brother-in-law
Cher	Relationship	20s	Biological father & stepfather
Claire	Therapy	40s	Mother & stepfather
Dove	Therapy	40s	Brother
Elaine	Relationship	20s	Both parents
Ethel	Therapy	40s	Adoptive father & mother
Fay	Self	30s	Mother
Fran	Therapy	30s	Both parents
Gwen	Therapy	30s	Both parents
Hope	God	30s	Grandfather
Jade	Self	30s	Both parents
Janet	Therapy	40s	Both parents
Jeri	Therapy	30s	Uncle, unspecified others
Joy	Therapy	30s	Both parents
June	Self	20s	Both parents
Meg	Self	20s	Father, foster parents, non–family men
Ruth	Self	20s	Uncle, parents
Sue	Therapy	40s	Mother

The circuitous path of Claire depicts the hard work of healing and the interaction of individual progress with the social context and external events. During childhood sexual abuse by her stepfather, her only protector was her brother (who stabbed the perpetrating stepfather). After the stabbing, the brother, not the abusive stepfather, was forced out of the home. On a day that should have been a triumphant one for Claire—her graduation from high school—this beloved brother was killed in a car accident. Her young adulthood was turbulent, with heavy drinking through three failed marriages and the birth of three children. At age 42, Claire achieved sobriety in a 28-day alcohol treatment program, continued in the 12-step Alcoholics Anonymous program, and began intensive psychotherapy. Her upward trajectory suffered a serious blow when she was raped by an ex-husband. The rape not only revived memories of the childhood abuse but also gave her syphilis. Today, at age 52, Claire continues therapy ("I'll probably be in therapy until the day I die"). She has resumed pursuit of her BA degree, and despite having multiple sclerosis and diabetes, she is caring for an adolescent foster child.

Redemption by a loving relationship. Stories in this category ($n = 4$) bear resemblance to the stories about therapists, but the dominant redemptive figure was a friend, partner, or spouse who became a "rock" or "anchor." Candace escaped a highly dangerous childhood environment (in which she was gang-raped more than once) by running away at age 15 and marrying a man she credits with saving her life. Because she was already ill with bipolar disorder and her husband was already chemically dependent, such a union would seem doomed to fail. However, the marriage proved to be a stabilizing event for Candace. Her husband believed in her, nurtured her, and got her a job. They remain married after 30 years.

Redemption by God. In this sample as a whole, spirituality and religion were quite variable, with some women frankly declaring no belief in God or questioning his absence during the CM, whereas others had found some solace through prayer: "I would say, 'Please God, help me through this.' I felt like Jesus was taking care of me." One woman (Hope) attributed her recovery solely to redemption by God. Hope's early trajectory included

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years of contaminating sequences (ineffective therapies, divorce and a bitter custody battle, and self-destructive behaviors such as heavy smoking and alcohol abuse). Contemplating suicide, she had a profound realization that she was "a child of God." It was "an absolute pivotal moment," a turning point that was followed by a redemptive process "of grace and wonders and miracles ever since," including connections with a compassionate counselor, a sustaining prayer group, and other people who contributed to her becoming a happily married mother of three with a successful career.

Self-redemption. Narratives of self-redemption ($n = 5$) were characterized by constant, self-generated effort. These women literally "saved" themselves, having no adult figure to guide or mentor them. Psychotherapy was not sought or was described as ineffective; likewise, religion/spirituality was nearly absent. Their stories recall the archetypal myth of the hero who travels solo, defeating adversity along the way to wholeness (Campbell, 1949; Henderson, 1974). They might also be compared to "narratives of resistance" (Powers, 2001). June kept quiet about her abuser's inappropriate sexual behavior (in this case, voyeurism and groping) for 10 years, but she forcefully resisted when he tried to rape her, biting him in the process. When her mother's response was woefully inadequate, she went to a social service agency, which placed her in a foster home. Her trajectory has been upward throughout adulthood, with graduation from medical school at 26, a happy marriage, and two children. Says June, "I was just determined that I was going to make something of myself and not let something like that [the abuse] hold me back." Fay is another exemplar of self-redemption. During the years of CM, she did not view herself as a helpless, self-blaming, objectified victim, but rather as a consciously aware, innocent victim of wrongdoers: "I had this sense that I was right and they were wrong." She did well in school, completing a degree in architecture. This profession gave her the mobility to live thousands of miles away from her family. She has truly been the architect of her own healing.

Threads Throughout All Narratives

Interwoven throughout all narratives were three threads: telling/not telling; remembering/not remembering; and forgiving/not forgiving. Participants reported hesitating, vacillating, and wrestling with ambivalence about these issues each time they surfaced: Is it safe to talk about the abuse? Do I really want to uncover and process all the memories? Can I forgive my abusers? Can I tolerate interacting with them? Because these issues were repeatedly revisited, in different environmental and interpersonal contexts, our report is incomplete without discussion of them.

Telling/not telling. Simply telling one's story was not necessarily therapeutic or cathartic. Some women who were thriving had seldom disclosed CM to anyone other than a therapist, intimate partner, or the study interviewer, because of invalidating responses by adults when they made childhood attempts. Our oldest participant (Meg, age 79) had never told her entire story prior to our study. Disclosure conferred benefit only when a listener was empathic, respectful, and affirming. More frequently, the reactions of the listeners were shock, lack of emotionality, and/or statements attempting to diminish the pain. The outcome was more pain.

During the interviews conducted for the study, participants did not tell their stories in logical, sequential order; past and present were often commingled: "Time also stumbled and had accidents and could therefore splinter and leave an eternalized fragment in a room" (Marquez, 1970, p. 355). Because reviewing their lives in the manner fostered by the study was a relatively rare opportunity, the women often made strides in connecting disparate elements or understanding confusing episodes in their trajectories. There was pride in breaking secrecy: "People will hear, even if it's a few people. . . . You aren't alone with it anymore, it's no longer a secret, shameful. . . . You are in a sense fighting back." Occasionally, participation in the interviews had a brief negative impact. Between interviews, one woman got "smashed" in a rare drinking binge. However, shortly afterward, she resumed work on her novel and she did not discontinue study participation. Most women reported benefits of study participation, viewing it as "cleansing," "refreshing," and evidence of the progress they had made:

> I've realized as I talked to you, how far I've come. . . . I realized I could say these things without crying and without getting completely undone. A few years ago, I couldn't have.

Researchers sometimes observed progress from one interview to the next, especially among "strugglers." Denise had told the interviewer about her strict "internal guards" that inhibited revealing the abuse, lest she encounter rejection. After the first interview, she admitted distress because she had told the secret.

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But after the second interview, she was able to risk revealing to a coworker that she had been sexually abused as a child. This disclosure had a positive outcome, loosening the rigid control by the internal guards. Beth showed progress during the study, especially in terms of extricating herself from a social circle of people who expected her to do unpaid work for them. As the study proceeded, Beth reported new resolve to take control of her life: "I ain't got full control of my life, but I feel like I'm halfway controlling what I do and when I want to do it and who I want to do it with."

Remembering/not remembering. Although a few participants remembered their CM vividly and completely, most had some gaps or fuzziness in their memories. Indignant at those who disbelieve in traumatic forgetting, or delayed recall of CM memories, Ethel said, "When it's so traumatic, when you're small, the only way you can survive is to shut it all out and put it in a very deep place." When therapists encouraged excavation of such "buried" memories, some participants resisted—or emphatically disputed the need to do so. For example, Jade is not sure if she was sexually abused and does not care to ever know. Hope believes that "God has allowed me to remember this much right now, and if He wants me to remember more, He will—but I don't have to go looking for that to happen." Some participants appeared to deliberately engage in strategic memory management, choosing not to dwell on horrendous episodes but to hold on to memories of affirmation by a teacher, neighbor, or friend. Claire explains, "I never forgot that the abuse happened. I put it on a back burner."

Forgiving/not forgiving. Participants seemed forced to resolve the issue of forgiveness in response to imperatives to keep ties with the family and locally predominant Christian notions about the necessity to forgive in order to assure one's own salvation. Some participants developed deferred empathy (Bruhn, 2004) for their abusers and/or their ineffectual mothers, if they, too, had been abused in childhood. In some instances, forgiveness fostered reconciliation with the family, allowing a woman limited contact, or achievement of a sense of closure before the death of a family member. Cher forgave her stepfather because he apologized: "I thought to myself, 'He's not a total monster . . . he's had a lot of tragedy in his life. Do I want to hold on to this resentment forever?'" Another participant said, "When I knew my mother wouldn't live much longer, I made a conscious decision to try to forgive her, put this aside." Some participants forgave a deceased abuser symbolically, by means of a healing ritual, or by writing a letter.

On the other hand, many women did not forgive their perpetrators. June's stepfather has apologized to her several times for the abuse, but she has not forgiven him. Elaine totally severed contact with her abusive and alcoholic father during her college years and chose not to visit him when he was dying: "I knew I was going to sink, if I had any contact with my dad. I never came to regret that decision, never one time." Denise stated, "I don't ever want to have a relationship with that man, ever. I don't feel a need for revenge but I certainly don't want to ever see him or speak to him again, and quite frankly, I don't care if he wound up dead in the street somewhere."

Discussion

Retrospective narratives of women who experienced maltreatment in childhood were subjected to a fine-grained analysis of their trajectories of healing. The breadth and depth of our investigation expanded extant knowledge of recovery from abuse. Particularly notable are the wide age range (29 to 79) and diverse life trajectories of the sample. This analysis was the first to use Wheaton and Gotlib's (1997) definition of turning points and the procedure of McAdams and Bowman (2001) to identify key redemption sequences in the healing process of abuse survivors. Supporting the work of Poorman (2002), redemption was most often found through significant relationships, although some sturdy souls trod the path alone. Study participants, despite protracted CM and damaging aftereffects, met the criteria for "thriving" in adulthood, in that their success in work and relationships far surpassed what their backgrounds would predict.

Findings of this study support the emerging empirical literature demonstrating the human capability of transcending severe trauma (Bonanno, 2004; DeFrain, Jones, Skogrand, & DeFrain, 2003). "Thrivers" were characterized by resolute determination to surmount the abusive past, even though the work of healing was hard and often required many years of psychotherapy and self-strengthening measures. Their resoluteness reflects gaining an internal locus of control and striving for power, as seen in previous studies of resilient survivors (James, Liem, & O'Toole, 1997; Valentine & Feinauer,

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1993). Contrary to the research of Liem, James, O'Toole, and Boudewyn (1997), we did not find thrivers to be older than strugglers, nor was there greater chronological distance from the abuse. Thrivers were not spared depression and anxiety-related illnesses, but their stories were consistent with the "agentic" narratives described by Polkinghorne (1996), in which the narrators displayed persistence and competence in solving problems. Strugglers, in contrast, related "victimic" narratives (Polkinghorne, 1996), in which they are trapped in circumstances beyond their control. To them, the childhood abuse remains vivid and seems unconquerable. Their stories resemble Tomkins's (1987) "contamination scripts," in which the protagonist "may win battles [but] she loses the war" (p. 168).

Yet a gloomy prognosis for the struggling women should not automatically be assumed. Humans continue to develop throughout their lives (Levinson, 1996). Narratives depict participants at a point along the way, as their life trajectories continue to unfold. At the time of data collection, some strugglers were contemplating new career directions, taking positive steps to decrease destructive interactions with families, and/or resuming psychiatric treatment. Given the significant steps made by some women during the study, there is reason for optimism about upward movement for those struggling. Our findings support Newman, Walker, and Gefland (1999) regarding benefits gained from interview research on child abuse. Discrepant from some thriving studies, extrafamilial support was often lacking for these participants when they were children. Several researchers found that support given at the time of abuse disclosure is associated with a child's subsequent adjustment (Esparza, 1993; Everill & Waller, 1995; Johnson & Kenkel, 1991). Our participants, however, were seldom validated by adults when they disclosed CM as children. In fact, negative repercussions were more common. Our participants also differ from the resilient participants in longitudinal studies such as Werner's (1995) because most of them had neither one nurturing, competent parent, nor did they have support from traditional sources in the community. Like the participants in a study by DeFrain et al. (2003), women in our sample received little assistance from the church during childhood, although some were comforted by an image of God or Jesus. In adulthood, with few exceptions, spirituality/religion was not strongly evident in most narratives. Unlike highly religious participants studied by Valentine and Feinauer (1993), our participants who reported church attendance gave reasons such as the music, discussion groups, and benefits for their children.

The altruism and generativity of the study participants is remarkable. Altruistic adults studied by McAdams, Diamond, de St. Aubin, and Mansfield (1997) had enjoyed childhoods in which they felt blessed and advantaged. Inasmuch as none of the participants in the present study enjoyed such a childhood, their devotion to prosocial service activities is notable. With the exception of Poorman (2002), researchers have not associated thriving with contributing to others. However, an early report by Crockett (1984) identified a subgroup of severely abused survivors who employed altruism as a way of coping, and Rubin (1996) found a strong sense of commitment to something beyond personal interests in individuals who had transcended adversity.

Study findings stand in opposition to prevalent societal assumptions that abuse survivors will perform poorly in school and work, fail to achieve normal intimate relationships, and perpetuate abusive behavior in parenting their own children (J. M. Hall, 2000; L. A. Hall, Sachs, & Rayens, 1998). However, analogous to Holocaust survivors whose wounds are not completely healed (Amir & Lev-Wiesel, 2003), our study participants are not completely free of aftereffects of abuse. Depressive episodes and PTSD symptomatology interrupt their upward progress. Participant narratives support previous research indicating that CM survivors might need longer, rather than short-term, therapies (Stalker & Fry, 1999).

Because therapists (good and bad) were so figural in the narratives of this sample, a few recommendations for clinicians are in order. Patience, gentleness, and sensitivity are required in working with CM survivors, not pressuring women to remember abuse, nor urging them to confront (or forgive) abusers if they do not wish to do so. Healthy distortion of early experience is self-protective among trauma survivors (Fonagy, 1999). Tedeschi and Calhoun (1995) suggest that clinicians who work with traumatized individuals might need to develop greater tolerance for illusions. J. M. Hall (2003, p. 289) asserts that "it may not be a necessary or desired clinical goal to corroborate abuse memories or the suspicion of them." Supporting this position, Klein and Janoff-Bulman (1996) found that college students who were abused as children exhibited less psychological distress when they avoided dwelling on the past events. Repressors showed better adjustment than other abuse survivors in a study by Bonanno, Noll, Putnam, O'Neill, and Trickett (2003). Midlife therapy clients who were children during the Holocaust achieved well-being by

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leaving the traumatic narrative of their terror and loss in a "capsule," separated from other parts of the life story (Shamai & Levin-Megged, 2006).

Conclusion

> Existence always carries forward its past, whether it be by accepting it or disclaiming it. We are, as Proust declared, perched on a pyramid of past life. (Merleau-Ponty, 1962, p. 393)

The past lives of our study participants were filled with horrors that most people never experience. Yet they became resolute, and the past was relegated to the background while healthy relationships and self-protection took center stage. Their narratives permitted identification of pivotal moments in their lives that accelerated the healing process. Redemption could be achieved via self, therapy, a nurturing relationship, or God. The onset and pace of the healing trajectory was quite variable, including both a turbulent roller-coaster pattern as well as a pattern of slow, steady progress. This study contributes to extant literature on PTG (Tedeschi et al., 1998). However, it should be noted that the theoretical model of PTG is based on there being a period of "moderate well-being" prior to the disruption of the trauma. Therefore, PTG scholars have hypothesized that adversity during childhood, as compared to adulthood, would be less likely to produce PTG (Cohen, Hettler, & Pane, 1998). Our data suggest that PTG is indeed possible in individuals who did not have moderate well-being before they were traumatized, although further research is needed. Our study also extends the work of McAdams on redemption and generativity (cf. McAdams & Bowman, 2001) to a more deeply traumatized population than that previously examined. The insight, resoluteness, and generativity displayed by participants in this study filled us with admiration and awe. Their articulate voices command attention of clinicians and policy makers because earlier and more efficacious interventions could have fostered earlier thriving and mitigated years of their suffering. Because millions of adult survivors still suffer daily from aftereffects of CM, their voices should also compel all of us, across the globe, to intensify our efforts to eradicate the evil of CM.

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