Socio-cultural contexts in trauma recovery and post trauma growth in women who experienced

intimate partner violence: A social constructivist lens

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ABSTRACT

Trauma recovery and post trauma growth are two desirable outcomes of a traumatic event. Meaning-making and narrative development are two processes that support both trauma recovery and post trauma growth. The way in which we make meaning or develop stories about the events in our lives however, are governed by socio-cultural contexts. Social constructivism emphasizes that the way in which individuals think, feel, and act are engrained in her being early on by the social and cultural networks that surround her. Therefore, even though an individual may think that she is generating a thought or making a choice, these processes have already been influenced by socio-cultural contexts long before she learned how to speak or formulate a worldview. This study aimed to examine the lived experiences of women who have been through intimate partner violence, tracing their journey towards trauma recovery and post trauma growth, and trying to find how and the extent to which their journeys were affected by socio-cultural contexts. This study takes a social constructivist lens that emphasizes the effects of our socio-cultural environment on individual meaning-making, narrative development, and decision making post trauma. The results of the study indicate that socio-cultural contexts play a significant role in individual responses to trauma like intimate partner violence, and there are socio-cultural components that can facilitate trauma recovery and post trauma growth.

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GENERAL AUDIENCE ABSTRACT

When human beings experience adverse events in life, they can develop a traumatic response to the event. Traumatic response however, is just one possibility. Sometimes individuals who have been through events that have led to a trauma response can also experience resilience, recovery, and even growth. The way in which human beings respond is not only in their power but is also influenced by their environment. Socio-cultural contexts that surround us influence the way in which we make meaning of life events and develop stories or narratives regarding those events. This purpose of this study was to find whether socio-cultural contexts affected women who had experienced intimate partner violence in their meaning-making and narrative development, and how these influences played out in their decision making process post trauma. The study intended to find to what extent trauma recovery and post trauma growth could be influenced by socio-cultural contexts. Additionally, the study wanted to explore how professional counselors may contribute to survivor's journeys. The results indicate that socio-cultural contexts deeply influence the process of meaning-making and narrative development, thereby affecting trauma recovery and post trauma growth. Additionally, results indicate that professional counselors can play an essential role in facilitating processes that lead to recovery and growth post trauma.

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A quote from one of Emily Dickinson's poem has always kept me going – "Hope is that thing with feathers that perches in the soul, and sings the tune without the words, and never stops at all". Whenever I felt unsure in life I have gone back to that quote for help, to look forward to things that may not be visible to me through life's struggles.

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Out of the night that covers me,

Black as a pit from pole to pole,

I thank whatever Gods may be

For my unconquerable soul.

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I have not winced nor cried aloud.

Under the bludgeonings of chance

My head is bloody, but unbowed.

Beyond this place of wrath and tears

Looms but the Horror of the shade,

And yet the menace of the years

Finds and shall find me unafraid.

It matters not how strait the gate,

How charged with punishments the scroll,

I am the master of my fate,

I am the captain of my soul.

~William Ernest Henley, 1875.

Chapter 1

Introduction

In 1875, William Ernest Henley was going through a life-threatening medical condition when he composed this unnamed poem. In this poem, he details a variety of difficult life circumstances that could lead anyone to declare defeat. Henley recognizes the presence of these challenging life circumstances, the uncertainty that surrounds recovery for them, and the fear related to the unpredictability of the future. However, he uses words like *unconquerable, unbowed* and *unafraid*. He portrays a certain passion for life and the drive to continue pursuing a better one. Nothing appears to have the ability to thwart his efforts. He ends the poem, with a powerful couplet that describes his idea of someone who perseveres despite life's challenges. Henley says, *I am the master of my fate, I am the captain of my soul*, asserting how an individual inherently holds power over life by making meaning of life circumstances, continuing to persevere and strive for a better one, and as a result consistently moving forward. Eventually this poem was accurately named *Invictus* which means *unconquered* (Henley, 1888; Poetry Foundation, 2018).

Invictus, denotes the interplay between the individual and the environment in response to life circumstances. The power of choice is brought forth in the idea that as human beings, we have the ability to choose our responses to most life situations. The manner in which we respond to situations in life, however, may depend on our worldview, which is influenced by social and cultural contexts that we have resided in since birth (Vygotsky, 1978). In exploring various responses to crisis situations and traumatic life circumstances, researchers in the fields of counseling, psychology, and trauma studies have often separated the situation and the individual from the socio-cultural contexts (Brown, 2008; Bryant-Davis, 2005), thereby often eliminating

the possibility of understanding the various responses to crisis or trauma holistically. Theorists who have focused on understanding the individual in relationship to her environment (Bandura, 1986; Piaget, 1952; Vygotsky, 1978), state that an attempt to understand an individual is incomplete if the environment or socio-cultural context(s) in which the individual lives in and creates her sense of reality is overlooked.

When an individual's socio-cultural context is taken into consideration, crises or traumatic life circumstances, such as what Henley describes in his poem, take on a richer, holistic point of view. The understanding derived from the intersectionality of an individual, her socio-cultural context, and the crisis situation or traumatic life circumstance can lead researchers to better understand an individual's response to trauma, her journey towards recovery, as well as her trajectory of growth beyond recovery which is the intent behind this study.

Context of the Study

Human beings assume that the world is mostly a safe place (Janoff-Bulman, 1992), till a crisis or trauma occurs. However, when this assumption is shattered, an adjustment is needed to integrate that event into an individual's preexisting worldview. Most individuals, after an initial period of distress, return to previous levels of functioning (Lepore & Revenson, 2006). For these individuals the readjustment process does not require much effort. This ability to recover quickly is known as resilience or the ability to "bounce back" (Jackson-Cherry & Erford, 2014, p. 16). Some individuals, however, may succumb to the trauma or internalize it (O'Leary & Ickovics, 1995) which can lead to partial or complete loss of functioning and/or the development of conditions such as depression, anxiety, substance use, acute stress, or posttraumatic stress, to name a few (Coker et al., 2002; Rowell & Thomley, 2013). A certain individual, however, after a period of struggle might integrate the new reality into her life – the world is mostly safe and

sometimes bad things can also happen (Herman, 2015; Janoff-Bulman, 1992). Recovery, however, is not always consistent and to continue to strive for stability in recovery might become a struggle for some. There are other phenomena that go beyond recovery, like posttraumatic growth (PTG), stress-related growth, and thriving, all collectively defined as adversarial growth (Calhoun & Tedeschi, 2006; Carver, 1998; Linley & Joseph, 2004; O'Leary & Ickovics, 1995; Park, Cohen, & Murch, 1996). They describe not the absence of distress but the presence of growth despite it. The crisis or trauma becomes the "seismic event" (Calhoun & Tedeschi, 2006, p. 8) that leads to this growing edge. The individual now adjusts her worldview and transforms into someone who has been able to persevere in her journey towards recovery in a way that has led her to achieve growth beyond recovery (Calhoun & Tedeschi, 2006; Carver, 1998; Linley & Joseph, 2004; O'Leary & Ickovics, 1995).

In Japan, when a piece of pottery breaks, a method known as *kintsugi* is used to repair the broken piece. It involves re-joining all the broken pieces together with lacquer-based glue that is mixed with powdered gold, silver, and sometimes platinum (Hammill, 2016). Not only does this add value to the piece of pottery but is also a fantastic metaphor for growth beyond trauma and the beauty that can result from a catastrophe. Although it is imperative that all pieces are brought back together in this process; a single piece cannot be turned into a whole new piece of pottery.

Growth beyond recovery or post trauma growth is not easily recognized. This may be because distress and growth are not mutually exclusive (Calhoun & Tedeschi, 2006). The individual may be suffering from the undesirable aspects of trauma, but they may in fact have also experienced something desirable (Calhoun & Tedeschi, 2006). One reason for not recognizing desirable effects of trauma may be that after an event that shakes our entire being, the lens through which one looks at life is colored by the trauma itself (Janoff-Bulman, 1992).

Another explanation may be that we are conditioned by our socio-cultural environment to hold life's struggles and difficulties in contempt due to their undesirable aftereffects or the inconvenience it causes our family and friends, our coworkers or other support systems (Brown, 2008; Echterling, Presbury, & McKee, 2005; Weiss & Berger, 2010). Additionally, society often places blame or shame on the survivors of a trauma instead of the perpetrator or the traumatic event (Brown, 2008; Bryant-Davis, 2005). For example, an individual who is sexually assaulted may have to bear the additional trauma of people questioning his character, sexuality, and sexual behavior choices. A woman filing for divorce due to an emotionally abusive marriage, may be blamed or shamed for not being a successful homemaker, wife, daughter, or woman, instead of the people around her recognizing the pervasive effects of emotional abuse.

How is it then, that these individuals find their way to growth beyond this chaos? Viktor Frankl, in his book *Man's in Search of Meaning* says, "everything can be taken from a man but one thing: the last of the human freedoms—to choose one's attitude in any given set of circumstances, to choose one's own way." (2006, p.66). The choices we make however are influenced by the way in which we make sense of the world around us (Bandura, 2002; Vygotsky, 1978). According to The Bioecological Theory (Bronfenbrenner & Ceci, 1994), there are systems in our immediate environment that influence how we make sense of the world around us, how we make meaning of situations in life, and the way in which we make choices related to these situations in order to cope.

Meaning-making and developing narratives or narrative development are two processes that are deeply connected to trauma recovery, resilience, and PTG (Bonanno, 2004; Calhoun & Tedeschi, 2006; Herman, 2015). As human beings we communicate through stories and narratives that help us process information as well as transfer knowledge (East, Jackson,

O'Brien, & Peters, 2010). We are surrounded by stories and narratives that have been passed

down from generation to generation, and they help us respond to various life situations. They

become the filter through which we view our reality; they become our worldview (Ross, 1997).

Social constructivism (Cottone, 2001; Vygotsky, 1978) places importance on the

environment in which the individual resides. According to Vygotsky (1978) our socio-cultural

contexts play a major role in the development of our worldview. Our worldviews are what help

us make meaning and decisions regarding how to respond to situations in life, for example, a

crisis or a trauma (Calhoun & Tedeschi, 2006; Neimeyer, 2006; Neimeyer & Raskin, 2000; Park,

2010; Weber & Morris, 2010). Our worldview is established as a result of our interaction with

our environment and our socio-cultural norms (Bandura, 2002; Echterling et al., 2005). Culture

can be defined as a set of values, norms, beliefs, attitudes as well as patterns of behavior and

meaning that are transferred from one generation to the next (Bryant-Davis, 2005; Fiske, 2002;

Geertz, 1973; Ross, 1997). These include our immediate surrounding like what is described by

Bronfenbrenner (2005) as *microsystems* and our larger cultural, political, geographical, and

national environment called *macrosystems*.

Socio-cultural norms, values, and beliefs are long established in society and often

engrained into all the systems in which we exist (Liebeck & Pollard, 1994). Therefore, to avoid

socio-cultural ostracism, we tend to make choices and decisions according to the *rules*. It is

apparent therefore, that when faced with an undesirable situation, our ingrained socio-cultural

contexts play an important part in how we view, make meaning, and ultimately respond to a

personal trauma, tragedy, or crisis (Brown, 2008; Bryant-Davis, 2005; Cottone, 2001; Vygotsky,

1978). Judith Alpert (2015) records her own personal journey as well as her mother's journey

with trauma. She states that she had always known that something had happened to her mother,

but she never knew what it was. Alpert says that her mother shared on her deathbed that she had been sexually assaulted and because it was historically a topic of shame and mortification for Jewish women, she had never mentioned it to anyone till her dying breath. Both she and her daughter had suffered the effects of this event their entire lives. Healing, recovery, growth silenced even before it could start because the socio-cultural and even historical contexts in this case did not allow space for it.

Socio-cultural contexts can deeply influence how we think, feel, behave, and even define crisis or trauma (Shalev, Yehuda, McFarlane, 2000; Weiss & Berger, 2010). Therefore, the processes that are involved in trauma recovery and post trauma growth can also be deeply influenced by our socio-cultural contexts. The individual's view of the event, her own self, what it means for life after the event, would all be influenced by these contexts and therefore, the choices that she makes to reconfigure life beyond it all would be as well.

Statement of the Problem

Since awareness regarding the pervasive effects of trauma has hit the global 21st century community, researchers in the field of counseling, psychology, and human development, around the world have attempted to explain the effects of trauma, how it is developed in an individual, how it manifests in various ways, and how it is treated thereafter. The best possible treatments are being developed and researched across the globe. The field of trauma psychology has been growing consistently since the addition of posttraumatic stress disorder (PTSD) in the Diagnostic and Statistical Manual (DSM, American Psychiatric Association, 1980), a large body of research has been devoted to discovering factors that have the capacity to influence an individual before (pre-), during (peri-), and after (post-) trauma evidenced by the plethora of information available on trauma through the Substance Abuse and Mental Health Services Administration (SAMHSA),

National Center for PTSD, The National Child Traumatic Stress Network (NCTSN), National Institute of Health (NIH), National Institute of Mental Health (NIMH), and World Health Organization (WHO) to name a few. However, this is considered a minimalistic view by some theorists and researchers who have over the years advocated for research that focuses on desirable aftereffects of crisis or trauma as well (Calhoun & Tedeschi, 2006; Linley & Joseph, 2004; O'Leary and Ickovics, 1995). O'Leary and Ickovics (1995) state that this kind of research may "provide an important foundation for a paradigm shift away from a focus on illness and pathology towards one that understands, explains, and nurtures health" (p.121).

The focus away from pathology is crucial, especially for professional counselors, because they adopt a wellness orientation to mental health (American Counseling Association [ACA], 2014) and focus on "enhancing human development throughout the lifespan" (p.3) for their clients. Honoring the uniqueness of each individual client and their socio-cultural context(s), counselors strive to help their clients fulfill their inherent potential (Deci & Ryan, 2008; Maslow, 1943). Additionally, counselors can observe firsthand how each client responds to life situations in her own unique way. The choices that she makes, how she views and makes meaning of the traumatic event(s), adaptation and integration of the event(s) into her current worldview, govern how she moves forward in her journey towards trauma recovery and post trauma growth (Echterling et al., 2005). The therapeutic models that believe in treating an individual as a whole (i.e. gestalt, existentialism, bioecological theory, and social constructivism), would say that these choices are influenced by the socio-cultural contexts she is a part of and vice versa.

In fact, Cottone (2001) takes a radical position stating that there is no individual choice - that choice, in fact, is social construct. Radical social constructivists might agree with this point of view. Distal cultures (Calhoun & Tedeschi, 2006) like the sociopolitical system, race,

ethnicity, gender, sexual orientation, socioeconomic status as well as proximate cultures

(Calhoun & Tedeschi, 2006) like family system, extended family, neighborhood setting, and

school systems are all engrained in the individual since birth (Vygotsky, 1978). Social

constructivists call this process internalization (Vygotsky, 1978). They state that the individual

and their socio-cultural context cannot be separated from each other (Vygotsky, 1978).

Therefore, if counselors and mental health professionals are to help individuals in a meaningful

way, the socio-cultural contexts of their clients must be prioritized (Brown, 2008; Bryant-Davis,

2005).

Erikson (1963) presented a theory of psychological development that was based on the

successful resolution of life crises. These included: trust versus mistrust, autonomy versus shame

and doubt, initiative versus guilt, industry versus inferiority, identity versus role confusion,

intimacy versus isolation, generativity versus stagnation, and ego integrity versus despair.

Erikson stated that these crises appeared across the lifespan of an individual. A favorable

resolution of any life crisis, for example, identity versus role confusion, in a positive resolution

scenario would lead to growth and healthy development of the individual, i.e., a healthy holistic

identity. On the other hand, an unfavorable resolution would lead to confusion, chaos, and

unwanted stress. In both cases, whatever the resolution, the individual's thoughts, feelings, and

behaviors would be affected long term. Similarly, when applied to trauma or adversity, a positive

resolution leads to a sense of strength, resolve, competence, and a well formulated perspective.

On the other hand, a negative resolution could lead to bitterness, alienation, helplessness, or

hopelessness (Echterling et al, 2005).

Counselors and mental health professionals are placed in a position that can aid both

recovery and resolution as well as facilitate choices that could lead to desirable aftereffects like

post trauma growth. This path does not come without its challenges. Difficulties may arise when professionals may inadvertently impose their own socio-cultural contexts onto their clients but also when the client herself is assessed and understood apart from her socio-cultural context. Bronfenbrenner called the aspects that influence an individual "interconnected systems" (Bronfenbrenner, 2005, p.1). The individual cannot be separated from these systems for the sake of gathering data, making a study more scientific, or to standardize treatment procedures (Bryant- Davis, 2005). In order to help the whole individual, nothing but the consideration of the whole is acceptable.

Purpose of the Study

Bryant-Davis (2005) and Brown (2008) have expressed concerns related to the oversight of socio-cultural influences in trauma treatment. Bryant-Davis (2005) in her book *Thriving in the Wake of Trauma,* states that it is imperative to consider socio-cultural influences when helping individuals who have been through traumatic events. She says that because we get direct and indirect messages from our socio-cultural environments on cognitive, affective, and behavioral expectations, the ways in which an individual may respond to any situation may depend on how these messages have been internalized. Brown (2008), in her book *Cultural Competencies in Trauma Therapy*, states that "one's specific personal heritage is what creates the texture of one's trauma response" (p.13). She lays down specific gaps that have yet to be addressed in the field of trauma psychology in her book. She points out the barriers as well as limitations faced by counselors and mental health professionals related to addressing socio-cultural contexts and how they play a part in the understanding of someone who has been suffering the aftereffects of a traumatic event. She focuses particularly on issues of power and privilege which are beyond the

scope of this study, but she brings up an aspect of how a traumatic event may be viewed by an individual when her worldview is full of stories or powerlessness or experiences of oppression.

One specific issue that comes up related to powerlessness is the experience of intimate partner violence (IPV). D'Amore, Martin, Wood, and Brooks (2018), found that for the survivors of IPV, control played an essential role in those relationships. According the WHO (2019), intimate partner violence is a type of interpersonal violence or violence that takes place between individuals. Unfortunately, women are statistically more likely to be victimized by IPV (WHO, 2012). Intimate partner violence is defined as "one of the most common forms of violence against women and includes physical, sexual, and emotional abuse and controlling behaviours by an intimate partner" (WHO, 2012).

A WHO report on the prevalence and health effects of intimate partner violence (2013), described pathways and health effects of IPV. A significant part of these pathways were the effects on mental health – PTSD, anxiety, depression, eating disorders, and suicidality. These intricate pathways are also connected to the type of IPV – physical, sexual, emotional or psychological, and fear and control (WHO, 2013). Additionally, it is a concern that there are social and cultural norms that support violent behavior (WHO, 2009). This is one-sided however, we can talk about socio-cultural norms and how they lead up to or facilitate violence, but we must also consider that socio-cultural norms may affect trauma recovery and post trauma growth.

Strides have been made in order to include culturally competent training and practice related to trauma treatment in mental health fields (American Psychological Association [APA], 2015; The Council for Accreditation of Counseling and Related Educational Programs [CACREP], 2009). However, there is a lot we do not know about how exactly socio-cultural contexts affect the processes that lead to trauma recovery and PTG (Calhoun & Tedeschi, 2006;

Meichenbaum, 2006; Weiss & Berger, 2010), especially those of meaning-making and narrative development. Additionally, research has also not given full attention to a socially constructivist point of view regarding trauma, trauma recovery, and post trauma growth, i.e., figuring how socio-cultural contexts affect how an individual perceives her situation, what she thinks, feels, or how she behaves as result. How socio-cultural contexts affect her worldview. Therefore, the purpose of this study is to take a step in the direction of filling this gap and to start with exploring the lived experiences of women who have experienced intimate partner violence. The focus is on how socio-cultural contexts affected their trauma recovery and post trauma growth, with a specific focus on the process of meaning-making, narrative development, and choices they made after (the) traumatic event(s).

Research Questions

The following research questions will guide this study:

1. How do socio-cultural context(s) affect trauma recovery and post trauma growth?

   a. How are the processes of meaning-making or narrative development affected by socio-cultural context(s)?

   b. How do socio-cultural context(s) affect subsequent choices post trauma?

2. During their counseling experiences, in what ways did the participants experience their socio-cultural context(s) being taken into consideration by their counselor?

Definition of Terms

Some important definitions used during this and other chapters are defined briefly below:

1. *Crisis* is defined as "a perception or experiencing of an event or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (James, 2008, p. 3).

2. *Trauma* is defined as a state of emotional upheaval after an event that surpasses the demands of the usual coping mechanisms an individual utilizes to cope (Echterling et al., 2005).

3. *Recovery* is defined as returning to previous levels of functioning or homeostasis. In the context of trauma, recovery means to regain homeostasis after the debilitating effects of the trauma (Bonanno, 2004; Harvey, 1996; Herman, 2015).

4. *Posttraumatic growth* is defined as the experience of growth which reaches beyond resilience. It is a holistic integration and assimilation of past experiences and present circumstances (Calhoun & Tedeschi, 2006).

5. *Social constructivism* is the school of thought that defines the nature of the construction of knowledge and reality to be influenced by social interaction. It states that our worldview is a result of the socio-cultural systems in which we live and that we co-constructed our knowledge and reality with the help of others around us (Vygotsky, 1978).

6. *Socio-cultural context(s)* is the environment in which an individual lives. It encompasses norms, rules, beliefs, values, and practices that are transferred from one generation to another through the medium of society (Fiske, 2002).

7. *Intimate partner violence* is defined as physical, psychological, sexual violence, or neglect/deprivation by a romantic partner (WHO, 2002).

Overview of Method

This study is designed as a qualitative phenomenology. Qualitative methods allow the researcher to explore the 'how' and 'in what way' questions of an event or experience (Creswell, 2014). As the focus is to study the phenomenon of trauma recovery and post trauma growth, the

methods used for data collection and analysis will follow the phenomenological research design (Ashworth, 2008). Participants will be recruited throughout Southwest Virginia within driving distance from Roanoke or Blacksburg, Virginia. Recruitment will happen in two ways – one through flyers in counseling centers and domestic violence shelters, and second through professionals who have worked with women who have experience IPV. Willing participants will complete a screening questionnaire online that will contain questions directly related to the inclusion criteria. Once this is completed and a participant is eligible, they will be contacted for an interview.

Data collection will be done through two-phased interviews with participants, gathering information related to their lived experiences of trauma recovery and post trauma growth and how their specific socio-cultural context(s) affected the processes of meaning-making and narrative development. The first interview will be face-to-face and will be audio and video recorded and transcribed using an approved transcription service. These will last approximately 60-90 minutes. Interviews will take place in a convenient location in the Roanoke or Blacksburg area where reasonably confidentiality can be assured. For example, the participants could meet with the researcher at the Roanoke Higher Education Center in Roanoke or Corporate Research Center in Blacksburg. Participants will be given twenty-dollar gas cards in appreciation of their contribution to the study. The transcription service and the gas cards will be funded by a scholarship awarded to this study by The Center for Peace and Violence Prevention at Virginia Tech. The follow-up interview will take place online via a confidential web portal called Zoom, one-two weeks after the first interview. This will last approximately 20-30 minutes. These will be used to clarify initial data analysis as well as provide the participants an opportunity to add to or clarify their experiences and process what the interview experience was like for them.

The mode of data analysis being used for coding is a unique method called the interpretative phenomenological analysis or IPA (Smith & Osborn, 2008), which utilizes a contextual interpretive stance. It strongly supports the idea of understanding a phenomenon within the context of the participant. This method of data analysis is uniquely suited for this study because it affirms the stance of the study itself, i.e., to prioritize the context(s) of the participant instead of the interpretation by the researcher, which is the usual qualitative data analysis strategy. Emerging themes would help inform the answers to the research questions. Recruitment and data collection will start after approval from the Institutional Review Board (IRB) of Virginia Tech.

Summary

An introduction and overview of the study was presented in chapter one. A detailed review of literature is presented in chapter two along with the theoretical framework and lens through which this study is being viewed. This is followed by a detailed description of the methodology in chapter three. Chapter four presents the findings of the study and chapter five presents a discussion regarding the findings as they relate to the literature that already exists, implications for counselors, counselor educators, supervisors, and advocates. It also presents the limitation of the study and directions for future research. The appendices include the screening questionnaire, interview protocols for the initial interview and the follow-up interview, IRB application, recruitment flyers, materials for professionals if they are willing to recruit for the study, and detailed informed consent.

Chapter 2

Review of Literature

Chapter two details key concepts that are important for establishing the context of this study and presents a review of literature that has already been explored in the fields of counseling, psychology, and human development related to trauma, trauma recovery, and growth beyond trauma. Research connecting intimate partner violence (IPV) to trauma recovery and post trauma growth is also explored. The intention behind reviewing literature is to understand the various underpinnings surrounding trauma counseling and gaps that have yet to be explored in both research and practice. The theoretical framework will also be discussed to provide an insight into the lens through which the current study is being viewed and designed. In summary, we establish the foundation for this study, which is to explore the lived experiences of women who have been through IPV and how socio-cultural contexts influenced their process of meaning-making and narrative development, and choices after their experiences as it related to trauma recovery or post trauma growth.

In order to understand the purpose of the study being undertaken, it is imperative to explore literature that already exists and has been explored by researchers in mental health related fields. First, it is important to understand the differences and similarities between the concepts of stress, crisis, and trauma. The history of the diagnosis of posttraumatic stress disorder (PTSD) will follow. Third, theories that attempt to explain the development of trauma are listed with detailed focus on the Theory of Shattered Assumptions presented by Janoff-Bulman in 1992. A variety of concepts related to trauma recovery, such as, resilience, resolution, recovery, and growth beyond trauma are discussed next with a focus on similarities and nuanced differences between them. Individual socio-cultural context(s) are an important aspect of this

study, therefore, the chapter will define what socio-cultural contexts are and how they develop.

Finally, the chapter will dive into the theoretical framework and explore the lens through which

this phenomenology is being viewed.

Literature Review

Stress, Crisis, and Trauma

Stress is a term that has become a part of our day-to-day living and language. Hans Selye

came up with the term in 1936 (Selye, 1973). He defined *stress* as "the non-specific response of

the body to any demand for change" (Selye, 1973, p. 692). He stated that there were two types of

stress – eustress, meaning stress that increases motivation, and distress, meaning something that

causes anguish or pain. Eustress is considered important because it is known to drive human

beings to action. It is the optimal level of stress that motivates and inspires. Distress on the other

hand can be defined as the presence of too much stress or a demand for change in an

unchangeable situation that disrupts functioning, leading the individual to be overwhelmed by

anxiety and pain. It drains all the individual's current coping resources thereby rendering her

helpless (Selye, 1973).

As human beings, we are constantly being presented with situations in life that can be

stressful or difficult to deal with. These are known as crisis situations. The origin of the word

crisis lies in the Greek word *krisis* used originally as a medical term that meant "decisive point",

which denotes the turning point of a disease (Oxford English Dictionary, 2017). Crises may

encompass a variety of situations and the response to these situations differs from person to

person depending on how an individual is interpreting the situation presented.

James (2008), in his book *Crisis Interventions Strategies* (6th ed.) has provided the most

comprehensive definition of crisis stating that "crisis is a perception or experiencing of an event

or situation as an intolerable difficulty that exceeds the person's current resources and coping mechanisms" (p. 3). Echterling et al., note that "no one emerges from a crisis unchanged" (2005, p.2). However, the way in which a crisis is resolved and the changes that occur as a result can vary for different individuals. A negative resolution to a crisis can lead an individual to be alienated, bitter, and have a devastating effect on their relationships. A positive resolution, however, can lead to an appreciation for life, change in perspective, stronger resolve for life goals, feelings of competence as well as deeper, richer relationships (Echterling et al., 2005). This indicates that a crisis can result in both undesirable and desirable results depending on how it is resolved.

Piaget (1952) explained the concept of crisis as an event that causes *disequilibrium*. He stated that when disequilibrium happens, and individual will utilize her coping strategies and resources to regain equilibrium or *homeostasis* (1952). A crisis stretches an individual's coping mechanisms and resources, but even though it causes stress, most individuals attempt to and are successful in coping with it (Echterling et al., 2005). It is when an individual is unable to cope that difficulties arise. According to James (2008), a crisis that has not been resolved favorably and lasts for more than approximately 6-8 weeks can have far reaching consequences into the individual's life. This causes a "transcrisis state" (p. 5) for the individual that can last a lifetime in some cases.

Dulmus and Hilarski (2003), sought to clarify the meaning and usage of the terms stress and crisis, specifically stating that situations that are stressful, i.e. crisis situations, lead to a crisis when an individual perceives and interprets these situations as crisis. There is subjectivity involved in the use of these terms. For example, a flat tire may be perceived as stressful by one individual but interpreted as a crisis by another depending on each one's interpretation.

The word *trauma* originated from the Greek word trauma, which literally means *wound* (Echterling et al., 2005). Figley (2012) defines trauma as "the area between catastrophe and death" (p. 676). The Substance Abuse and Mental Health Services Administration (SAMHSA) states that:

> "Individual trauma results from an *event*, series of events, or set of circumstances that is *experienced* by an individual as physically or emotionally harmful or life threatening and that has lasting adverse *effects* on the individual's functioning and mental, physical, social, emotional, or spiritual well-being." (SAMHSA, 2014, p. 7)

According to the American Counseling Association (ACA, 2011), trauma can be distinguished into two categories – physical, which encompasses bodily injury that cannot be healed without medical attention; and psychological and emotional trauma that affects an individual's "spirit, and sometimes the will to live, as well as beliefs about the world and oneself, dignity, sense of security, thinking, and feeling" (Fact Sheet #7). According to the APA, trauma can be defined as an intense emotional response to an event like an accident, witnessing or being subject to physical or sexual assault, or living through a natural disaster like an earthquake (Rowell & Thomley, 2013).

Taking both definitions mentioned above and the categories of trauma into consideration, any type of violence could be considered a trauma. According to the definition adopted by the WHO in 1996 violence is:

> "the intentional use of physical force or power, threatened or actual, against oneself, another person, or against a group or community, that either results in or

has a high likelihood of resulting in injury, death, psychological harm,

maldevelopment or deprivation." (WHO, 2002, p. 4)

Violence is divided into three major categories – self-inflicted, interpersonal, and community

(Krug, Mercy, Dahlberg, & Zwi, 2002; WHO, 2002, WHO, 2019). The interpersonal violence

category consists of family/partner violence and community violence. Family violence is sub-

categorized into child, intimate partner violence, and elder abuse (Krug, et al., 2002; WHO,

2002). There are sub-divisions by nature of violence, i.e., physical, sexual, psychological or

emotional, and deprivation or neglect (Krug, et al., 2002; WHO, 2002).

Intimate partner violence, which is also commonly referred to as domestic violence,

includes all categories of the nature of violence - physical, sexual, psychological or emotional

violence, and deprivation or neglect (Krug, et al., 2002; WHO, 2002; WHO, 2012). It is

important to differentiate domestic violence from IPV and not use them interchangeably.

Domestic violence can be perpetrated by any member of the family, whereas IPV is perpetrated

by a romantic partner (WHO, 2012). For this study the focus is on IPV.

The effect of the trauma can be overwhelming and surpass the individual's capacity to

cope using her usual strategies. It is something that causes "wordlessness and thoughtlessness"

(Figley, 2012, p.676). In case of IPV, survivors have to adjust not only to the physical wounds,

in case of physical violence, but also psychological wounds, including but not limited to,

lowered self-esteem, increase levels of anxiety, eating disorders, posttraumatic stress disorders,

and sexual dysfunction (Clements & Sawhney, 2000). Even so, since the word *trauma* has joined

mainstream language and it is important to distinguish and differentiate between what can be

considered a trauma, a traumatic situation, a traumatic event, and traumatic stress.

Traumatic situations are circumstances that hold the capacity to elicit an extreme stress response from an individual, for example, shock, denial, and emotional upheaval (Rowell & Thomley, 2013). These situations, if materialized are called traumatic events, for example, combat, physical or sexual assault, natural disasters, accidents, or emotional abuse (Calhoun & Tedeschi, 2006; National Alliance on Mental Illness [NAMI], 2017). Traumatic events are characterized as such due to their potential effect on an individual and her sense of safety (ACA, 2011), it is defined as a circumstance that significantly challenges an individual's worldview (Calhoun & Tedeschi, 2006).

Traumatic response is the result of a traumatic event that goes beyond the individual's usual coping strategies (Echterling et al., 2005), leading the individual to question their understanding of the world around them, and shattering their assumption that the world is a safe place (Janoff-Bulman, 1992). The individual must now come to terms with both the event and what it means for her world moving forward. This has the capacity to cause significant distress. However, around 80% of individuals that go through a traumatic life event, after a period of stress, readjust and bounce back to previous levels of functioning. This ability to bounce back into a state of equilibrium or homeostasis is commonly known as resilience (Jackson-Cherry & Erford, 2014). To clarify, distress is inevitable and a normal response after a stressful situation or even a traumatic situation, however there is a minority of individuals who are unable to return to previous levels of functioning. The long-term effects of trauma include, but are not limited to, the experience of intrusive, recurrent, distressing thoughts and feelings, flashbacks, dissociation, and sleep disturbances. These make daily functioning difficult and are indicators of the development of posttraumatic stress disorder or PTSD (American Psychiatric Association, 2013).

Prevalence of PTSD

Koenen et al. (2017) in the World Mental Health Surveys that analyzed data from 26 populations stated that "the cross-national lifetime prevalence of PTSD was 3.9% in the total sample and 5.6% among the trauma exposed" (p.1). The National Comorbidity Survey (Kessler, Sonnega, Bromet, Hughes & Nelson, 1995) found that 51% women and 60% men would experience at least one traumatic event during their lifetime. They estimate the lifetime prevalence for PTSD to be 7.8% and their survival analysis showed that at least one-third of the individuals who go through traumatic event and show signs of PTSD do not recover completely, even after many years have passed.

Observing that IPV can be a cause for PTSD including several other mental health issues (WHO, 2013), it is important to consider the prevalence of IPV as well. A study conducted for the WHO (Garcia-Moreno, Jansen, Ellsberg, Heise, & Watts, 2006), found that of 24,097 women interviewed in several countries, between 15-71% women reported physical, sexual violence, or both by an intimate partner. According to Schafer, Caetano, and Clark (1998), in the United States intimate partner violence rates of male perpetrated violence was reported between 5.21% to 13.61%. According to Breiding, Chen, and Black (2014), IPV is a significant public health issue. The National Intimate Partner and Sexual Violence Survey (NISVS) report provides a detailed overview of exactly how pervasive IPV is in the United States alone (Breiding et al., 2014). A report submitted to the US Department of Justice (Carlson, 2000) confirmed that in the United States alone, 1.5 million women are assaulted by an intimate partner per year.

Among female survivors, as women are the focus for this study, 14.4% experienced physical violence, 8.7% experienced both physical and sexual violence, and 12.5% experienced physical and sexual violence as well as stalking by an intimate partner (Breiding et al., 2014). Basile, Arias, Desai, and Thompson (2004), found that physical, sexual, psychological violence,

and stalking are correlate with each other and frequently co-occur. Additionally, Pico-Alfonso (2005), found that women who were physically abused by their male partners were also psychologically abused and 32% of those women were sexually abused by their partners as well.

History of PTSD as a Diagnosis

The diagnosis of PTSD has undergone a roller-coaster ride since as far back as the 1870's (van der Kolk, 2007). It started with Kardiner during World War I and was included in the DSM I in 1952. Rejected for the DSM II which was published in 1968 (Scott, 1990), the diagnosis made a comeback in the DSM III and was defined as a "distressing event that is outside the range of usual human experience" (American Psychiatric Association, 1980). DSM III-R saw the addition of research done by Horowitz and his colleagues (van der Kolk, 2007). Nine years later, categorized under the Anxiety Disorders section it was defined as "the re-experiencing of an extremely traumatic event accompanied by symptoms of increased arousal and by avoidance to stimuli associated with the trauma" in the DSM IV (American Psychiatric Association, 1994, p. 393). The DSM IV Text Revision (DSM IV-TR) did not change much of what was stated in the DSM IV for PTSD (American Psychiatric Association, 2000) but major changes were observed when the next version was published in 2013.

According to the Diagnostic and Statistical Manual 5th edition (DSM 5), published in May 2013 by the American Psychiatric Association, PTSD is defined as "the development of characteristic symptoms following an individual's exposure to one or more traumatic events" (p. 274). The presentation of PTSD in individuals varies according to the symptoms that are predominant. The DSM 5 states that for some people fear-based, emotional and behavioral symptoms may be present, whereas for others depressive features along with cognitive distortions are present. In others, dissociative symptoms may present on the forefront. According

to the NIMH (2016) the fight or flight response that is a healthy reaction intended to protect an

individual in situations that danger is present gets damaged in people suffering from PTSD. It

starts overworking and stays in fight or flight mode even when the individual is not in danger.

The DSM 5 (American Psychiatric Association, 2013) includes various criteria for PTSD.

Criteria A is the "exposure to the actual or threatened event like death, serious injury or sexual

violence" (p. 271) and there are four specified ways in which this may be experienced. Criteria B

specify the presence of at least one or more intrusive symptom such as recurrent and involuntary

dreams or memories, flashbacks, "prolonged psychological distress" (p.271), and physiological

reactions to cues resembling the event (American Psychiatric Association, 2013). Criteria C state

that one or more avoidance symptoms can be present as well. For example, avoiding places that

the event occurred, avoiding thoughts and feelings related to the event, isolating from people,

activities, or situations that may elicit memories. Criteria D include two or more alterations in

mood or cognition, Criteria E includes two or more arousal or reactivity symptoms like

hypervigilance or irritability (American Psychiatric Association, 2013). The presence of

dissociative symptoms like depersonalization (feeling of detachment) or derealization (feeling

that nothing is real) needs to be specified as well.

Theories of Trauma

Despite the well-developed definition of the PTSD diagnosis, not everyone who has been

through a traumatic event will meet all the criteria for PTSD. That does not mean that the

individual is not traumatized or that trauma does not exist, and that the individual has not been

affected in any way (McLaughlin et al., 2016). Various theorists have tried to explain how and

why trauma occurs. Brewin and Holmes (2003) provide a detailed overview of major theories

that have attempted to understand the phenomena of trauma. The authors detail Horowitz's

theory that he proposed in 1976, stating that trauma resulted from an oscillation between the individual trying to repress the traumatic memories and the memories invading the individual's thoughts. Due to the initial lack of coping skills, until the individual is able to make sense of the trauma, the memories continue to affect the person. This theory initially emerged as a cognitive theory but has been described as a social-cognitive theory as well by some researchers (Brewin & Holmes, 2003). The conditioning theory emerged from the research done by Mowrer's on fear acquisition takes a classical conditioning path to understand trauma. It was proposed by Keane, Zimering, and Caddell in 1985 and they stated that the avoidance of stimuli that elicited undesirable responses caused the maintenance of PTSD. If the individual is unwilling to go through the process of extinction, as per classical conditioning concepts, then trauma prevails (Brewin & Holmes, 2003).

There were several versions of information processing theories that were proposed by various researchers. They developed based on how the human brain processes information, in this case information related to a traumatic incident, and how that information is then represented or stored in the individual's memory system (Brewin & Holmes, 2003). Jones and Barlow presented the anxious apprehension model in 1990 stating that the same mechanisms that were involved in the development of panic disorder were also involved in the development of PTSD (Brewin & Holmes, 2003). What emerges clearly from the review Brewin and Holmes (2003) did is that no one theory has the ability to explain how trauma affects the different aspects of an individual's life, even though some provide convincing views.

An understanding of how PTSD works neurophysiologically has been recent but is also based on the classical conditioning concepts (Bisson, 2009; Heim & Nemeroff, 2009) mainly related to the primitive brain structures. Initially, the target of research was the limbic system and

especially the amygdala. Recently, however, major advances in the field of neurobiology have led to the discovery of certain neurotransmitters that help with the development and maintenance of PTSD (Sherin & Nemeroff, 2011). However, further research is needed for decisive proof as the neurobiology of the human body and brain is extremely complex.

Along with other theories, Brewin and Holmes (2003) also detail the Theory of Shattered Assumptions proposed by Janoff-Bulman in 1992, in her book *Shattered Assumptions*, which provides important insight into the development of trauma. She defined a traumatic event as an incident that has the capacity to disillusion an individual off the belief that the world is a safe place (Janoff-Bulman, 1992). The shock that accompanies the realization that the world is not safe shatters an assumption the individual held before this event. It changes the way in which the individual makes meaning of her life in her current state. In order to move forward and continue to function, the individual has to integrate the "old" and the "new" (p. 94). This means that the individual grapples and struggles between the previously held (pre-trauma) understanding of the world and her current (post-trauma) worldview. Both worldviews need to come together or assimilate in a seamless manner that is acceptable by the individual. The disequilibrium that ensues is a contest between cognitions and emotions. Cognitively, the individual knows that she cannot go back to previous ways of making meaning of her world because it is not true anymore; she knows a different reality due to her traumatic experience. However, if the individual decides to stay with her new world view, her emotions suffer because of the distress that accompanies this understanding. It is the interplay between the rational versus the emotional which can be unsettling and stressful. The individual may oscillate back and forth between her pre-trauma and post-trauma worldviews, eventually leading to the integration of the two, i.e. the world is a safe place, but sometimes bad things happen that can make it unsafe. This resolution may not be

easily achieved, and an individual may go through a variety of struggles before either resolution or recovery happens.

Trauma Resolution

It is important to differentiate between resolution and recovery here. *Resolution* according to Bonanno (2004) consists of returning to previous levels of functioning after experiencing distress or even full or partial symptoms of PTSD. This period of time can last up to several months. Full resolution can take at least one or two years (Bonanno, 2004).

Mary Harvey (1996) lists seven criteria that denote the resolution of trauma. These include the physiological symptoms of trauma being within manageable limits, the individual being able to put up with emotions that come up as a result of traumatic memories, the individual has authority over these traumatic memories, she has a coherent narrative linked with feelings, her self-esteem is restored, important relationships in her life have been re-established, and she has reconstructed a coherent, meaningful, and believable system that encompasses the story of her trauma. It is important to note that this is not a checklist an individual is able to check off denoting that their trauma is resolved.

Additionally, assuming the individual may not experience any distress related to the trauma because it is resolved, is not advisable. Especially, if she takes part in what Calhoun and Tedeschi (2006) call, deliberate rumination which we describe later.

Trauma Recovery

Judith Herman, a leader in the field working with survivors of sexual abuse and incest says that the "resolution of the trauma is never final. Recovery is never complete" (2015, p. 211). Her book *Trauma and Recovery*, originally published in 1992 with an additional publication that included a new epilogue in 2015, is a seminal piece of work in the field of trauma treatment.

Herman states that recovery does not magically happen, it is a process that takes place "within the context of relationships" (p. 133). This book describes her work as a psychiatrist, and she conceptualizes recovery in the context of these healing relationships. *Recovery* as such is defined as reverting back to an original state (Oxford English Dictionary, 2017). In the context of trauma, recovery means that the individual after a certain period of distress and disequilibrium returns to previous levels of functioning (Bonanno, 2004). The survivor lives her present life without the debilitating effects of past trauma, that the past does not control her present. Caution needs to be taken here because it does not mean that distress is not present, it means that the individual survivor has gained the ability to manage the distress in a manner that is not debilitating.

According to Herman, recovery unfolds in three stages in the context of a therapeutic relationship, i.e., she emphasizes that the support provided by a client's counselor/therapist is key to the process of recovery. She describes "safety" as the first stage. This is the establishment of rapport and trust between the client and counselor. The second stage is "remembrance and mourning" (p. 155) during which time the client remembers the event in an attempt to make meaning of it. She mourns the loss of the pre-trauma (old) self who has been changed forever by the traumatic event, coming to terms with the fact that she will never be the same person again. The third and final stage according to her comprises of "reconnection" (p. 155). The reconnection stage is where the individual has come to a point where she can make peace with her traumatic past and now "faces the task of creating a future" (p. 196). The task is to "develop a new self" (p. 196) and reintegrate with different systems in her life. Herman describes it as reclaiming. This concept is similar to that of integration suggested by Janoff-Bulman as discussed previously. In this stage of reconnection, the survivor often revisits the issues she

started with in the first stage. As survivors move forward, they establish an agenda in this stage to integrate the old and the new.

Neurophysiologically framed the survivor is knowingly putting herself in situations that activate her fight, flight, freeze response with the intention that she is going to choose to fight. This is the process through which the survivor is reconciling with herself because she is no longer held hostage by her past trauma: "she is in possession of herself" (p. 202). Now all she has to do is define who she wants to be by formulating an integration of the aspirations of the pre-trauma self, the strengths of the self during the time of the trauma (peri-trauma) and fortitude of the post-trauma self to create an identity that she wants to hold moving forward. It would be like reprogramming oneself and Herman says that the more engaged the survivor is in this process the more compassion she can feel towards her pre-trauma self who endured the traumatic event (Herman, 2015). During this process of reconnecting, a survivor may be able to find positive aspects in herself - qualities she did not know she had while going through the traumatic event or right after it occurred (Herman, 2015). As a result, the survivor may join with her victimized self, finding compassion and respect for that particular self in the process. For example, someone who thinks that she could have stopped an assault if only she had used her energy to fight instead of screaming for help, would in this stage realize that she did what she thought would help in the moment with the information she had at the time, i.e., someone would hear her and come to help. Subsequently, this acceptance of her victimized self would lead to the survivor integrating the traumatic experience into her post-trauma (present) self, celebrating a reconciled identity as a survivor.

Resilience

For some, reading this description of recovery may remind them of another construct –

resilience. It is imperative that we clarify the similarities and differences between the concepts of recovery and resilience here. Often there is disagreement and confusion regarding what resilience means. As discussed earlier, not every individual that undergoes a traumatic situation suffers from traumatic effects. Majority of individuals have been found to have the ability to cope and return to previous levels of functioning. This ability to "bounce back" is defined as *resilience* (Jackson-Cherry & Erford, 2014, p.16).

According to O'Leary (1998) and Ledesma (2014) there are three prevalent models of resilience: the compensatory model, the challenge model, and the protective factor model. The premise of the compensatory model is that the individual possesses the skills to actively solve problems thereby neutralizing the threat (Ledesma, 2014; O'Leary, 1998). The challenge model explains that granted the stressor is not extreme, the threat or stressor challenges the individual to step up her coping strategies. Lastly, the protective factor model states that the protective factors and threat interact with each other in a particular way, such that the probability of a negative outcome decreases (Ledesma, 2014; O'Leary, 1998). The common thread running through these models of resilience is the premise that resilience is the favorable outcome of the interaction between adversity and an individual's thoughts, feelings, behaviors, and environment that provides the capacity to return to previous levels of functioning.

However, these models are not the only way in which resilience is understood. Resilience is defined in a variety of ways in the literature available. Lepore and Revenson (2006), for example, state that resilience is a "multidimensional construct" (p. 27) and it comprises of both adaptive *processes* and *outcomes*. *Process* would mean that there was a trajectory or journey that would be realized as resilience. *Outcome* would mean that resilience was the result of a process.

To clarify subtle differences between various definitions, Lepore and Revenson (2006),

classified the most common definitions of resilience into three different categories: recovery, resistance, and reconfiguration. *Recovery* definitions involve returning to previous levels of functioning. It is the ability to recover within a short period of time from events that cause disruption in the individual's day-to-day functioning (Steinhardt & Dolbier, 2008). Elasticity or adaptability is a major part of this definition. Bonanno (2004), states that the ability to not lose equilibrium in the face of adversity is resiliency. Time period is an important factor here as well. As discussed earlier, if the trajectory of returning to previous levels of functioning is categorized as recovery, then returning to normal immediately denotes resilience (Bonanno, 2004).

The second types of definitions are *resistance* definitions (Lepore & Revenson, 2006). These imply that some individuals stand un-distressed by any event and that there may not be an emotional response to the traumatic situation. This definition has created concerns for some because it implies that there is no effect on an individual, however Lepore and Revenson caution against having pathological opinions regarding individuals who bounce back immediately and do not display signs of distress in the process (2006). Resilience here would be considered an *outcome*.

The last category of resilience definitions are *reconfiguration* definitions. For example, Calhoun and Tedeschi (2006) define resilience as the "processes that lead to adaptive outcomes in the face of adversity" (p. 29). These definitions emphasize that there is a *process* for adaptation and resulting changes that occur in an individual are *outcomes* of having faced a traumatic event. Thus, resilience can be both *process* and *outcome*. Calhoun and Tedeschi (2006) state that posttraumatic growth or PTG is an *outcome* of the *process* of resiliency, a concept about which we will talk about in detail a little later in this chapter. Reconfiguration definitions emphasize changes in cognitions, beliefs regarding the world, and as a result, changes in

behavior as well. This transformation also helps with preparing for future adverse events. The reconfiguration definitions of resilience are close to the concept of resolution described by Harvey (1996) and recovery integration described by Herman (2015). In summary, according to Lepore and Revenson (2006) resilience is "when individuals are able to resist and recover from stressful situations, or reconfigure their thoughts, beliefs, and behaviors to adjust to ongoing and changing demands" (p. 27).

Posttraumatic Growth

Reconfiguration is also close to the concept of PTG (Lepore & Revenson, 2006). However, even though we may observe some similarities between reconfiguration, resilience and PTG, Calhoun and Tedeschi (2006), the main researchers of this construct, state that it is different. They say that some individuals experience PTG after a traumatic event which is perceived as going beyond resilience, not just bouncing back but bouncing further, past the previous state of being in a way that integrates past experiences, present circumstances, and denotes future preparation in a holistic fashion (Calhoun & Tedeschi, 2006). Some researchers have defined a concept similar to PTG known as "thriving" (Echterling et al., 2005) which we will discuss in detail soon.

Tedeschi and Calhoun (1996) developed the Posttraumatic Growth Inventory or PTGI. They found five factors that lead to PTG: personal strength, new possibilities, relating to others, appreciation of life, and spiritual change (Calhoun & Tedeschi, 2006). In their book, *Handbook of Posttraumatic Growth*, Calhoun and Tedeschi (2006), describe the construct of PTG and a model for how they conceptualize this process happening which is detailed later in the chapter.

The first of the five factors is *personal strength* by which they mean acknowledging the vulnerability that anything can happen at any point, but at the same time knowing that the

individual has the ability to deal with, cope with, recover from, or grow from the event (Calhoun & Tedeschi, 2006). The concept of *new possibilities* extends the idea of personal strength. By knowing that the individual has the ability to find strength, she also finds the ability to jump new hurdles, try new things and challenging herself in new ways (Calhoun & Tedeschi, 2006). Emerging from the traumatic event when an individual finds support from others, she is able to share her story, form a narrative, and derive meaning and as a result she is also able to *relate to others* better than before. It is possible that she also finds a *new appreciation for life* which was seen particularly in studies related to life-threatening physical illnesses (Bell, 2012). And lastly, researchers have also observed that some individuals find *spiritual changes* that go hand in hand with PTG (Bray, 2010). The PTGI has been used in research extensively and is found to be a valid measure of growth beyond trauma.

Calhoun and Tedeschi (2006) are clear however, that the presence of growth does not equate with the absence of pain. Suffering and growth can coexist and are not mutually exclusive (Triplett, Tedeschi, Cann, Calhoun, & Reeve, 2012), and with this fact in mind, it is important to consider how an individual is making meaning of her traumatic experiences (Calhoun & Tedeschi, 2006). Tedeschi, Calhoun, and Groleau (2015) also recognize the paradoxical nature of PTG, i.e., something that was expected to be distressing and may have been initially, was able to produce more desirable results eventually. Therefore, PTG appears to be a by-product, an *outcome*, of the individual's attempt to simply and minimally just survive the trauma.

Schuettler and Boals (2011), describe variables that may be similar, opposite, or mixed in their directionality towards PTS and PTG. According to the authors, if at the start of the traumatic event the individual internalizes the event, or in other words lets the event define her, the possibility of PTS increases. On the other hand, if the individual perceives the traumatic

event as something external, a problem that can be solved, something that is "behavioral, controllable, and changeable" (p. 190), the possibility of PTG increases. Shakespeare-Finch and Lurie-Beck (2014) conducted a meta-analysis to clarify the relationship between PTS and PTG. They found that not only does PTG and PTS have a linear relationship but also a curvilinear relationship between factors that lead to PTG or PTS. This mean that PTG and PTS are not opposite ends of a continuum, that PTG can exist with PTS and vice versa. They reported this relationship did have a few exceptions, for example, sexual assault and terminal illness.

Thriving

Another similar concept to both resilience and PTG is the concept of *thriving*. Echterling et al. (2005), define thriving as the process of reinventing the post-trauma self by not only resuming previous levels of functioning, but growing as a result of the trauma. The concept of thriving emerged from literature on resilience but is understood as "the effective mobilization of individual and societal resources in response to risk or threat" (O'Leary & Ickovics, 1995, p. 122). A "dynamic process of adaptation" that has a "value added" quality to it (O'Leary & Ickovics, 1995, p.121), that provide individuals avenues for *change* and *growth*. They state that thriving is not just returning back to homeostasis.

Similarly, Carver (1998) agrees that resilience and thriving are similar yet different concepts, even though they are often misunderstood as meaning the same. In clarifying distinction between resilience and thriving, he suggests using resilience as the ability to return to previous levels of functioning and thriving as "the better-off-afterward experience" (p. 247). He also distinguishes between situations – those that present an "opportunity for gain" or *challenge* (p. 247) and those with the "possibility of harm" or *threat* (p. 247). He explains that the conceptualization of *crisis* is the integration of both *threat* as well as *challenge* and that they may

co-occur. He warns however, that they should not be treated synonymously, for the sake of both treatment and research (Carver, 1998).

Carver (1998) also differentiates between *growth* and *thriving* and states that this distinction is important. According to him experiencing growth compared to experiencing growth during or after an adverse event that would commonly be perceived as having undesirable aftereffects is what makes thriving different. Thus, comparing Calhoun and Tedeschi's (2006) definition of PTG and Carver's definition of thriving, we find distinct similarities. Situationally though, Calhoun and Tedeschi (2006) talk about a traumatic event being the trigger which leads to PTG and Carver (1998) says that a crisis, that may be an integration of both a challenge and a threatening circumstance which leads to *thriving*.

Carver (1998) describes the features of psychological thriving as well. The first of which is the development of *skills and knowledge*. Situations that are disruptive often have the ability to teach us something that we did not know before, about ourselves and about the world around us. According to Carver (1998), it is something that we did not need to know before or never had the opportunity to discover. Skill, as he describes, can refer to handling the external or internal worlds. In the context of internal or affective worlds, it might entail learning how to handle similar situations in the future, knowing how to be accepting of the unpredictability of the cosmos around us. For external worlds it means having an awareness of what resources are available to individuals going through similar circumstances or where to ask for help could be beneficial. Skills and knowledge are considered cumulative in nature, meaning that the whole may be greater than the sum of its parts.

Second, is the development of *confidence*. Having encountered and survived something that the individual had no idea she was capable of, can lead to the emergence of self-confidence

that was previously unknown. This means that if an individual can see that she is able to go

through a traumatic event and survive, the awareness will provide her with evidence and a sense

of confidence that if another tough situation were to arise, she would have the ability to emerge

from that as well. This goes hand in hand with the development of skills and knowledge (Carver,

1998).

Third, is the *strengthening of personal relationships*. A survivor that reaches out and

acquires the support that she needs, may start to believe that secure relationships are possible,

resulting in stronger familial and societal bonds (Carver, 1998). She may experience a sense of

security, possible changes in her attachment patterns (Feeney & Collins, 2014; Volgin & Bates,

2016), and operate from a secure base moving forward. Carver (1998) states that adult

attachments are plastic and therefore, have the ability to change as a result of feeling safe or

being able to trust. Research in the field of attachment patterns indicates that attachment styles

can act as mediators between traumatic events and reactions to the events (Lowell, Renk, &

Adgate, 2014) like the advent of PTS (Mikulincer, Shaver, & Solomon, 2015) or in some cases

leading to PTG (Schmidt, Blank, Bellizzi, & Park, 2011). Additionally, patterns of attachment

may color how an individual perceives a traumatic event (Bulanda & Johnson, 2016) and on the

other hand trauma can also disrupt the possibility of establishing secure patterns of attachment in

the future (Dulmus & Hilarski, 2003).

In conceptualizing thriving, researchers have wrestled with the trajectory of thriving and

PTS (Carver, 1998), even though the common understanding that facing a traumatic event

definitively leads to PTS has been proved incorrect. Research in this field has indicated

repeatedly how certain individuals not only bounce back to previous levels of functioning but are

able to thrive as a result (Carver, 1998; Echterling et al., 2005; O'Leary & Ickovics, 1995). It is

as though the assumptions about the world being a safe place needed to be shattered (Carver,

1998; Calhoun & Tedeschi, 2006; Janoff-Bulman, 1992) for this personal transformation to take

place and the survivor is now on the fast track (Carver, 1998) such that she is not only returning

to homeostasis but advancing further beyond homeostasis (Carver, 1998; O'Leary, 1998;

O'Leary & Ickovics, 1996) and as a result is transforming into a *thriver*.

Adversarial Growth

Adversarial growth or growth that results from dealing with adversity (Linley & Joseph,

2004) includes constructs like PTG, thriving, stress-related growth, and benefit finding. After

research being focused on the undesirable results of facing adversity, there came a period of time

when researchers started noticing reports of desirable effects from individuals who had faced

adversity. A plethora of conceptual models and quantitative assessments started to emerge in the

late 90's and the start of the 21st century. In an attempt to better understand the variables that

affect adversarial growth Linley and Joseph (2004) undertook a systematic literature review to

get a picture of the current literature and findings related to this topic. They agreed that focusing

only on undesirable or negative aspects of facing adversity leads to biased understanding as well

as treatment of individuals who have been through adverse life events. According to them as

researchers, a balanced understanding is needed between the desirable or positive aspects and the

undesirable aspects of facing adversity (Linley & Joseph, 2004).

As a result of their literature review, Linley and Joseph (2004) found a variety of factors

that may influence adversarial growth. These included but are not limited to gender, education,

personality factors, coping, social support, religion, cognitive processing, affect, quality of life,

and psychological distress. Additionally, they made some other interesting discoveries, most

related to inconsistencies in how adversarial growth is affected as a result of different types of

adversarial events and how time passed after the event seems to also play a role in long-term adversarial growth. Additionally, an interesting as well as complex idea that Linley and Joseph (2004) put forth was that distress and adversarial growth are not two opposite ends of one spectrum, but that adversarial growth may act as a mediator in the reduction of distress caused by facing adverse events. Recognizing that the constructs of distress after adversity and growth after adversity are not mutually exclusive, is similar to Calhoun and Tedeschi's idea that PTS and PTG are connected (2006). Noting directions for future research, they emphasize how research in the field of adversarial growth is important not only as a phenomenon but also due to its applications to therapeutic interventions (Linley & Joseph, 2004). This warrants an exploration of therapeutic models in trauma treatment that talk about adversarial growth.

Related Concepts and Measures

Part of researching a certain concept brings with it the idea of finding ways to measure these concepts. Researchers have studied some concepts similar to PTG and thriving. Subsequently few measures were developed and are described here briefly. In 1996, Park, Cohen, and Murch reported the development of a scale that measured the positive effects of adverse life events. They called it the Stress Related Growth Scale or SRGS. The need for SRGS emerged from the research being done at that time regarding positive outcomes of adverse and traumatic events but not having a quantitative measure for it (Park, Cohen, & Murch, 1996). Some of the research they relied upon noted that qualitative analysis leading to the three major concepts – "improved self-concept, social skills, and social relationships" (p. 72). The SRGS was based on a conceptual model that was formulated by Schaefer and Moos in 1992. The outcome of the development of SRGS provided predictors, i.e., intrinsic religiousness, social support satisfactions, stressfulness of the negative event, positive reinterpretation and acceptance coping,

and number of recent positive life events (Park, Cohen, & Murch, 1996). This aligned with the

conceptual model presented by Schaefer and Moos.

Kobasa presented a concept named *hardiness* in 1979. She defined hardiness as a "pattern

of lifestyle attitudes and skills" (Maddi & Khoshaba, 2003, p.55) that helps an individual turn

adverse circumstances into opportunities. It is a personality style that is said to emerge

developmentally (Bartone, 2003) and rose from the idea that there were individual differences in

adjusting to stress and an individual who was hardy would transform stressful circumstances into

growth opportunities (Maddi, 2013). The three attitudes of hardiness that were considered central

were challenge, commitment, and control. Challenge is when a person accepts that life is

stressful by nature. Commitment states that an individual has to stay engaged even when life may

be spinning out of control with stressors. Control is continuing attempts to establish power over

life stressors and not allow yourself to be passive (Maddi, 2013). The Personal Views Survey

was developed initially by Maddi and Kobasa in 1984, which since has been revised several

times and is now known as the Personal Views Survey III-R (Maddi, 2013).

McMillen and Fisher (1998) in an attempt similar to Park, Cohen, and Murch developed

the Perceived Benefit Scale (PBS) in 1998. It was based on various studies at the time that

reported that individuals who had been through adverse and traumatic events were reporting

benefits from their experiences. McMillen and Fisher wanted to capture a realistic idea of what

benefit finding was (McMillen, 1999). As a result, they developed a quantitative scale that led

them to eight subscales, reflecting the major areas where individuals reported perceived benefits.

These were: lifestyle changes, material gain, increase in self-efficacy, family closeness,

community closeness, faith in people, compassion, and spirituality. They clarify however, that

because the scale is not based on theory, but reports from individuals who have been through

adverse events, there may be both subjectivity and social desirability attached to benefit finding. However, McMillen and Fisher (1998) are clear that two things are definitely happening, first, that benefit finding and distress are not mutually exclusive and second, that the measure may be denoting actual benefit finding as well as the need for these individuals to find it.

Models of Recovery and Growth

Most therapeutic models that focus on adversity or trauma have emerged as a result of the focus on the undesirable aspects of adverse or traumatic events. Evidence-based practices focus on facilitating the reduction or removal of undesirable effects of adversity or trauma, the treatment of acute stress or PTSD (Joseph & Linley, 2006). However, there are very few models that integrate the conceptual models of the desirable effects of adversity or trauma, including PTG, stress-related growth, thriving, benefit finding, or adversarial growth and therapeutic interventions that may facilitate this growth. Some of these were explored by Joseph and Linley in their 2006 article that was a follow-up to Linley and Joseph, 2004 and described clinical implications specifically. The three that are applicable for this study are the organismic valuing theory of growth through adversity by Joseph & Linley (2005), the thriving model presented by O'Leary and Ickovics (1995), and the PTG model by Calhoun and Tedeschi (2006).

Organismic Valuing Theory of Growth. The organismic valuing theory of growth has flavors of Carl Rogers personality theory which was presented in 1951 (Murphy & Joseph, 2016) and the self-determination theory by Deci and Ryan (2008). The organismic valuing theory of growth was put forth by Joseph and Linley in 2005 (Joseph, 2009; Joseph & Linley, 2005; Joseph & Linley, 2006). This theory starts by recanting Rogers ideas about the humans being "growth-oriented organisms" (Joseph & Linley, 2006, p. 1044) who possess an innate "actualizing tendency" (Murphy & Joseph, 2016, p. 189). They emphasize Rogers' point that

human beings are hard-wired to accommodate new realities into their already existing reality as long as their environmental supports are suited for it. An individual who is motivated towards being fully functional, incorporates not only the acceptance of all aspects of her life, she is interested in deriving meaning from her life, and finds a way to make her life meaningful as well (Joseph, 2009; Joseph & Linley, 2005; Joseph & Linley, 2006). A major part of being able to accomplish this meaning in life is being able to accept the inevitability of change.

The organismic valuing theory of growth "refers to the people's innate ability to know what is important to them and what is essential for a fulfilling life" (Joseph & Linley, 2006, p. 1045). Here we see an integration of Rogers personality theory and Deci and Ryan's self-determination theory, specifically the intrinsic motivation to attain competence, autonomy, and relatedness (Deci & Ryan, 2008; Joseph & Linley, 2006). In their model, Joseph and Linley (2006) provide us with three possible response trajectories, i.e., assimilation, positive accommodation, and negative accommodation. Assimilation is when the adverse experience is taken into stride by the individual and is assimilated into her lived experience, and this leads to resilience. Accommodation, which has its roots in Janoff-Bulman's Theory of Shattered Assumptions (1992), can be of two types. Negative accommodation leads to the undesirable effects of the adverse event, which may develop into acute stress or PTS further down the road. Positive accommodation, however, leads to a new world view, an individual who has grown as a result of her experience and that type of accommodation, according to Joseph and Linley (2006) leads to adversarial growth.

It is interesting to note that Joseph and Linley (2006), stress the fact that even though the individuals themselves may be intrinsically motivated for competence, autonomy, and relatedness, if the social environment is unable to provide the support for the attainment of these

three needs, growth will not happen. According to the authors it is the social environment that provides the "nutrients" (Joseph & Linley, 2006, p. 1045) for growth following adversity. Presenting a schematic representation of their model (Joseph, 2009) however, they fail to incorporate social environment.

The Thriving Model. The clinical implications of the thriving model presented by O'Leary and Ickovics (1995) are discussed by O'Leary (1998). The possible responses of an individual who has gone through challenging, adverse circumstances have been described at length. The stages of survival, recovery, and thriving according to O'Leary (1998) are influenced by the individual and social resources available. It is recognized in the model that there is an inverse relationship between the available social resources and effects of adverse stressors. O'Leary (1998) called for further research on the relationship between social resources and thriving.

Model of Posttraumatic Growth. The work O'Leary and Ickovics started appears to have been continued by Calhoun and Tedeschi (2006), who address the various stages that an individual will progress through to possibly experience growth following trauma. Whereas O'Leary and Ickovics focused on adversity and thriving, Calhoun and Tedeschi focus their research on trauma and PTG. In their model of PTG, Calhoun and Tedeschi (2006) describe various factors and well as stages an individual may experience in her journey. The traumatic event is considered "seismic" (p. 8) that shakes up the individual's world, presenting challenges in a variety of ways. The individual has to cope with not only the emotional distress that follows, but also with changes in her beliefs and ideas about the world. Her entire worldview is at risk. It is in the nature of human beings to search for a reason, for meaning (Frankl, 2006). As the individual searches for how to make sense and meaning of the traumatic event, she goes through

"intrusive rumination" (Calhoun & Tedeschi, 2006, p. 8) which she cannot control. When the emotional distress reduces as a result of disclosure, adaptation, and support from others, the individual goes into more "deliberate rumination" (p. 8), which means that she is trying to concretize the meaning of the traumatic even in her life and develop a narrative. This results in the development of altered worldview, leading eventually to PTG.

One part of their model the authors describe "socio-cultural" influences and contexts (Calhoun & Tedeschi, 2006, p. 8) that they divide into two parts – distal cultural influences and proximate cultural influences. According to Calhoun and Tedeschi (2006), distal cultural influences are the broader political and cultural contexts connected to countries, which is also referred to as Bronfenbrenner's concept of *macrosystem* (2005). Proximate cultures, on the other hand, are influences from family systems, communities, and social networks, also known as *microsystems* (Bronfenbrenner, 2005). These influences directly influence some of the deliberate processes like intentional rumination, narrative development, and changes in the individual's worldview. Even though mentioned and acknowledged as important, Calhoun and Tedeschi (2006) note that distal cultural influences are not something that researchers tend to study, due to the large scope, and report that it is a gap that exists in current PTG research. They do however, talk about the limited research that has been done with regards to proximate cultures and report that it is imperative that researchers continue to explore the role of both distal and proximate cultures and their respective effects on individual PTG.

O'Leary (1998), Joseph (2009), and Calhoun and Tedeschi (2006) in some way or another recognize the importance of both social and cultural contexts and influences related to the growth aspects after adversity or trauma and recognize the lack of research with both. It is imperative that research in the field tease out the importance of social and cultural contexts and

influences that affect trauma recovery and growth beyond trauma. It is possible that not only would trauma recovery and growth be influenced by socio-cultural contexts, but the processes that lead to trauma recovery and growth would be affected by them as well.

Intimate Partner Violence and Post Trauma Growth

According to Cobb, Tedeschi, Calhoun, and Cann (2006), research that explores the connections between IPV and post trauma growth of any kind is sparse. Recently, Ulloa, Hammett, Guzman, Hokoda (2015), reviewed 17 studies that explored the relationship between IPV and psychological growth afterwards. A major limitation they came across was that the studies did not have a significant number of participants. Additionally, there was no uniformity of scales and definitions used regarding growth or related concepts. Some studies they used were about resilience, some about PTG, and others combined both concepts. The studies were also largely dependent on the self-report of the survivors, and there was a significant lack of diverse participant samples.

According to Elderton, Berry, and Chan, (2017), survivors of IPV are 71% more likely to experience post trauma growth as compared to other types of trauma. Yet, research is scarce. Valdez and Lilly (2015), found that survivors reported an increased number of positive world assumptions after just one year of ending their abusive relationships, granted that re-traumatization did not happen during that time. Follingstad, Brennan, Hause, Polek, Rutledge (1991), found that after recovery survivors of IPV perceived their emotional health to be better as compared to their emotional health before the abusive relationship had even started. Senter and Caldwell (2002) found that post trauma growth in survivors of IPV was evidenced by stronger interpersonal relationships, an increased ability to accept support, an increased self-awareness and introspection, and stronger faith as well as religious beliefs. They also found that IPV

survivors were more likely to help others in similar situations and display an increased perceived control over their lives. It is evident by the lack of research connecting IPV and post trauma growth that a better understanding of the pathways that lead from IPV to post trauma growth be explored.

Meaning-making and Narrative Development

Before delving further, it is important to discuss two related concepts that are deemed significant by several models that propose or describe the process of trauma recovery as well as post trauma growth, i.e., meaning-making and narrative development.

Meaning-making emerged as the central concept of Existential Psychology, discussed by Viktor Frankl in his book, *Man's Search for Meaning* which was first published in English in 1959 (Frankl, 2006). Frankl stated that meaning-making is essential to an individual who is able to find resolution or closure related to her experience of trauma. Herman (2015) describes meaning-making in the context of creating narratives and how these narratives help transform the traumatic event into the life story of the individual. Wilson (2006) while presenting a model of the post trauma self, said that "understanding how persons construct systems of meaning in the wake of trauma constitutes an important aspect of the posttraumatic self" (p.19). Polkinghorne (1988) observed that it is difficult to study something like meaning-making because it is not something that can be measured, it can only be experienced.

There are a few studies that indicate that meaning-making in some cases may not be advisable and it may be unhealthy. Pasupathi (2013) in writing a commentary for a special edition of the journal *Memory* that provides interesting evidence related to meaning-making, discusses the importance of not taking for granted that meaning-making is always beneficial or the results of it are always desirable. In the same edition, Sales, Merrill, and Fivush (2013)

describe their findings and state that meaning-making may not be beneficial for African American adolescents with challenging backgrounds and difficult life circumstances. Alea and Bluck (2013) found that there may be differences in whether meaning-making is beneficial or not depending on the type of meaning derived, the age, and the cultural background of the individuals involved. Lilgendahl, McLean, and Mansfield (2013) found personality factors and how people view their own personalities affects whether meaning-making is beneficial or not. They also found that age is a factor related to meaning-making especially when it relates to traumatic events. Waters, Shallcross, and Fivush (2013) state that depending on how meaning is derived and different ways in which an individual may engage in meaning-making, may have a relationship with whether the effects are desirable or undesirable. In their study they found that the approach, i.e., cognitive approach, personality factors approach, or event related approach to meaning-making were related yet different and there would be many possible permutations that could result in different experiences for different individuals.

However, it is natural for human beings to search for meaning. Bonanno (2013) states that "meaning creation is not simply a feature of human cognition, it is also widely assumed to be an essential component of mental health, and in particular a crucial mechanism in the successful adaptation to aversive life events" (p.150). Specific to the concepts discussed for this review, Calhoun and Tedeschi (2006) include meaning-making in their model of PTG in the form of intentional or *deliberate rumination* that is combined with forming narrative of the traumatic event so the event can be assimilated into the individual's current world view. This approach is what Waters et al. (2013) call event related meaning-making. Joseph and Linley (2006) specify meaning-making in terms of *accommodation* of the event but in context of the individual's worldview. Similarly, Janoff-Bulman (1992) describes meaning-making related to

the process of assimilation and changes regarding an individual's worldview. Therefore, these approaches to meaning-making may differ from what is only event related meaning-making.

Park (2010), states that meaning-making in the context of highly stressful situations is the process of how the individual restores a sense of meaning. Improving upon the meaning-making model originally presented by Park and Folkman in 1997, she states that meaning-making can be of two major types: global meaning and situational meaning. Global meaning is the general sense of beliefs and goals individuals hold along with a subjective sense of self. These are broad, big picture views (Park, 2010) established early on in life and altered according to life experiences. Situational meaning is how an individual understands a particular situation. One situation may be stressful and after going through a process of appraisal a situational meaning is established (Park, 2010) for that situation. After the appraisal process, however, there may be a discrepancy between the global meaning and the situational meaning.

According to Park's model (2010), more discrepancy between the two leads to an increased amount of stress and the purpose of making meaning then is to reduce the discrepancy between the two. Here she combines what Waters et al. (2013), refer to as cognitive meaning-making and event related meaning-making. Park (2010), states that the reduction of discrepancy between global and situational meaning-making happens as a result of both automatic and deliberate processes towards meaning-making. *Accommodation* occurs when the individual reassesses and changes the global meaning whereas *assimilation* occurs when she changes her appraisal of the situation to fit better with the global meaning (Park, 2010). These processes as described by her have similarities with how both Herman (2015) and Janoff-Bulman (1992) describe the process of trauma recovery. Park (2010) realizes that meaning-making is a complex and broad concept. She cautions that instead of questioning whether meaning-making is helpful

after certain life events or not, maybe a better route would be to find a consistent definition of meaning-making and then ask what kind of individuals, circumstances, and types of meaning made could be helpful and why, respectively.

A process aspect of meaning-making is brought up by Echterling et al. (2005), who outline meaning-making in the form of transformation. They say that by transforming the crisis event "into survival stories, we are able to reach a successful resolution and go on to thrive in our lives" (p.72). We see this aspect come up in resilience literature as well (East et al., 2010). Neimeyer (2006) and Neimeyer and Raskin (2000) state that stories or narratives are a significant part of our daily lives, that we utilize narratives as a way of organizing our lives and concretizing our worldview. In the context of traumatic events, this narrative formation becomes imperative if the individual is interested in any form of resolution (Neimeyer, 2006). Narrative development is an attempt to find meaning and adapt to a particular situation. There are several types of narrative processes, but the premise is that narrative development helps with the processes of *assimilation* and *accommodation* (Neimeyer, 2006) that have been described and mentioned several times in this review.

Narrative development shows up at several stages of Calhoun and Tedeschi's model of PTG (2006) as well. Interacting with and within a variety of process stages, narrative development plays a significant role in the development of post trauma growth. Joseph and Linley (2005) point out that most growth oriented models present an aspect of meaning-making that is important for the achievement of growth following adversity and narrative development appears to be an important procedural aspect (Joseph & Linley, 2005). Nerken (1993) presented a model related to growth in the context of grief and loss and proposed that "reflexive" (p. 4) activity or the process of reflection was important for individuals because it helped them make

meaning or sense out of life events. Similar to Echterling et al. (2005), reflecting was a process that aided the transformation. Meichenbaum (2006) emphasizes that narrative development plays an essential role in growth after traumatic events and is a topic worthy of future inquiry.

It is imperative to note that meaning-making and narrative development processes described above have been researched majorly as intrapersonal processes (Neimeyer, 2006). However, some researchers have noted that both meaning-making and narrative development are not just intrapersonal but also interpersonal processes (Neimeyer, 2006; Neimeyer & Raskin, 2000). Lepore, Silver, Wortman, and Wayment (1996), Neimeyer, Prigerson, and Davies (2002), and Paterson and Garwick (1994) in their studies have provided evidence that meaning-making is a socio-culturally influenced process. Hobfall (2001) has described the influences of narrative development on culture and vice versa. Calhoun and Tedeschi (2006) have presented evidence that indicates the influence of socio-cultural contexts on narrative development and changes in an individual's worldview. It is essential to note here that this is the crux of what this research study is set up to explore – the influences of socio-cultural contexts on the processes that play an essential role in trauma recovery and growth beyond trauma, however, this study places importance on these processes not just as interpersonal processes but as intrapersonal processes.

Social and Cultural Influences

Being a broad and complex concept, it is important to untangle what one means by socio-cultural influences. There is a large body of work in various different fields like psychology, sociology, and philosophy that deals with defining and understanding social and cultural influences that affect an individual on a daily basis. Here we start with defining culture and then attempt to fold in social influences.

Geertz (1973) defines *culture* as a "historically transmitted pattern of meanings" and "systems of inherited conceptions" (p.89) through which individuals are able to develop a view of what life is and subsequently attitudes towards life and its circumstances. Meaning that the way in which an individual's worldview is created is influenced by both patterns of how her ancestors have made sense of life and its events and their conceptions regarding those life events. Fiske (2002) defines culture as a "socially constructed constellation consisting of such things as practices, competencies, ideas, schemas, symbols, values, norms, institutions, goals, constitutive rules, artifacts, and modifications of the physical environment" (p. 85).

Ross (1997) states that culture is:

"…a worldview which explains why and how individuals and groups behave as

they do and includes both cognitive and affective beliefs about social reality and

assumptions about when, where, and how people in one's culture and those in

other cultures are likely to act in particular ways." (p. 301)

The above quoted definition points not only to the cognitive (thinking) and affective (emotion) aspects of culture but also the behavior (action) aspects that are influenced by culture. Olson (2011) seems to agree and notes that the core of culture is the "shared symbolic meaning" (p.641) that influences an individual's worldview. Liebeck and Pollard (1994) also include customs and social structures and practices within culture. Summarily, it appears that culture plays a mediating role in influencing and shaping an individual's thoughts, feelings, and behaviors.

Bryant-Davis (2005) says, "culture is the pattern of learned behaviors, attitudes, rituals, language, and beliefs for a particular group of people" (p. 1). Culture is the individual's conception of the world, a worldview (Bartlett, 1932). These worldviews become reference

points that dictate the acceptable ways in which individuals behave or act (Weber & Morris, 2010). According to Weber and Morris (2010) cultures are not "fixed worldviews" (p. 410), they are "traditions of thought and practice" (p. 411) and being a part of a culture brings along with it a variety of representations, including but not limited to schemas, rules, and procedures.

Hofstede (2011) talks about six dimensions of culture and explains how an individual is socialized into these dimensions by her immediate environment. Depending on which nation an individual resides in they may be socialized on the spectrum of individualism or collectivism, masculinity or femininity, small or large power distance, and weak or strong uncertainty avoidance (Hofstede, 2011). Bryant-Davis (2005) states that individuals get both direct and indirect messages regarding the social and cultural expectations for a variety of identities she might hold. These representations help the individual make meaning of the life events with what they remember from their internal cultural norms and their immediate external environments (Weber & Morris, 2010).

Albert Bandura was the one to recognize that "cultures are diverse and dynamic social systems" (2002, p. 275) and human beings hold an uncanny capacity for learning through observation. According to Social Cognitive Theory that was first presented in 1986, individuals learn through modeling what takes place in their environment. Things like attitudes, values, beliefs, emotional response systems, or competence are all learned (Bandura, 2002). Therefore, the role of socio-cultural influences in the development of individual worldview cannot be separated because "our lives are lived within the dominant narratives of our families and culture" (Echterling et al., 2005, p. 81) and it would be impossible to separate socio-cultural influences from the individual. It is also imperative to note that social and cultural influences are also enmeshed with each other and it is difficult to separate the two as well.

In their book *The Social Construction of Reality* published first in 1966, Berger and Luckmann ask two very important questions: "What is real? How is one to know?" (p. 13). According to them, human beings co-create both reality and knowledge by interactions with others which becomes the reality of all that are involved in the process and those to whom the knowledge is passed on to. The questions Berger and Luckmann ask, have a philosophical origin to them, but are important to discuss due to their implications for the field of trauma recovery and growth beyond trauma, for if socio-cultural influences are what aid the development of an individual's reality or worldview and the way in which she responds after experiencing a traumatic event, then trauma recovery and growth beyond trauma may also depend on her socio-cultural systems.

Socio-Cultural Influences and Trauma

Van der Kolk, McFarlane, and Weisaeth (1999) state that trauma may be defined in socially and culturally specific ways. According to Brown (2008), trauma does not consist of just the traumatic event, it also includes what happens before and after the event itself. Additionally, she states that "trauma is never the same for any two people" (p.4) and that "social and contextual factors can make wounds deeper, extend suffering, become obstacles to healing, or allow even the worst of psychic wounds to heal quickly" (Brown, 2008, p.4). Bryant-Davis (2005) says that there are consequences for individuals if the social and cultural rules are not followed. Bar-Shai and Klein (2015) point to a number of reviews that indicate that ethnic and cultural factors influence how trajectories of recovery are affected after a traumatic event in individuals from different cultures. Bowers and Yehuda (2016) found genetic evidence of the transmission of intergenerational trauma within families of Holocaust survivors. Brave Heart and DeBruyn (1998) found similar trends in Native American cultures. According to Dulmus and

Hilarski (2003) the role of perceived stress by the individual after a traumatic event, state that it is not the event itself from which PTS emerges "but with the psychic structure that attaches specific attributions to the event, which includes the individual's history and culture" (p. 29).

Socio-Cultural Influences, Meaning-making, and Narrative Development

Bryant-Davis, Chung, and Tillman (2009) emphasize that realizing how society and culture affect meaning-making of the traumatic event, subsequently affecting recovery, it is imperative that trauma research include socio-cultural influences. They also emphasize the role of researching systemic oppression and how ethnicity affects meaning-making post trauma. Their article, which is specific to sexual assault, is written with passion and assertion, provides a basis for the inherent importance of socio-cultural factors and their effects on the individual's view of the traumatic event and trauma recovery (Bryant-Davis et al., 2009). Considering the importance of both meaning-making and narrative development as part of trauma recovery and PTG (Lepore et al., 1996; Neimeyer, 2006; Neimeyer & Raskin, 2000; Neimeyer et al., 2002; Paterson & Garwick, 1994) it is imperative that socio-cultural influences be a major part of research related to trauma recovery and post trauma growth as well.

Socio-Cultural Influences and Post Trauma Growth

The idea of meaning-making and narrative development, socio-cultural influences on both, and subsequent effect on trauma recovery is extended into the understanding of post trauma growth. As mentioned before, there are few studies that have attempted to study the influence of distal and proximate cultures with regards to trauma recovery and adversarial growth (Calhoun & Tedeschi, 2006). By proximate cultures we mean the immediate social environment of the individual and distal cultures are the larger cultural context of the individual. Research that has implications for this study are briefly mentioned below.

Taku et al. (2007) observed that individuals who belong to different cultural backgrounds may experience PTG differently and even define it in different ways. They call for research that will shed light on how proximate and distal cultures influence PTG. As a result of PTG being explored in a variety of cultures and countries. Shakespeare-Finch and Copping (2006) used a grounded theory approach to explore PTG with Australian participants and compared it to Calhoun and Tedeschi' model of PTG (Calhoun & Tedeschi, 2006). They found that PTG did exist in Australia but the components of PTG were somewhat different from PTG in the U.S.

In their book, *Posttraumatic Growth and Culturally Competent Practice*, Weiss and Berger (2010) state that "PTG has both universal and culture specific characteristics" (Weiss & Berger, 2010, p. 189). It is just as multidimensional as resilience and it is evident that pain and suffering challenging an individual's assumptive world are the triggers for growth, and that how she makes meaning of a traumatic event can be done individually, socially, or communally (Weiss & Berger, 2010) depending on her culture.

Weiss and Berger (2010) try to tease out the various implications of proximate and distal cultures with reference to PTG. They present a comprehensive view of how culture might affect the different stages of PTG presented by Calhoun and Tedeschi in 2006. For example, they describe the *rumination* stage and how culture can affect that for different individuals. For *cognitive strategies* they state that East Asians tend to believe that they are the ones who have the responsibility to adjust to a situation, whereas individuals from Western cultures may believe that they are able to exert power over the situation. They also observe that spiritual growth or change is not something that is observed in Australian samples but is observed in other cultures. Additionally, they provide details regarding how *self-disclosure* can be influenced by cultural trends too. Even though Weiss and Berger (2010) present us with the current research and

understanding of socio-cultural influences in PTG, they observe that it is still in the stage of infancy and more needs to be done to fully understand their role in the development of PTG.

Socio-Cultural Influences, Intimate Partner Violence, and Post Trauma Growth

Observing that research connecting IPV and post trauma growth is scarce, and research related to socio-cultural contexts and post trauma growth is rare too, it is not surprising that research connecting IPV, post trauma growth, and socio-cultural contexts is miniscule. Cobb et al. (2006) found proximate cultural factors (Calhoun & Tedeschi, 2006) to be involved in PTG with participants who had experienced IPV. For example, more than 50% of their participants knew another survivor of IPV who had grown in some way as a result of leaving their abusive relationship. Therefore, social factors such as having a role model who experienced IPV and growth can be a facilitator for survivors. But studies that mention social support or proximate supports (Calhoun & Tedeschi, 2006) do not often mention distal supports as frequently.

One study that mentions both proximate and distal supports was done by Ahmad, Rai, Petrovic, Erikson, & Stewart (2013). Ahmad et al. (2013) examined the role of ecological factors in facilitating something desirable as a result of adversity - this study explored resilience as it relates to IPV and not post trauma growth, but it is worth discussing here. Ahmad et al. (2013), found that participants sought help from various resources, i.e., personal and professional. Personal resources encompassed family, friends, and acquaintances, and professional resources included counselors, lawyers, and law enforcement. The important part of this study was that the interaction between ecological factors facilitated the development of resilience in the participants. Another study by Anderson, Renner, and Danis (2012), found that both social and spiritual support were influential and contributed towards participant resilience, recovery, and growth. Research studies exploring IPV and post trauma growth within the context of socio-

cultural influences are few and far between. Gaining insight into how socio-cultural contexts

influence trauma recovery or post trauma growth may be something that counseling and related

fields may benefit from.

Theoretical Framework

To this effect and to frame the current study, this section details the theoretical

framework through which this study is being viewed. Constructivism has played an important

role in the field of counseling, psychology, and human development. Constructivists have

proposed various points of views on how *knowledge* and *reality* are constructed. Individual

constructivists, like Piaget, propose that *knowledge* is the result of cognitive functions that

emerge from within an individual. And even though ideas are constantly evolving because an

individual is in constant interaction with her environment, the origin of thought is internal

(Piaget, 1952). He said that these cognitive functions get embedded in the individual's being.

However, he did not recognize the importance of socio-cultural influences in the development of

these cognitive functions.

Social constructivists like Vygotsky however, state that *knowledge* is a result of how an

individual internalizes her interactions with others in her socio-cultural context. These

interactions when internalized become her *reality* (Vygotsky, 1978). Her perceptions and

thoughts are colored by these internalized interactions and they become her worldview which is

then portrayed through her cognitive processes, decision making, and behavior (Mascolo, 1994;

Jones & Brader-Araje, 2002). Radical constructivists, on the other hand, emphasize that

whatever an individual believes as her *knowledge* and her *reality* are all constructed socio-

culturally. In fact, what an individual might consider to be *true* according to her is also socially

constructed. They believe that even though there may be an objective truth, it does not exist

objectively in an individual's mind (Cottone, 2001).

Social constructivism places importance on culture and context in understanding what

happens in society and how this understanding helps shape the *reality* of an individual (Mascolo,

1994). Jones and Brader-Araje (2002), state that one of the common features of any definition or

interpretation of constructivism is that the "development of understanding requires the learner

actively engage in meaning-making" (p. 3). Altmaier (2013) stated that meaning-making is one

of the major ways in which an individual, by sharing her story with others in a constant back and

forth, assimilates the traumatic event into her current worldview. Therefore, it is important we

look at meaning-making and narrative development with a socially constructivist lens to

understand how socio-cultural influences can directly or indirectly influence trauma recovery

and post trauma growth.

Before going any further consideration must be given to a few basic assumptions from

the social constructivist point of view. First, individual *reality* is socially constructed (Mascolo,

1994). Social constructivists, like Vygotsky, state that we know what we know as a result of the

interactions between us as individuals and others around us, who live within a certain socio-

cultural context (Mascolo, 1994; Vygotsky, 1978). Second, what an individuals *knows* is created

through social interaction. Individuals make meaning as a result of their interaction with the

environment and other individuals residing in this environment (Mascolo, 1994). Third,

individual *learning* is also a social process. It is the result of constant interactions between the

individual, their socio-cultural environment, and the other individuals that they interact within

this environment (Mascolo, 1994; Vygotsky, 1978). Vygotsky was the first to emphasize the

application of social constructivism on learning processes and the concepts of zone of proximal

development and scaffolding emerged from this application (Vygotsky, 1978).

More importantly Vygotsky's explanation of "higher psychological functions"

(Vygotsky, 1978, p. 55) is colored by the above stated assumptions and specifies that throughout

the process of development, social-cultural influences show up in two different ways. First, the

individual learns the socio-cultural trends, and second, these trends are internalized by the

individual thereby expressed in ways that may seem like they are the individual's, but in reality

are internalizations shaped by her socio-cultural environment (Mascolo, 1994). It is this socio-

cultural interaction that creates *knowledge* and *reality* for an individual which then becomes her

truth (Vygotsky, 1978).

Therefore, it is safe to conclude that thought processes or cognitions are created and

constructed as a result of an individual's interactions with others since childhood while they

reside in a particular socio-cultural environment. This could be completely different from a

group of individuals living elsewhere in a different socio-cultural context because they have co-

constructed their *knowledge* and *reality* based on their socio-cultural context which is their *truth*.

Jones and Brader-Araje (2002) quote von Glasersfeld, also a constructivist, who says that

knowledge is not something that exists outside an individual, it is not a product but in fact an

active process, the process of *knowing*, and the process of knowing has its roots in social

interaction.

The next concept that requires an explanation is the idea of "higher psychological

processes" presented by Vygotsky (1978, p. 55). According to Vygotsky, higher psychological

processes are those processes that utilize a cognitive procedure that is more complicated than a

simple stimulus-response scenario. Language plays an important role here – verbal as well as

non-verbal. The cognitive processes that emerge as a result of the interactions between an individual and other individuals or groups were named the interpsychological processes (Vygotsky, 1978). He states that these functions become embedded in the individual's thinking and become internalized; they become a part of the individual's self-dialogue and are called intrapsychological processes. It is impossible to trace these thought processes back to the exact time, place, person or context from where they were acquired, thereby becoming a thought process conditioned by socio-cultural influences (Jones & Brader-Araje, 2002; Mascolo, 1994; Vygotsky, 1978) that become an inseparable part of the individual's worldview. In Vygotsky's own words:

> "From the very first days of the child's development, his activities acquire a meaning of their own in a system of social behavior and, being directed towards a definite purpose, are refracted through the prism of the child's environment. The path from object to child and from child to object passes through another person. This complex human structure is the product of a developmental process deeply rooted in the links between individual and social history." (1978, p. 30)

Vygotsky emphasizes the role of language in facilitating higher order thinking as well. According to him, language serves as an important tool that facilitates higher order mental functions by just its use. He explains that this process ensues immediately after birth and at first language is used as a tool to ask for help. Eventually however, it becomes a way of processing and planning for the individual (Vygotsky, 1978). For example, a child asking her caretaker for help reaching a toy which is placed high up on a shelf by pointing towards it or making some verbal conjectures. Here language is interpersonal; it is being used with other people and there is a social context to it as well especially when learning about culture, i.e., symbols, systems,

values, and beliefs. Then it becomes intrapersonal or within the individual because the way in

which we make meaning is learned from the adults around us and even our ancestors (Vygotsky,

1978). For example, the child bringing a chair to stand on, to reach the toy after observing an

adult do so. After learning from the adults, parents, teachers, how to solve a problem, the

individual internalizes that dialogue to solve problems on her own, thus seeming that the action

is coming from the individual (Jones & Brader-Araje, 2002; Vygotsky, 1978). There is an aspect

of what the individual has learned and which she then brings back to her environment that must

be mentioned here (Mascolo, 1994). It is very similar to the concept of the sense of agency that

Bandura describes in his Social Cognitive Theory (Bandura, 2002).

Vygotsky's work on social constructivism helps explain how an individual acquires the

way which she makes sense of her life from her socio-cultural context. He emphasizes the role of

others, or the socio-cultural context as being major contributors to how an individual learns

certain ways of thinking (Jones & Brader-Araje, 2002; Vygotsky, 1978). This can also be applied

to decision and meaning-making. Mascolo (1994), states that "higher psychological functions,

have their origins in social interaction with agents of culture. Because both self and other are

active in the construction of meaning and activity, meaning and complex psychological activity

are socially rather than personally constructed." (p. 87). Mascolo's research on the development

of guilt and shame states that these emotions are a result of social construction and what happens

amongst individuals, instead of being processes that take place solely within the individual

(1994). This is a perfect example of how the norms and practices of society become internalized

by an individual. The individual is actively taking part in the meaning-making, narrative

development, and learning from her socio-cultural context regarding life events that have a

propensity to elicit guilt and shame, and subsequently turning this dialogue internally so that the

emotions of guilt and shame appear to be a result of the individual's thought process rather than learned or acquired from the socio-cultural context that structured it. Therefore, meaning is not a characteristic of the event itself but is rather constructed by the socio-cultural context (Mascolo, 1994). Mascolo's research is specific to the development of guilt and shame but can be applied to the thought processes, emotions, and behaviors that emerge as a result of facing traumatic events.

This is the framework through which this study is being viewed and it is important that we do so, because a social constructivist lens could help provide an understanding into the nature of how socio-cultural contexts influence an individual's process of meaning-making of the traumatic event(s) in her life and how her narrative is formed, thereby possibly leading or not leading to recovery and post trauma growth.

Summary

Through the literature review we can observe that there is a need for understanding how processes that affect trauma recovery and post trauma growth are influenced socio-culturally. In the world of today where we have a humanitarian crisis at every turn, results of this research can help inform counseling practices as well as humanitarian efforts geared towards reducing the effects of a variety of traumas. So far, there does not appear to be a way to stop a crisis or traumatic event from occurring and such is the nature of life, but if we are able to convey the importance of socio-cultural stability and establishment of socio-cultural practices that facilitate trauma recovery and post trauma growth, then we are in a position that is not only pro-active but also socio-culturally sensitive, appropriate, and responsible.

Chapter 3

Methodology

The purpose of this study was to explore the lived experiences of women who have experienced intimate partner violence (IPV) with a specific focus on the interaction between the women's socio-cultural context(s), their process of meaning-making and narrative development, and subsequent choices after (the) traumatic events, and how these affected their journey towards trauma recovery and post trauma growth. In this chapter, a detailed description of the research methodology and design with specific attention to the relevance of utilizing the proposed methodology is provided. In addition, the research design is discussed, and the interview protocols are detailed. Targeted participant population descriptions, inclusion/exclusion criteria, and how participants were recruited is described as well. Description of the process of data analysis is discussed next, and precautionary measures taken for reflexivity, rigor, credibility, and transparency follow. The Appendices section includes documents referred to in this chapter: the screening questionnaire, the screening script, recruitment materials, informed consent, interview protocol, and follow up interview protocol. The Institutional Review Board (IRB) application and the Western Institutional Review Board (WIRB) application along with the authorization letter for the study have also been included.

Introduction

Qualitative research designs are most appropriate when a researcher is concerned with gaining insight and description of an individual's lived experiences on both a personal and social level (Creswell, 2014; Patton, 2002; Smith, 2008). According to Moustakas (1994), qualitative research methods are a good way to understand "human experiences that are not approachable through quantitative approaches" (p. 21). Qualitative methodology helps retain the focus on the

whole rather than parts. The quest is to understand the essence of the experience and the meaning of the experience for the individual (Moustakas, 1994). Smith (2008) goes as far as stating that qualitative methods help us understand "how meanings are constructed and shaped discursively" (p. 2). For this study, qualitative methodology seemed most appropriate because the focus was on the lived experiences, i.e., description of experiences had by an individual through "first-person accounts" (Moustakas, 1994, p. 21). It was valuable for me to have these first-person accounts because my intention was to not only understand the experience, but also how the experience in relation to the individual's socio-cultural context(s) led to her meaning-making, narrative development, and subsequent decision making (Moustakas, 1994; Smith, 2008). To gain insight into the individual's "view of the world" (Smith, 2008, p.2) was imperative. The need to understand individual contexts in this study also lend to the use of qualitative methodology, specifically a phenomenological approach (Alasuutari, 1995).

A phenomenology is a Gestalt kind of process dependent on the lived experiences of an individual and their context that leads to the development of their "lifeworld" (Ashworth, 2008, p. 12). Ashworth (2008) gives the example of how coming upon a field full of daffodils can be a different experience for a wandering poet as compared to a horticulturalist with limited resources. Similarly, in the context of this study, trauma recovery and post trauma growth may be a different experience for two individuals who have been conditioned differently by their socio-cultural contexts. The focus was on the experience, the individual was viewed as the "sense-maker" (p. 14). Ashworth (2008) also talks about the importance of symbolic interactionism. Influenced by George Herbert Mead's thoughts about the idea that even before an individual is able to experience individuation, she experiences social interaction immediately after birth with caregivers. These interactions become the basis of thought processes even before

thoughts emerge. There is an "internalization of expectations" (p. 17) through which the individual learns the rules of social interaction or the expectations of the culture that surrounds her. It is important to note here that according to Mead "selfhood" (p. 17) is socially *constructed* and an individual's ability to reflect or introspect develops through these social interactions and reactions. Ashworth (2008) summarizes that "individual selves and mental processes arise in a social context, and the 'content' of thought and selfhood is to be understood in the light of the meanings which are available within the culture in which the person is immersed" (p. 17). Ashworth adds that once the sense of selfhood is developed, the individual is then able to find a sense of agency and discover "personal tendencies of thought" (p.18), thereby also becoming a *constructor*.

According to Moustakas (1994), a phenomenology is the "return to experience in order to obtain comprehensive descriptions that provide the basis for a reflective structural analysis that portrays the essence of the experience" (p. 13). Qualitative researchers, who view experience and resulting behaviors as "integrated and inseparable", that provide an understanding of the whole (Moustakas, 1994, p. 21), have utilized phenomenological methodology to answer similar questions as I intended to ask during this study, i.e., the essence of an individual's experience in relationship to a phenomenon (Creswell, Hanson, Clark & Morales, 2007; Moustakas, 1994). For the purpose of this study, it was vital to seek a comprehensive understanding of the essence of an individual's lived experience of trauma recovery and post trauma growth in order to enable a rich, thick description of the crux of those experiences (Geertz, 1973).

According to Smith (2008), phenomenological methodology is geared towards the researcher understanding "how" (p. 3) an individual is making sense or meaning in relation to their "personal and social world" (p.3), the grounding of this methodology is in the individual's

experience (Ashworth, 2008). According to Moustakas (1994), a phenomenology is useful when "the aim is to determine what an experience means for the persons who have had the experience and are able to provide a comprehensive description of it" (p. 13). Second, there was a specific focus on the participants' socio-cultural context in this study, which implies going into the depths of each participant's process of meaning-making and how it was affected by her socio-cultural context. A phenomenological approach is applicable for this purpose as well (Geertz, 1973; Moustakas, 1994; Smith, 2008). Moustakas (1994) specifies that one of the primary intentions of the phenomenological approach is the utilization of the context of a situation to understand the implicit meaning as it stands for an individual and intricate relationships that meaning entails.

Research Questions

The following questions guided this study:

1. How do socio-cultural context(s) affect trauma recovery and post trauma growth?

    a. How are the processes of meaning-making or narrative development affected by socio-cultural context(s)?

    b. How do socio-cultural context(s) affect subsequent choices post trauma?

2. During their counseling experiences, in what ways did the participants experience their socio-cultural context(s) being taken into consideration by their counselor?

Research Design

The first research question aimed to find how socio-cultural contexts influenced the process of trauma recovery or post trauma growth for the participants. The intention was to understand the experiences of the individual in relationship to her socio-cultural conditioning, the interactions since childhood that became a part of her sense of self and worldview.

Subsequently, the hope was to find out how these contexts influenced the participants in the process of meaning-making and narrative development after trauma, and if subsequent decision making was influenced as well. It was imperative to understand the experiences of each individual participant in relation to each participant's unique socio-cultural context. Therefore, a phenomenological approach was considered most suitable for this study. According to D'Amore, Martin, Wood, and Brooks (2018), qualitative studies examining the relationship between IPV and post trauma growth are few and research in this topic is in its stage of infancy.

The second research question was to find out whether the participants thought or felt that their socio-cultural contexts were being taken into consideration by their counselor during their counseling experience after their experiences of IPV. This question is an extension of the first research question and continues to focus on experiences of individual participants in relationship to their socio-cultural contexts with specific reference to the counseling setting. How the experiences of counseling were helpful or not may provide essential insight for the counseling profession and trauma counseling practices. The nature of this question extended the applicability of the phenomenological approach to this study.

Specific to understanding the experiences of the participant in relation to her various contexts, it was also important that the interpretation of these experiences emerged from the depths of the respective contextual frameworks as well. The use of interpretive phenomenological analysis or IPA helped reach the depth of understanding required in order to then describe the essence of the participants' experiences (Smith & Osborn, 2008). According to the Smith and Osborn, "the aim of IPA is to explore in detail how participants are making sense of their personal and social world, and the main currency for IPA study is the meanings particular experiences, events, states hold for participants" (2008, p. 53). IPA is considered to be

a meaning-making coding method that focuses on "person-in-context" (Larkin & Thompson, 2012, p. 102). Its use ensured that the data analysis was situated in the context of the participants and their lived experience. The research questions, for which answers were being sought in this study, were also based in the contexts of the individual participants and therefore IPA was a suitable methodology to use.

Additionally, IPA posits that research is a dynamic process and recognizes the role of the researcher as being active in this method (Smith & Osborn, 2008). IPA is described as a double hermeneutic approach, i.e., the researcher trying to make meaning of the process of making meaning that the participant has engaged in. But, Smith and Osborn (2008) specifically state that this does not mean taking the participants' side but asking critical questions during data analysis and interpretation. Hence, my own point of view and how I was making meaning as the researcher was important as well. IPA is an interpretive coding method and therefore member checking is not utilized (Smith & Osborn, 2008), instead, as suggested by Larkin and Thompson (2012), reflexive journaling, peer review, supervision, and detailed audit trails served as processes for maintaining the validity and credibility of the coding methodology and resulting interpretations. Alase (2017) emphasizes the importance of the researcher including a culminating statement related to the process of the research project, what it was like, and how it came to be what it is. This is included later in this chapter and has benefits towards establishing the credibility and transparency to the study (Levitt et al., 2018).

Smith and Osborn (2008) have provided 12 guidelines to conduct an IPA study. These are described here in tandem with the purpose of this study and research questions. The first step is the construction of research questions. As noted earlier the purpose of this study is to explore the lived experiences of women who have encountered trauma recovery or post trauma growth

with a specific focus on the interaction of women's socio-cultural context(s), their process of meaning-making and narrative development, and subsequent choices after (the) traumatic events. The focus of a phenomenology is placed on individual's lifeworld and begs the question of *what* it was like for a person to live through certain experiences (Eddles-Hirsch, 2015). Similarly, IPA focuses on the *how* questions and therefore the research questions were aligned accordingly (Larkin and Thompson, 2012):

1. *How* do socio-cultural context(s) affect trauma recovery and post trauma growth?

   a. *How* are the processes of meaning-making or narrative development affected by socio-cultural context(s)?

   b. *How* do socio-cultural context(s) affect subsequent choices post trauma?

2. During their counseling experiences, in what ways did the participants experience their socio-cultural context(s) being taken into consideration by their counselor?

Participants

The second step for IPA methodology was to establish a sample of participants. For this study, I interviewed women, 18 years or older, who had experienced a traumatic event in their lifetime. According to Tedeschi, Shakespeare-Finch, Taku, & Calhoun (2018) even though there is no time criteria that can be placed on when an individual might experience post trauma growth, they do say that it is recognized by a participant in the longer term, after she's had time and opportunity to reflect deeply. Time elapsed since the traumatic event is preferred to be more than 13-18 months. Davis, Nolen-Hoeksema, and Larson (1998) noted in their study related to benefit finding that individuals were able to recognize benefits 13-18 months after the traumatic experience(s).

This study focused on women, because not only are women more prone to suffer traumatic events during their lives and have a greater probability of developing PTSD as a result of it (Kessler et al., 1995). On the other hand, women have also been found to experience PTG more so than men (Vishnevsky, Cann, Calhoun, Tedeschi, & Demakis, 2010). In their model of PTG, Calhoun and Tedeschi (2006) mention that women are more likely to gain from external supports – proximate (social) or distal (cultural), and therefore this study focused on women in order to establish how socio-cultural contexts may influence trauma recovery or post trauma growth. Smith and Osborn (2008) state that because there are fewer participants needed for an IPA study, instead of looking for a representative sample, IPA researchers engage in purposeful sampling and look for participants for whom the experience that is being explored, is common. Therefore, the focus on women was beneficial from that point of view.

To facilitate another layer of homogeneity (Smith & Osborn, 2008), individuals who have experienced intimate partner violence (IPV) will be invited. Discussing the typology of violence, the Violence Prevention Alliance at WHO (2018) further classifies intimate partner violence into four tiers - physical, sexual, psychological abuse, and deprivation or neglect. For this study, any of the four tiers will be utilized as inclusion criteria for participants.

Smith, Flowers, and Larkin (2009) recommend that for a researcher who has experience with IPA, six to 15 participants can be a good number. For student researchers who may be conducting an IPA study for the first time, three participants are enough (Smith & Osborn, 2008). For doctoral dissertations, six to eight participants can be a good number (Smith, Flowers, & Larkin, 2009). An attempt to recruit 10-12 participants was undertaken in case any participants are unable to interview or decide not to continue. I hoped that this would help me collect rich data for drawing implications for the group. Ten individuals responded to the screening

questionnaire (Appendix A) but only six were contacted as they met all specified inclusion

criteria. Five participants completed follow-up interviews, but one participant was unable to do

the follow-up interview due to scheduling unavailability.

The inclusion criteria that were part of the screening questionnaire were:

1. Age: 18 years or older.

2. Gender: Woman.

3. Experienced intimate partner violence (IPV).

4. Time: Event at least 13-18 months prior to interview.

5. Counseling: Must have engaged in counseling at least once after the event(s).

6. Audio/video recording: Must be agreeable to audio/video recording of interview.

IPA methodology prefers that interviews be recorded (Smith & Osborn, 2008), thus, a no

objection choice item was added to the screening questionnaire (Appendix A) to make sure that

interested participants do not object to being audio/video recorded. This detail was also a part of

the informed consent (Appendix E) and was discussed explicitly before the interviews started.

The intention was to talk beyond the experience of trauma and not expose the participants

to re-traumatization in any way. Use of counseling services post trauma was therefore a criterion,

not just because one of the research questions was related to counseling but also because it

ensured that the participant had a safe space to process the interview itself, should they choose to

or feel the need for it. Additional steps were also taken to ensure the safety of the participants as

discussed in the interview protocol sections below, guided by Brzuzy, Ault, and Segal (1997). As

mentioned before, previous counseling experience also helped in drawing implications for the

counseling field – for counselors, for supervisors, and for counselor educators.

Smith and Osborn (2008) state that use of triangulation for IPA is beneficial for the credibility of the data collected. To this end during the first face-to-face interview the participants were asked to bring an artifact, for example, a quote, name of a book, an object, or an image that has helped in the participant's journey. Details of how this was incorporated in the interviews is discussed in the procedures section.

Participants were not compensated in any monetary way for their participation. The intention behind this was two-fold: first, to provide the opportunity for voluntary participation in research that hopes to help facilitate recovery and post trauma growth for others in the future; and second, to avoid placing monetary value on an individual's process of trauma recovery or post trauma growth, as the experience itself and being able to share it is considered self-affirming (Brzuzy et al., 1997). However, in order to not cause inconvenience related to transportation, participants were provided gas cards worth twenty dollars each to help offset the cost of travel to the interview location. Funds for the gas cards were available through a grant awarded for this study sponsored by the Center for Peace Studies and Violence Prevention at Virginia Tech.

Procedures

The third step for conducting an IPA was to decide how data would be collected. According to Smith and Osborn (2008), both structured and semi-structured interviews could be used to collect data. Even though structured interviews ensure uniformity in data collection, semi-structured interviews provide avenues for building rapport and empathy with participants, the ability to ask follow-up questions as needed, and flexibility with how the questions are ordered according to what is being provided by the participant during the interview. The intention for collecting data in this study was to holistically understand the point of view of the participants, and therefore a semi-structured interview protocol was utilized.

Approval for this study was sought through the Virginia Tech Institutional Review Board (IRB). IRB approval must be sought for any study that involves human participants. The Virginia Tech IRB was undergoing some major changes and had outsourced their reviews to the Western Institutional Review Board (WIRB). The Virginia Tech and WIRB websites provides detailed guidelines of policies and procedures that need to complied with in order to conduct this research study. These included following strict guidelines related to confidentiality, storage and maintenance of participant records, making sure that the informed consents were understood and signed by each participant, and ensuring that the participants were treated ethically and that no harm was done while they were engaged in providing data. To that end an IRB application was submitted first to the Virginia Tech IRB, transferred to WIRB, approved by WIRB, and then re-approved by Virginia Tech IRB. Both the Virginia Tech IRB and WIRB documents are included in the appendices section.

Post approval, participants were sought via two separate avenues. First, recruitment flyers (Appendix D) were posted through various sites including domestic violence shelters in Radford and Roanoke, Virginia Tech Carilion, Virginia Tech Hokie Wellness Center, Roanoke College Student Center, Hollins University Student Center, Family Service of Roanoke Valley, New River Valley Community Services in Blacksburg, and a few local private practice counseling agency offices. The recruitment flyer had a QR code that lead to the screening questionnaire (Appendix A). Second, professional counselors were contacted in organizations (Appendix C) such as College Counseling Centers, Women's Center at Virginia Tech, Salem VA, counselors in private practice, and domestic violence shelters in Radford and Roanoke to act as a lynchpin for possible participants who they may have worked with in the past that met the inclusion criteria

for this study. These professionals were sent a script (Appendix C) that had an introduction about the study and a URL to the screening questionnaire (Appendix A).

The intention was to recruit 10-12 participants are needed for this study. Even though 10 individuals filled out the interest survey several of them did not meet the inclusion criteria. Six of the 10 met all criteria and were therefore contacted via email address they provided on the screening questionnaire. Snowball recruiting was also used.

Two confidential interview sites were proposed and the participant met for the interview at the site that was preferable to them - the Virginia Tech Counselor Education Clinic at the Roanoke Higher Education Center or the Counselor Education offices at the Corporate Research Center at Virginia Tech. The date and time were set up according to what was convenient and possible for the participant. Both locations provide safe, confidential spaces for interviewing purposes. The participants will be sent an informed consent beforehand which they were able to re-read before the interview, ask questions about, and sign before the interview started (Appendix E).

Interview Guide

Establishing an interview schedule, formulating interview prompts, and specifying interview guidelines were the next steps for conducting an IPA. These had already been completed and approved before participants were sought. Participants were asked for one face-to-face in-depth interview that would last approximately 90 minutes (Appendix F) and a follow-up interview scheduled a week or two later via a confidential interviewing portal online called Zoom, which would last approximately 30 minutes (Appendix G). Due to the fact that IPA is a methodology used when an in-depth view of the context(s) of the individual participants is preferred, the first interview was scheduled for a longer period of time - approximately 90

minutes to provide time for rapport building as well as asking the interview questions and providing space for detailed feedback. The second follow-up interview, which was set at approximately 30 minutes, was geared towards checking-in with how the participant is doing, ask any follow-up questions after reviewing the transcript of the interview, if she remembered something that she had not mentioned during the first interview, and also ask about the experience and insights as a result of the first interview.

First Interview. The first interview was semi-structured, face-to-face, and lasted anywhere between 50-120 minutes. Three participants interviewed at the Counselor Education Clinic at the Roanoke Higher Education Center and three participants interviewed at the Counselor Education offices at Virginia Tech's Corporate Research Center. The participants were asked open-ended questions described below in a semi-structured manner. The interview protocol existed of first level questions that are general and vague (Smith & Osborn, 2008) and second level questions known as "prompts" (p. 61) that acted as follow-up questions or descriptors for the former (Smith & Osborn, 2008). Whereas qualitative inquiry normally requires a specific protocol, IPA prefers to be more fluid. The first level questions were therefore, general and vague because getting a detailed view of the participants' context(s) was imperative and being too specific could have led to surface level tailored responses. The prompts served as guidelines or encouragers and were used when a participant was struggling with opening up or with how much detail to share.

The purpose of the first interview was to allow the participant to provide a detailed picture of how her socio-cultural contexts affected her journey towards trauma recovery or post trauma growth, how she made meaning and developed her narrative of the event(s) in relations to her socio-cultural contexts, and whether she thought or felt that her subsequent choices were
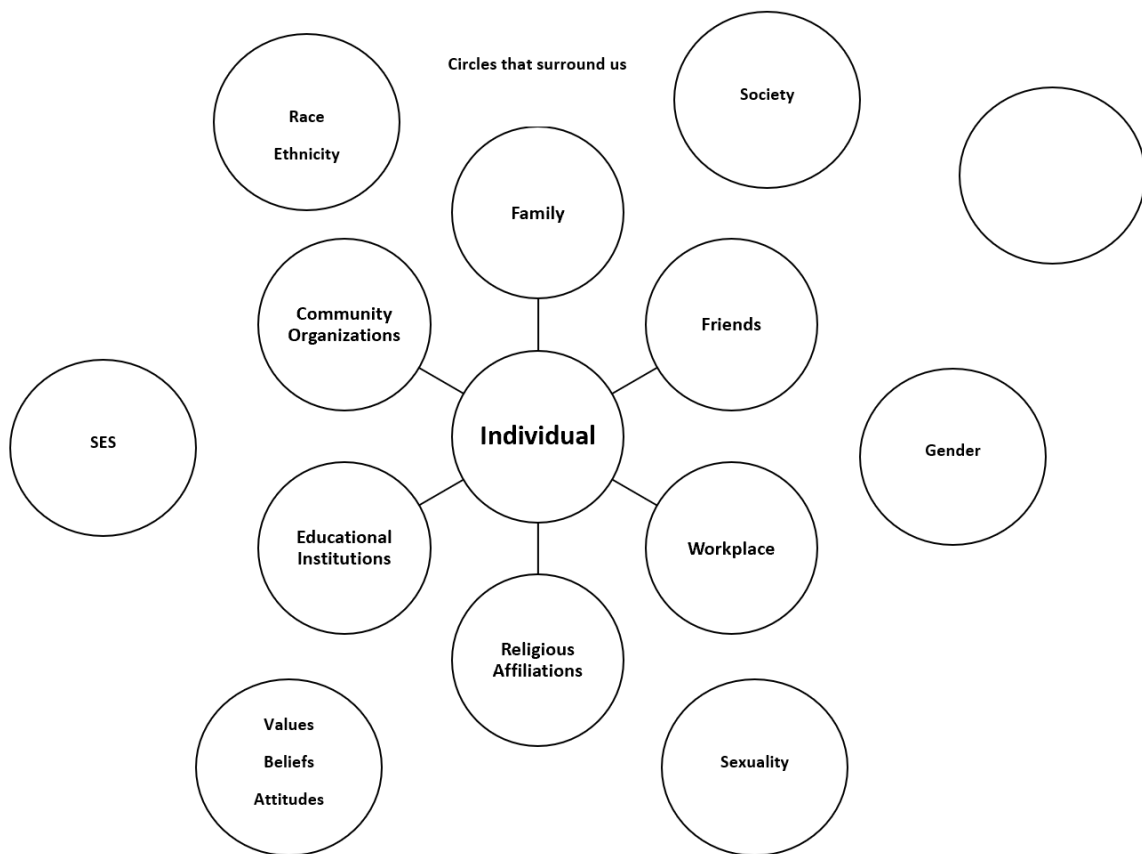
affected by these contexts. The second purpose of this interview was for the participant to describe whether during her counseling experience her socio-cultural contexts were acknowledged, included, and appreciated by her counselor or not and provide some examples if possible, of what may or may not have been helpful. The interview was intended to be carried out in a way that the participant was not being led by the interviewer. To that end I made sure to provide a space for the participants to listen and ask follow-up questions or provide encouragers only if needed. The interview questions (Appendix F) were divided into two categories – warm-up questions and first level questions with prompts underneath them that have been italicized.

Warm-up questions were utilized for rapport building after which the participant was asked if she was ready to start. That is when the first level questions were asked. Simpler language was used in the actual interview because the participants must not feel burdened, limited, or pressured to understand professional jargon. Additionally, to help with the first question a diagram (Figure 1) was provided in which the individual was placed in the middle and possible components of a socio-cultural system were placed randomly around. This diagram was guided by how researchers have defined socio-cultural context (Bronfenbrenner, 2005; Calhoun & Tedeschi, 2006; Liebeck & Pollard, 1994) and included family, friends, society, race, ethnicity, gender, sexual orientation, community organizations, educational institutions, workplace, religious/spiritual affiliations, socio-economic status, values, beliefs, and attitudes. The diagram was intended to help the participant understand what may be included in socio-cultural context and they were free to add their own components as well. Interview questions:

— Let's start with talking about socio-cultural contexts that you have been brought up in, different things in these contexts that have been important for you through the years. I want to know what it is like to look at life from your lens.

o *What are the things growing up that you were taught or that became an important part of your social and cultural framework, the way in which you view life?*

o *Do you think there are ways in which your thinking, feeling, behaving is affected by the way in which you were brought up, the social structures around you, or the cultural values passed on to you?*

o *Can you give some examples to help me understand how these contexts became a part of you or not?*

Figure 1. Circles that surround us.

Circles that surround us

- Society
- Family
- Race / Ethnicity
- Community Organizations
- Friends
- SES
- Individual
- Gender
- Educational Institutions
- Workplace
- Values / Beliefs / Attitudes
- Religious Affiliations
- Sexuality

— Have you experienced some positive change or growth in spite of the difficulties or trauma you have faced? Can you describe your thought process and how you understand these changes?

  o *What are some habits, thought processes or ways in which you feel or behave that may have changed?*

  o *What are some aspects of maybe your personality that may have changed?*

  o *What are some aspects of your "self" before and after the event that are different and how do you view them, positively, negatively, neutrally?*

  o *Do you think you would have changed in this manner if you had never been through the events that you have faced?*

— Let's talk about your journey after the traumatic event as you moved forward, what were some of the things from your socio-cultural background that helped or did not help with moving forward?

  o *How was the way in which you thought or felt about the traumatic event influenced by how the event was viewed through social or cultural ways?*

  o *Do you think that the way in which you thought or felt about the traumatic event or yourself after the event was influenced in any way by the people around you?*

— How do you think the different social and cultural circles that surround you, helped or did not help in making meaning out of the traumatic event?

— How did these social and cultural influences help you develop a story or a way in which you communicated the trauma with others, if you shared it?

  o *Could you reflect on how you thought, felt, or what you did to keep moving forward?*

— Let's talk about the quote, artifact, book, object, image that you brought with you today

and what role that has had in your journey?

     o *What is it about this quote, artifact, book, object, image that touched you in a way*

       that it became a part of your experiences?

— When you engaged in counseling did you feel like all of *you* was being invited,

acknowledged and affirmed in the counseling sessions?

     o *Did you feel like your socio-cultural contexts were being considered? If so, can*

       you give me some examples? If not, could you tell me in what manner it was

       conveyed, or you felt that the whole 'you' wasn't welcome?

— What would you want your counselor to have known, considered, or done that they did

not do, or something that you think they did which was helpful?

     o *Could you be a little specific and think about sensitivity and knowledge regarding*

       socio-cultural background?

The participants were provided space to explore these questions in as much depth as

possible. The aim was for the participant's context to be heard (Larkin & Thompson, 2012).

Before the interview ended, space was provided for any questions the participant may have, the

time and date for the follow-up interview was set up, and I ensured that the participant had my

contact information in case the follow-up interview needs to be rescheduled. Additionally, I

made sure that they had a counselor to support them should they feel the need for support and if

not, I could put them in touch with few potential counselors in their community. All participants

reported they had a counselor and did not need referrals. Field notes were taken immediately

after the interview was completed. The WIRB had approved audio recordings to be transcribed,

and audio recordings were sent to VerbalInk for transcription the same day after each interview was completed.

Follow-up Interview. The follow-up interviews lasted between 15-30 minutes and took place via confidential online portal called Zoom that is provided through Virginia Tech. The participants were provided the opportunity to share anything that she may have missed during the first interview or thought of after the initial interview that was important for the description of her journey towards trauma recovery or post trauma growth. During this time, I took the opportunity to ask any follow-up questions that emerged during the initial review of the transcript or ask clarifying questions to understand the participants' context in-depth. This follow-up was also utilized to debrief from the first interview to assess the potential impact of these interviews on the participant. This was essential because exploring aspects of an individual's life that may not have been explored before in a particular manner could be considered as an intervention (Aldridge & Stevenson, 2001).

Once the follow-up interview was completed, the participants were provided the option of whether they would like to know the results of the study. Field notes were completed right after the follow-up interview and the audio of the interview was sent to VerbalInk for transcription. IPA guidelines (Smith & Osborn, 2008) state that recorded interviews are preferable and that the entire interview needs to be transcribed in their entirety before data analysis commences.

As mentioned above, audio recordings were transcribed using a confidential transcription service from Verbalink. Apart from signing the baseline non-disclosure agreement, Verbalink takes steps so that recordings sent to them to remain confidential. When the transcriptions were sent back, I re-checked the transcriptions, made corrections, and in some cases had to the video

recordings if something the participants said was unclear. Once transcriptions were checked to be true, the video recordings were deleted.

Data Analysis

The next four steps of the IPA methodology are for the purpose of data analysis (Larkin & Thompson, 2012; Smith & Osborn, 2008). These are: analysis, looking for themes in the first case, connecting themes, and repeating the process for rest of the cases (Smith & Osborn, 2008). One unique aspect of the IPA coding method is that the researcher is engaged with the transcript, trying to get into the context of the participant, understanding the participant' story from the participant's perspective, aiming to connect with the experience of the participant's world, how she perceives her world, and how she makes meaning of it (Smith & Osborn, 2008). To this end, when I received the transcripts and after corrections, I went through each transcript twice before starting analysis. First to make sure that the transcript was true, and nothing was remiss and a second time to really hear what the participant was saying. I played the audio recording with the second read to catch cadence and tone of voice, or even expression of emotion. This helped when I had to interpret the data, to make sure that justice was being done to the participants' stories and what different aspects of the story meant to the participants were being highlighted (Smith & Osborn, 2008).

Smith and Osborn (2008) suggest that coding be done for one transcript at a time. Both open coding and line-by-line coding was carried out for each participant's transcript. I transferred the transcripts to an Excel sheet and created three columns for the first transcript. The first column I used for notes related to what I found significant about the participant's experience (Larkin & Thompson, 2012). This could include, but is not limited to comments related to meaning, how the participant might be feeling if there is evidence of that and use of specific

language or phrases the participant used. Once that was complete for the entire transcript, I used the other two columns to note down what emerged to be as "objects of concern" and "experiential claims" (Larkin & Thompson, 2012, p. 106). *Objects of concern* are described as anything that is important to the participant and *experiential claims* are indicators that provide insight into what is the meaning of the object of concern (Larkin & Thompson, 2012).

Once that was completed for the entire transcript, I sent the transcript to my peer reviewer, Dr. Cherie Edwards. After some discussion we settled upon a process for coding the transcripts. Once that step was complete, I used another column to note down "emerging theme titles" (Smith & Osborn, 2008, p. 68). This is done for the entire transcript with no attempts to eliminate or highlight specific parts.

The next step was to connect the themes (Smith & Osborn, 2008). The right-hand side column themes were then separated into another document. These were chronological or as they appear in the original transcript at first. Following this I clustered similar themes together. Once that happened, I was able to go back and consult the initial transcripts to make sure that the groupings that were emerging were consistent with what was shared by the participant. This also required that I make sure that the meaning emerging from the themes is aligned with the meaning and context of the participant's story. Following this part, a table of themes was generated for the first participant. Clusters of themes were given an overarching or "superordinate" (Smith & Osborn, 2008, p. 72) name that represented the content of the themes listed below them. This concluded the process for the first transcript. This process was then repeated for all the six transcripts and the follow-up interviews. According to Smith and Osborn (2008) the transcripts that follow can be analyzed in two ways - starting from scratch or using the superordinate themes from the first transcript. For this study, because I was looking for insight into socio-cultural

contexts of the individual participants as they relate it to their recovery and post trauma growth, the former technique was utilized.

Once the specific themes for every transcript were derived, I kept adding these to a themes table, which was an Excel sheet and had a sheet for every participant separately. The superordinate themes in one place, now I was able to look for themes that may be common and different across the participants (Larkin & Thompson, 2012; Smith & Osborn, 2008). When I organized the superordinate themes, I color-coded some underlying themes that were common to a couple or few different superordinate themes. This helped distinguish the connections between the various theme charts between participants. Following this, the next step was to write and describe the emerging superordinate themes, common experiences, unique experiences between participants, and the interpretation of their stories by me.

Reflexivity, Rigor, Credibility, and Transparency

Researchers who have used IPA state that because the researcher is making meaning of how a participant is making meaning of their world, there is a double hermeneutics aspect to IPA (Larkin & Thompson, 2012; Smith & Osborn, 2008). This requires caution during the process of data analysis and interpretation. It is strongly suggested that the researcher maintain a reflexive journal before and during the entire coding as well as interpretation process (Creswell, 2014; Seidman, 2013). This helps with bracketing the personal experiences of the researcher so the meaning and context of the individual participants is prioritized. I maintained a reflexive journal throughout the process of data collection, analysis, and interpretation for this study.

As for researcher positioning and reflexivity, which is something that qualitative research calls for (Creswell, 2014; Patton, 2002), it is important to state that this study is personally significant for me. I have experienced a variety of trauma(s) in my life and the ones that stand

out or I had most difficulty coping with, were ones during which I had little or no help from my socio-cultural environment until I left my country of origin. India has traditionally been a patriarchal country and women have suffered oppression and suppression from men consistently. This is known as *daman* and even today boys and girls are socialized differently to play different gender roles in the context of society and culture – men hold the power and women are the ones that serve others. This leads not only to oppression behaviorally in the socio-cultural roles that men and women play, but also through punitive action when women try to stand up for their rights. Domestic violence, sexual assault, dowry related deaths, and honor killings are unfortunately not a beast of the past in India (Sharma, 2015).

The importance of different types of intimate partner violence also emerges from my personal experiences with it. I have done and continue my own work with a professional in the community related to it. It is important to understand however, that I received help outside my socio-cultural context. There are individuals who suffer and struggle to recover or grow because they are often living within their socio-cultural contexts and are not privileged enough to be able to move away. It was imperative for me to find if socio-cultural contexts do in fact affect individuals on a deeper level than researchers have suspected. My hope is that my research will help take the understanding of trauma related to IPV to another level and help the counseling field support survivors to recover and grow more effectively.

Being able to listen to the stories of these women was a privilege. I am grateful and honored that they participated in this study and trusted me with their life stories. Even though my focus was not on the experiences of IPV itself, within the context of the interview most participants shared these experiences with me. It was extremely difficult to hear these experiences at times, and as they shared their stories and emotion overwhelmed them at times. I

myself was overwhelmed at times and cried along with them. These women are warriors and sharing a space with them even for the limited time I did, has humbled me greatly. With the overwhelming nature of their stories, reflexive journaling became essential during this time and is something that is suggested for IPA methodology (Larkin & Thompson, 2012). Additionally, I consistently met with my own counselor who played a significant role for my self-care during.

Supervision was also an imperative due to nature of the data. This process has been strongly advocated for by Larkin and Thompson (2012) and Smith and Osborn (2008). For supervision I reached out to my advisor Dr. Lawson and he consistently provided support during the data analysis and interpretive processes to ensure that my bias and subjectivity was in check. In order to maintain transparency (Levitt et al., 2018) I maintained an audit trail throughout the process of data collection, analysis, and interpretation and was accessible to the supervisor as the research progresses and will available to the committee members at the conclusion of the study if needed. The purpose was not only to maintain transparency but also to provide a way for other researchers to replicate the IPA methodology if they desire to do so.

Conclusion

This study is unique. It is a phenomenology, in which I utilized IPA guidelines for data collection and analysis that specifically focuses on participant context. This was intentional because it highlighted the need to focus on the participants' point of view. The purpose is to not only understand the lived experiences of these individuals but also derive implications related to socio-cultural contexts for the fields of counseling, especially trauma counseling, counselor education, and research related to intimate partner violence. In this chapter, the processes related to recruiting participants, data collection methods, data collection processes, and the steps related to data analysis were discussed. In chapter four the results of the study are presented.

Chapter 4

Results

Chapter four will examine the themes that emerged from the data collected through qualitative interviews with the participants. First, a brief summary of the participants and the contexts which help inform their perspectives is provided. Then we move into the themes that emerged, organized by research questions, which were:

1. How do socio-cultural context(s) affect trauma recovery and post trauma growth?

   a. How are the processes of meaning-making or narrative development affected by socio-cultural context(s)?

   b. How do socio-cultural context(s) affect subsequent choices post trauma?

2. During their counseling experiences, in what ways did the participants experience their socio-cultural context(s) being taken into consideration by their counselor?

First, we look at the themes that emerged for how socio-cultural contexts affect trauma recovery and post trauma growth. Second, for the purpose of understanding the emerging themes and their interrelatedness in depth, the two sub-parts of the first research question are discussed together. Following that, a discussion of artifacts that participants described is detailed. This provides insight into how participants were making meaning and developing narratives. Finally, emerging themes for the second research question are discussed along with what may or may not have been helpful for the participants during their counseling sessions and within their counseling relationships.

Description of participants:

Six participants were interviewed for this study. Each participant identified as a woman. Four identified as Caucasian, one as Mexican, and one as African American. Their current age

range is between 27 to 60 years. All six participants identified their perpetrators as previous romantic partners or ex-husbands. Their traumas can be categorized as intimate partner violence (IPV) involving both physical and psychological violence and, in two cases, mainly psychological violence. All participants were assigned pseudonyms to protect their identities.

Anna and Daneel went through their traumas as teenagers. For Anna, her experiences with IPV lasted for approximately two years (between 15-17 years of age) and impacted most of her young adulthood. She was in high school at the time and her then boyfriend was both physically and psychologically abusive. Daneel was 14 years old when her experience with an abusive partner started. The abuse lasted for approximately one and a half years, but the long-term impacts affected her young adulthood as well. She resorted to substances as she was emerging from her abusive relationship and her recovery comprised substance recovery as well as recovery from the relationship.

Tanya and Kim went through their experiences starting in their early 20s. Tanya stayed in a marriage with her physically and psychologically abusive husband for 12 years, and Kim stayed in her marriage for 21 years, before either of them decided to leave. Tanya is now in her late 30s and Kim is in her early 60s. For both Tanya and Kim, the physical abuse was extreme, but they both talk about the psychological abuse being far more impactful in relation to their mental health.

Joy and Chloe went through their experiences starting in their early 30s. Joy stayed in her marriage for approximately seven years and Chloe stayed in her marriage for 15 years. Joy is now in her early 40s and Chloe in her early 60s. Joy's then husband was both physically and psychologically abusive. They had met while going through recovery for alcohol abuse. Chloe states that for the longest time her abuse was psychological, but once she decided to leave and

had already separated, was when her ex-husband attempted to take her life. Chloe and Kim had adult children when they left their marriages, but Tanya's and Joy's children were all still minors.

Socioeconomically, all participants except Anna identified as coming from middle and upper middle-class families. Anna identified as hailing from an affluent family. Except Tanya and Joy, all other participants had two-parent homes growing up. Both Tanya and Joy were brought up by single mothers. Tanya never knew her father and Joy's mother was divorced. A summary of participant demographics is provided in Table 1.

Table 1. Participant demographics.			
	Race/Ethnicity	Age of Trauma	Current Age
Anna	Caucasian	15-17 years	27
Joy	Mexican	30-37 years	40
Tanya	African American	20-32 years	39
Chloe	Caucasian	35-50 years	60
Kim	Caucasian	23-44 years	60
Daneel	Caucasian	14-15.5 years	28

Research Questions and Themes

RQ1: How do socio-cultural context(s) affect trauma recovery and post trauma growth?

The purpose of this question was to explore whether and how the socio-cultural contexts that survivors live in impacted their recovery after a traumatic experiences of intimate partner violence, and post trauma growth. Participants seemed to interpret this question as what was helpful when they were trying to get out of an unhealthy and abusive relationship or marriage;

and whether components of their socio-cultural contexts were helpful or not during that time. These components were messages that the participants had internalized both early in life and as the events were unfolding when they were trying to leave their respective abusive relationships. These internalized messages also governed the participants' decision making as they moved out of these abusive relationships and journeyed towards recovery and growth. The themes fall under three broad categories: family involvement; friends; and socio-cultural environment, which includes law enforcement agencies, educational institutions, and communities in which the participants resided (not friends or family but more so the people in the neighborhood or town).

Family Involvement:

Family appears to be one of the major themes that emerged from the data. It was interesting to see how the different responses from family contributed to recovery and growth for the participants. Three sub-themes emerged – family as a *support*, family as a *stimulus*, and *perceived lack of family support.*

Support: Support as a theme means that the family was validating to the survivor, they were affirming, advocated, and believed the survivor's experiences. Anna talks about her mother being her absolute support throughout her ordeal with intimate partner violence. Her parents supported her when she decided to bring her perpetrator's behavior to school officials and law enforcement agencies. In her interview she observed, "I think if I didn't have like the family I had, I don't know where I would have ended up". At the time she did not see a way out and she was also struggling with passive suicidal ideation. Having her parents' support was crucial for her wellbeing at that time. Similarly, for Daneel, it was her mother and her sister that were there for her. Once she realized that her relationship was an unhealthy and abusive one and decided to leave, she had someone to fall back on. Daneel expressed:

I think probably my mom was a big part of that 'cause I finally sort of had let her

know everything that was going on. And I think my siblings, my sister kind of

had an idea too 'cause she was still, she had just gotten out of high school not long

before me. And was still living in that area so everyone talks and so, I think my

sister had an idea that some things were going on. Having that, them to fall back

on I guess afterwards. . .

For Chloe, all her children were already adults when she separated from her

psychologically abusive husband. Her values regarding family came from her father who was a

caring and thoughtful individual, whom she lost to cancer. She had a contentious relationship

with her mother and was not in the habit of sharing details of her life with her. She did not reach

out to her mother for help when she was going through the psychological abuse, nor when her

perpetrator (her ex-husband) tried to kill her. Going through that experience she remembers that

each of her children, no matter where they were, showed up at the hospital after she was

attacked, "I turned around. There he [her son] was standing…my kids were all there" and

moving forward she asserted, "my family, my children – they were the key."

Stimulus: Family as stimulus means that family or a member of the family was the reason

for the survivor to leave her abusive partner. This showed up as the perpetrator's harmful

behavior towards a member of the survivor's family. For Joy it was her perpetrator's attempt to

harm their two-year-old daughter that pushed her over the edge.

He starts yelling at me that I'm being lazy I didn't feed the dog. He's right in—

he's in the room, so I start telling him, "You promised me that not in this room.

The kids are awake." So he's just starts throwing me around. Then he picks my

daughter up, and up until this point I have always been the buffer between him

and the kids. Like this man has no understanding of when the kids become biters,

when, like natural stuff. So his anger and rage, it's always disproportionate when

the kids would do something, so I would do something to get something on me.

So at this point the kids have seen enough but they have never been, you know,

hurt or…But at this point, after – like I'm completely black-and-blue. He picks up

my daughter; he's like out of his damn mind, so I start begging him to put her

down. She's two, she starts losing her shit. And after like 20 minutes of begging

with him and he's just going, I can see him and he's saying he's leaving with her.

For the first time I actually hit him.

With the goal to provide a safe home for her children, she finally left after enduring five years of

physical and psychological violence. Joy's mother had already passed away, so she did not have

her major support person. She explained during her interview, "I come from a family where my

mom [was] divorced, so she already carried huge stigma. And she was a professional herself, so

that was [a] huge stigma." Over the years she had internalized her mother's messages to not to tie

her worth to a man, "my beliefs were so set in that sense that it felt shameful [that the violence

was occurring]". Therefore, when she needed support, Joy did not reach out to her remaining

family members:

I have always had very strong relationships with my biological family. I had

two—one uncle and one aunt, and sometimes my grandma...I haven't talked to

them [in many years] and going through this I was not going to talk to them.

The role of her sons was crucial in Kim's journey. It was an attempt to hurt her younger

son that was the trigger for her when she finally decided to leave. Her resolve can her heard in

her voice when she shares her thoughts during her interview:

It involved my son. And when that happened, that was it. That was it. At that

moment I honest to God didn't care if he just died on sight. It was like, this is it,

we're done. This is over. I don't care. I don't care what you think. I don't care

what they think. I don't care what happened. From this moment, I've had enough.

Perceived lack of family support: Perceived lack of support from family came up as a

theme because support existed, as the survivor found out later, but in the moment when a

decision was to be made, the socio-cultural conditioning was such that the survivor thought that

there was no support. For example, Tanya's mother had been a supporter of tough love,

especially when Tanya became pregnant in teenage and decided to become a teenaged mother.

Tanya had been taught how to deal with the choices she made during her upbringing.

Unfortunately, Tanya's mother passed away around the same time Tanya had decided to leave

her husband and perpetrator for the first time. Tanya had nowhere to go and so she stayed in the

violent relationship for a few more years before she attempted to leave again. Being a teen

mother and having had to constantly prove herself by doing things on her own, working and

going to college, etc., Tanya had deliberately not reached out to her family (aunts, uncles, and

cousins) after her mother passed away. She had defied all odds before and felt the pressure of

doing what needed to be done in her relationship without any help from her extended family. She

disclosed in her interview:

So, as I was going through that journey, it was, you know, embarrassed, you

know, I felt like I had let my family down. There were negative comments [earlier

in life], "You're never gonna be anything. Your child is not gonna be anything,"

so, I kind of spent my whole life trying to prove people wrong, because I didn't

wanna be that statistic that they put me in: "You're a teen mom, you're black,

you're a single parent."

When she did finally decide to leave and reached out to her the family, even though

shocked, they were extremely supportive of her.

…once I finally came clean to my family, like, that last year when I was, like, "I

have to get out of here or it could mean my life" I had to go from that independent

person who was so used to taking care of herself, to – they told me, "You've done

this for years, you've taken care of the kids, you've taken care of yourself, you've

done, you know, you've been everything to everybody. Let us help you."

Family support came as a surprise for Kim. She shared that her family was aware of her

experiences long before she decided to leave her husband of 21 years. She was shocked when

they asked her how she put up with the violence and abuse for so long and her response was,

"…where were you before!? When I needed support…Or like hey, I'm here for you if you need

me which didn't happen". It did not happen before, but the support was there for her when she

finally decided to leave.

Friends:

Friends are an extremely important part of our being and one of the major components of

socio-cultural environments after families. Participants shared some of their experiences related

to friends, their responses, and how that affected the participants moving forward in their

journeys. Here we define friends as people who the survivor was close to and trusted, and not

acquaintances - a neighbor, someone who they saw once at church, or at the grocery store.

Additionally, friends were referred in two types: friends of the survivor and friends of the

survivor's perpetrator.

For example, for Chloe "friends" meant her perpetrators friends. Chloe did not find support in these friends. Growing up she had moved around a lot and had never experienced stable friendships. The friends she had before she separated from her ex-husband were not her friends, but friends of her ex-husband. When she was attacked, these individuals sided with her perpetrator, and instead of supporting her placed blame on her. In her interview she shares, "I was so beaten down by the ones that were my friends, I guess. I don't think he could have beat me anymore to the point of – not literally, but just what he had done to my life."

For Tanya, friend groups were not necessarily supportive either. Tanya mentioned that her husband at the time had isolated her completely from her own friends, so none of her friends even knew what was happening. She refers to her perpetrator's friends here. In her interview she disclosed, "I was just there by myself, and I didn't tell my friends 'cause I was embarrassed". On the other hand, his friends knew. Dismayed at their lack of intervention, she shares "it started off as push and shove and behind closed doors, nobody knew anything. But then it started getting to the point where he would push me and hit me in front of his friends".

Kim stated that she lost and found several friends after she decided to leave her husband. She is also talking about her husband's friends and their wives or partners. In her interview she expressed:

> I lost a lot of friends in the divorce which was fine because they believed him, and
> they believed him that I was bat shit crazy and he'd never do that. So, a lot of
> friends went that way with him. And then the ones who stayed with me, were
> supportive of me.

Most of Anna's friends did not believe that she was expressing the truth when she shared her experiences. Anna is actually talking about her own friends from high school. This

experience led her to feel more isolated than ever in her experiences and cautious of who she trusted in the future. During her interview she revealed:

> In high school, after we get into everything that happened, a lot of my friends, kind of, abandoned me. They didn't believe me. They didn't think what I was telling them was true. And they kind of were more concerned about their image and their social status than like protecting their friend who was being abused. So for a while I think I didn't really like want that many friends because I just would always be like what's it going to take before you betray me and turn your back on me or I didn't feel like I could tell them anything about my life.

Anna was not the only one who felt isolated. Daneel had been isolated from her friends as well. Daneel was also talking about her own friends from high school. In her interview she disclosed, "[h]e cut me off from all my friends and didn't want me to be around my family. Or go do sports. He wanted me to leave school early, stuff like that."

In Joy's journey, her close friend played a key supportive role. A friend who Joy considers is like a mother was eventually the one who pointed out red flags to her. This was Joy's friend and not close to her perpetrator. Not only was this friend the one that made her aware of what may be going on, but also the one who Joy fell back on for support later. Through tears she shares, "…my friend embraced me. I was so afraid." Her friend had been worried about Joy from the beginning:

> And she was like, "I don't know, I'm just worried about you. I don't know what's going on." Because she was the one that told me I acted very differently when I was with him. So, she was like "I don't know what I'm doing; I'm just trying to be helpful." And the thing is like she's an interpreter in the DC area for courts, so

she's seen many things. So, she's a friend who at this point started talking to me

about maybe counseling, if we're having too many problems. Like she was very

much an encouraging, loving, concerned force with me.

Impact of Social and Cultural Environment:

Every participant's story was unique and there were features of their socio-cultural

contexts that helped and ones that did not help. Law enforcement agencies, educational

institutions, and the surrounding community of residence and their responses were significant for

most participants. Law enforcement agencies included experiences with not only police officers

but the court system as well. Educational institutions included both schools and higher

educational settings like colleges. Community of residence included neighbors, workplace

colleagues, and people who belonged to the same religious or spiritual institutions. Some

similarities and some unique experiences are presented here.

Law Enforcement: For Daneel and Anna, who's experiences with IPV took place when

they were teenagers had similar environmental factors that worked for one and did not work for

the other. For example, Daneel was a minor (14 years old) at the time. Her family had realized

long before she did that something was wrong in her relationship with her boyfriend at the time.

When she finally did, they rallied around her to support. Most importantly, the law enforcement

agencies and the judge who was hearing her case for a protective order supported her completely.

And from what I remember going through the court system at the time and

dealing with the police was actually pretty easy. I think 'cause I was so young at

the time, too, and he was four or five years older than me. They were very helpful

getting like the restraining order and they had people at the court house who

would talk to me before the proceedings and stuff. And the judge was really hard

on him at the time…

It wasn't years later when she went back as an adult and tried to get another protective order

because her perpetrator was harassing her online, that she faced difficulties with law enforcement

agencies.

On the opposite end was Anna's experience who said that the law enforcement agencies

would not even listen to her, even with the proof and documentation she had.

The police were extremely unhelpful. We called them several times to report that

he was saying he was going to kill himself, tried to kill himself in my front yard,

was threatening to kill me…you know…just the usual and they did absolutely

nothing about it. We asked for what is now called a protective order. Back then it

was a restraining order. And they had this roadmap to how I was supposed to get

one and it was nearly impossible with the voice mails and the text messages and

the phone calls and every other piece of evidence that we had, they still were like

this is not enough. You have to go to three different locations and have them show

up and harass you at three separate places and have all of these answers for me

that were not helpful.

Similarly, for Kim, law enforcement agencies were not helpful. Her perpetrator himself

was a police officer and a respected individual in the community. When she finally decided to

speak her truth, people from his workplace would ask her to keep things to herself or not share

his violent behavior with the community. She says, "[f]or one thing they didn't want it out that a

cop had been doing what he had been doing so I was encouraged to keep my mouth shut."

Tanya resided in the community that her perpetrator grew up in after she separated from him, so while trying to enforce the restraining order she had on him she faced difficulties. It was a constant struggle for her to find supportive officers:

…I've had emergency protective order, but he would still show up at the house, because, I mean, a piece of paper does what, nothing, you know, the person comes there. I was in a town where he was born and raised, it wasn't my hometown. Even to this day – he graduated high school, there – his pictures and his championships and his trophies are still in the school glass case. So, whenever I would call the police, it would be somebody he went to school with that would show up. I've had police tell me, "Oh, can't you all just work it out, tonight, I'm the only one on duty?" Or, you know, "Hey, you know, can you do this?" Or, "Hey, I haven't seen you in a long time. How's your family?" And I'm sitting here, like, "Hey, I was the one who called 911, hey, me, I called, like, forget him." So, I felt like, for the longest time, that I wasn't getting help or getting the assistance I needed…

She also reported that a lot of times she would not be believed because she did not have bruises or markings on her body.

…the first time when I tried to get the protective order, they were like, "No, you don't have any bruises, and it's not that bad. Until he, like, physically does something", you know – I was, like, "Well, he's threatened me" and it was, like, "No". So it wasn't until he fractured my face, he ruptured my – I had to get stitches under my eye, 'cause he ruptured my retina. He backhanded me and I ruptured my retina, so, I'm not even supposed to be able to see out of my left eye.

So it wasn't until – and those were separate instances that I kept going back to the

doctor, and then they were like, "Oh, so it is physical" and I'm like – it shouldn't

even – I feel like they should've done something before, when I originally called

when it got out of control. But they waited until it was physical things happened

that they could physically see, before they even stepped in.

Joy's experience with law enforcement agencies was unique. When she was still living

with her perpetrator, he was the one calling the police along with their neighbors. He had

convinced the officers in their community that she was the problem. Sharing about the one time

she called:

And one time I called because he was chasing me with a knife literally around the

house and I locked myself in. The police showed up because I had called them.

When I was opening the door in the front he was breaking the door in the back

with his fists and the police saw this and they threatened me that I couldn't lock

out my husband, and if I kept behaving like this they were going to take me in,

child or no child.

On the other hand, when she left and was at a domestic violence shelter in a different

community, law enforcement agencies were extremely helpful. They supported her and her kids

who were both minors at the time, every step of the way.

School and Educational Institutions: Schools and educational institutions can be a source

of support for someone who is going through or has been through IPV. Anna had the worst

experience with her school system. She was distraught with the lack of support provided by her

school system during her experiences and her struggle to try and hold her then boyfriend

accountable. He had been threatening and harassing her constantly for two years.

So, I went to administration and told them what was going on. I told them I was

afraid for my life. I would share voicemails and text messages and pictures and

everything I had that was literal proof of me being threatened day in and day out.

I shared with them everything I could thinking they would protect me. And that

was pretty much the opposite of what happened. They basically told me to shut

up, don't tell anyone about this. We don't really have time for you and you're like

girl drama. But like yeah, we're not – they did absolutely nothing to protect me,

absolutely nothing to protect me.

She states that part of her struggle came with her perpetrator being a popular football player on

the high school team. She felt that people who were supposed to protect her were siding with

him. Even when her parents approached the school system with their concerns all the school

system did was to call her perpetrator's parents and make them aware of the complaints without

holding him responsible for his actions or providing her with any protection or support.

Community: The immediate community that surrounds the individual – neighbors or

people in the town an individual resides, can affect how an individual internalizes the events

happening in their lives. Whether the immediate community supported or opposed the

participants' attempt to speak their truth had a significant role to play, and each participant had a

unique story.

Joy had moved to a small community in Virginia from the D.C. area after she was

married, and the neighbors seemed involved initially:

And the neighbors are a freaking dream. [Name] is an old community, so you

bring in an expectant mother, and if anything the neighbors were just curious.

And everybody had a story about they had lived at some point in that house,

because it was a [name] house. And they would bring me recipes and pictures and

everybody wanted to, "Oh, I hear you're pregnant? Oh amazing." I learned how to

have my garden. I learned how to can. I learned all through them. And it was like

nobody wanted to be with my husband when my husband was around.

When the controlling behaviors got worse, her perpetrator started working from home and no

one came to socialize with her anymore and when violence ensued neighbors called the police.

"[We] were starting to have the sheriff showing up…a neighbor called. She was like, "Whoa,

now this is like—this just happens in the ghetto.""

Tanya had already been isolated from her friends and she was not sure her family would

be supportive. Her so called friends were her perpetrators friends. She, like Joy, did not have a

community of her own to fall back on:

[H]e kind of pulled me from church, pulled me from family, I wasn't allowed to

go hang out with friends…I didn't really have a circle of people to really, like,

vent to, to give me the assistance. It was just kind of that whole, "I have to do

better. I have to constantly prove myself" and, yeah. So...

Kim's community consisted of friends or coworkers of her perpetrator just like Tanya.

Her neighbors whose backyard aligned with hers were her ex-husband's extended family:

Threats were made though. I purchased firearms. The boys had firearms. I had a

deputy friend teach me how to shoot very well and I'm sure he was told that. Now

his family not so much. They harassed me for years. Still occasionally. They like

to call me names, scream, yell at me…See, they live right behind me…for a long

time, I couldn't even mow my own yard because of that. That's what it was but

again, purchased firearms and I told them. Yeah, they'd be out there. I'd just get

the gun and just hold it.

Chloe's community was supportive but mostly in reaction to her employer's conduct:

So, anyway, I lost my job. There was somebody in the community – so that would

be somewhere – I don't know. But somebody in the community started a

Facebook page – yeah – to get [my] job back.

Unfortunately, that did not work in her favor:

[W]hen the Facebook page was started, my severance pay and my last paycheck,

they stopped payment on them. So, all of a sudden, I started getting notices that

checks had bounced. I was like, "What happened?" They had – she said, "Well,

because of the negativity that you're spreading"…I was like, "I'm not doing

anything." I was like, "I'm just sitting here. They did it. The community did it. I

didn't."

Even though Anna's and Daneel's age of trauma was similar, their community structure

was completely different from each others and led to different experiences for both. Anna

belonged to an affluent community:

I grew up in a really affluent area and the people there can be really mean.

They're not compassionate. They're not empathetic. They don't really worry

about it if it's not affecting them. It's kind of like kill or be killed. Kind of like

dog eat dog world up there. And I think that's kind of what played a role in me

having so many people just like kind of abandon me and tell me like well, this is

your problem. Not mine. I don't really care. I still want to be on homecoming

court so I have to like not talk to you because people are like confused why you're

saying that he's doing these things.

Daneel's community mainly consisted of upper-middle class families in a small town where

everyone knew everything:

> We lived in suburban, upper-middle class area. We were very involved in the
>
> church growing up. We always went every Sunday until each of us were old
>
> enough to partake in youth events and stuff we were able to do that. That was
>
> certainly a big part at least probably until I was 16 or so. Mom and Dad both
>
> worked but Mom was home most of the time growing up. I wouldn't say we were
>
> all very privileged and ever wanted for anything…Maybe the small-town vibe I
>
> think of where I grew up negatively affected me, at least in my mind, in terms of
>
> when things would go bad or screw up or whatever, everyone knew about it.

One uniqueness for Anna is that Anna's perpetrator was liked and applauded by her

community:

> Because he was like cool and popular and had all these friends. I think that people
>
> think that abusive individuals are creepy and weird and disliked. And they're not.
>
> They're very popular and likeable and have a big group of community around
>
> them because if not they wouldn't get very far in their abuse. So it was kind of I
>
> think shocking that I tried to say like this is what's going on. And people didn't
>
> want to hear it. So I had a lot of that.

Daneel's community, however, had an inkling that she needed help:

> I think people knew that something was wrong. He cut me off from all my friends
>
> and didn't want me to be around my family. Or go do sports. He wanted me to

leave school early, stuff like that. And there were people that tried to help me get

away from him. I think that was helpful, especially when I finally was able to end

it all that there were people that wanted to – that recognized that I needed help.

For both Daneel and Anna, changing their communities was extremely helpful. Daneel

emphasized that "once I got out of, moved out of that community, then I was really able to start

moving forward with my life, I think. Changing my environment helped." This was similar for

Anna and she said that she truly recovered once she moved to the community where she went to

Graduate School.

[N]ow that I live in [City] and have really kind of worked through a lot of the

trauma that I experienced, I have a massive group of friends now and I'm able to

trust people and give out trust and feel so comfortable in the friend group that we

have here… I am the happiest I've ever been. I am the most confident. Like just

I'm where I wanted to be.

RQ1.a: How are the processes of meaning-making and narrative development affected by socio-cultural context(s)?

RQ1.b: How do socio-cultural context(s) affect subsequent choices post trauma?

The purpose of these question was to find whether meaning-making and narrative

development after a traumatic event is affected by socio-cultural context and whether decisions

or choices survivors make are affected by these contexts as well. The best way to describe this

theme in relation to the participant interviews, is by gaining insight into the internalized

messages that had become the lens through which these survivors viewed the world, understood

their respective situations, and responded to their situations, and the way in which they made

decisions following the event(s). Each participant was asked to bring an artifact – a quote, a

book, a song, a movie, a picture or anything they felt was an important part of their journey towards recovery. The artifacts and how the participants described them, provided insight into the internal thoughts processes of how the participants were making meaning and developing narratives. They were also a means for triangulating the data collected.

Impact of Internalized Messages:

This was a major theme that emerged from the data for all six participants. For Anna, the way in which her community, her school, and law enforcement agencies responded, led her to internalize some beliefs about herself that she had to work through during her recovery.

> I think for a while I felt like I didn't deserve to be happy because I mean I had just been treated so badly that I think I thought something was horribly wrong with me...I felt like I don't deserve to like be happy…happiness scared me. I think I learned that quickly when all this went down was that you can lose it. So, it felt safe for me to not really be happy because you can't lose what you don't have.

In particular, she talks about the process of socialization - how her upbringing affected her decision making even though she was aware that something was not right.

> I was raised in what I think, I thought I was doing was right, is that you don't say anything. You don't leave. You tolerate. And then to some degree started believing that there must be something wrong with me because why would someone treat me like this if I didn't deserve it. Because that's where your brain goes. You don't know how else to make sense of it. You can't look at it and be like well, he's very sick and he's abusive and there's nothing wrong with you.

> Self-blame was extensive in Joy's case. She was in recovery for alcohol abuse, she had broken convention by marrying someone outside Mexican heritage, she was already ostracized

as a result of her mother having sought divorce when she was young and being raised by a single

parent. She described growing up in a society where "everything was prim and proper, nobody

raises their voice, nobody has a frown". She was predisposed to messages that internalized as

low self-esteem, so when her abuse started, she continued to internalize the messages that were

being sent to her by her perpetrator. His voice became hers even after she separated from him:

> I was talking to myself worse than he was talking to me when I was with him.
>
> Like all through that the only thing I could think of was like, "You fucked up
>
> again. You need to be here in court. Suck it up. Suck it up." And I'm [dealing with
>
> pneumonia], going to [my son's] school, and the things that I was saying to
>
> myself was much more horrible than he would ever talk to me. Where it was like
>
> his voice had become into my voice.

As mentioned before, for Chloe, her upbringing included being parented by a caring,

compassionate father who was cherished and respected by numerous people in the communities

that they had lived in. One thing that she had learned from her father, was to care. When he was

in the hospital on his deathbed and there was a constant stream of visitors coming to say

goodbye, she had asked him how he did it and he had said "you just care". She had internalized

that message from her father, so when her abuse started – she cared. During the interview she

talks about her perpetrator with empathy and compassion. She thought she could "fix" him but

realized after years of psychological abuse that it just was not possible. Even after he attacked

her, she was able to understand why he did what he did and found it in herself to forgive him:

> I think he was constantly reaching for something to fill him. I did it, but I did it in
>
> the wrong way for him. But I saw total, total desperation and just – he was just –

that was it. He was going to do whatever he had to do to make the pain stop for

him.

On the other hand, military family upbringing had led to strong internalized messages for

Kim. Some of why she stayed so long in her marriage was due to the family ideals:

> …some of my family members believed that when you marry you marry for life,
>
> period, doesn't matter what happens. You're married for life. Some of them are
>
> old school – that women should stay home, take care of babies. Men go out to
>
> work and what men do is right.

She was also taught that appearances were extremely important:

> If you had bad things you hid them, so nobody knew what was going on. You had
>
> to present well whether you were well or not. And we were also taught – and this
>
> can backfire on you – you treat everyone the same from the night janitor to the
>
> CEO. Everybody, period, black, white, purple, young, old, criminal, CEO,
>
> everybody was treated the same. And that makes you more accepting of
>
> someone's faults whereas you think you have to, instead of going hey, that ain't
>
> right. Stop.

Tanya's internalized messages led her to be in constant battle. She was trying to prove

herself since the day she found out that she was going to be a teenage mother. One incident that

had the deepest impact on her happened in school. It was after she got into an accident while she

was six months pregnant and totaled her mother's car.

> …one of the teachers at the school, she told me it would've been a blessing if the
>
> baby died is what she told me. I will never forget that. And that was, like, in '97,
>
> and I kind of used that as, "You know nothing. I'm gonna prove you wrong. I'm

gonna prove everybody wrong." So, it was at that moment I was, like, "You know

what, I refuse to be a failure."

That resolution to prove herself later got in her own way. She expressed in her interview,

"my family doesn't really believe in divorces", so she decided to make the best out of her

situation, and work with it because that is what she had done her entire life.

In Daneel's case, there was not any evident internalized messages from her family but

more so from the surrounding community. In her interview she expressed that if something went

wrong everyone knew about it and that created the pressure of expectations.

I acted out a lot when I got into my teen years and stuff. And I just wanted to get

out of school and get out of the town. I think trying to live up to some of the

expectations, [and they] negatively impacted me for a while just 'cause I felt like I

couldn't meet them. And so, I would just [be] crush[ed], then screw up.

With all that pressure she felt and then after going through an unhealthy abusive relationship, it

took her a while to find direction and grounding. She expressed that self-destruction through

self-medicating appeared to be the easier path at first.

…it took me a couple of years. I definitely sort of dug myself into a hole for a

while in terms of self-medicating or whatever. But then, when I finally got clean

for a while and then moved. It still, it would affect how I went out or whether I

went out at all. It really ended a lot of friendships 'cause I, any relationships I had

at the time I sort of cut off just for this one person. And then, going back to trying

to rebuild those things didn't really happen. And I didn't – when I still lived there,

I didn't – I was really afraid of seeing him out. That sort of paranoia did affect a

lot of my decision making at the time and still does occasionally. But not as

much.

When she was finally able to move out of her community is when her recovery truly started.

Artifacts:

Each participant was asked to bring an artifact, for example, a quote, a picture, a song, a

book, or anything that they thought had helped them through their journey. This was a way to

triangulate by asking the participants about what their artifact was and how it had helped them. It

was also a way to understand in depth the ways in which participants were making meaning and

developing narratives by connecting the importance of these artifacts and how they integrated

them into their lives.

Anna shared a quote that had inspired her:

So, it's this quote by Pema Chodron, I think that's how you say it. And it says,

"Only when we know our own darkness well, can we be present with the darkness

of others." And so, I discovered that when I was in grad school. And it was like

the thing that resonated with me most. I had it as my like screensaver. I had it has

the background on my laptop. I had it on my phone and like I would just always

go back to that as like this is what I was supposed to go through so I would be

here. Like I needed to live in the hell that a lot of people that I will work with to

truly be able to empathize and have compassion for them. And so, I have like

anchored into that. That's just like something that I truly believe at my core…

Joy shared a few things. She shared that she was inspired by the song *This is Me* from

The Greatest Showman. It became her "new anthem". She also mentioned a song called *Listen*

by Beyonce that impacted her deeply. While describing the importance of the song, Joy also mentioned the "heart of Te Fiti" from the movie *Moana*:

> …and I see that scene where, you know, the Heart of the Te Fiti … and that hit me, because that rage—everybody commended my mothering skills, everybody commended me for my strength and how it looked in court. But the only person that I always so violently angry like that movie, it was myself…it's funny because it was like a freaking movie. I'm nuts, so, so I started humming the song that I've always liked… [*Listen* by Beyoncé]

Daneel's artifact was unique. She brought a picture of her dog who had always there for her especially when she felt isolated and didn't think she had anyone to talk to.

> …animals don't really judge you, so that made me feel a lot better and she [her dog] did that for me in a lot of different instances. Not just in that relationship, she was just a very calm presence. Yeah, that definitely helped me a lot when I thought that I was a screw-up or that I didn't have anybody else…

Chloe's daughter had reminded her of an incident about Chloe's father when he used to show horses and one time a horse kept throwing him off and her father kept getting back on even after his pants had ripped.

> The whole time, people are going, "Was that man's pants ripped?" That was my dad. He was like, "That doesn't bother me. What's more important?" So, I had always told my kids that story. My daughter told me one time and I was just like, "Oh, my gosh." I was like, "This is the book I'm supposed to write." She said, "Mom, just get back up on the horse, even with ripped pants." I was like, "Oh, my gosh." So, yeah. So, I think that was is what has driven me.

For Kim, her son's words rang true. The day after the incident that led her to finally

decide to leave her husband, she shared her decision with both her sons and one of them had said

to her "It's about damn time mama that you found yourself." She detailed in her interview:

He was the prize child. He never got hit. He never did anything wrong. Period. He

didn't. [Younger son] was the one that caught it. But [older son] was actually the

one that had saved my life when he had, my husband had tried to choke me to

death. He had tried to strangle me, and [older son] came into the room and ran

across the room and jumped on his father and pulled him off of me. But he had

witnessed it very firsthand. "About damn time. What took you so long?" When

your child… [gets emotional]

Tanya was the only participant who did not bring in or share an artifact. When asked

about she expressed something unique:

I'm thinking about writing my own book, like, I just, I don't know, I just feel like I

have so much to share, and I've had a guy who – and ironically enough, his wife

is family of my ex-husband. And so, over the years, when I post different things

[on social media], he's, like, "Wow", like, and he works for a publishing

company…and he's been on my case, like "When are you gonna birth that book?

When are you gonna spit it out?" and I'm like, "I don't know if I'm ready to share

it." But I just, I feel like my – it's not over like, I wanna finish like, being

successful. And, you know, I don't feel like I'm done…

RQ2: During their counseling experiences, in what ways did the participants experience

their socio-cultural context(s) being taken into consideration by their counselor?

The purpose of this research question was to gain insight into participants' experiences of engaging in counseling and whether, according to them, their counselor had been able to honor participants' socio-cultural contexts. Participants reported a variety of different experiences. In general, they agreed that going to counseling was a helpful experience and they found their time with their counselors productive. Most participants had experience visiting more than one counselor and some had unique experiences that highlight key points that have implications for practicing counselors, supervisors, and counselor educators.

Tanya has been to a few counselors over the years. She visited one in college who she reports was not the best experience for her:

> …the first time is in college, 'cause that's when it [the abusive relationship] started. Like, I had an inkling that he was abusive before we got married, but I still decided not to [leave]. And then I had a baby and school, and I was getting just so overwhelmed, so I went to go talk to a counselor once. And then, that's right before I – 'cause I was, like, "I feel like there's so much going on in my life." And I didn't feel like the counselor really asked the questions, like, it was my first time there, so make me feel comfortable, like – so I didn't – I felt uncomfortable, at first, 'cause it was my very first time, and it was no, like, small talk or just kind of make me feel like I wanted to share something. And so, I didn't mention everything to her, and so, at that first session is when I took semesters off and decided to lose school. And I felt like if she had given me something, maybe I would've stayed a little longer, but, you know, whatever. So, and having all that going on behind closed doors on campus, and so, then I ended up leaving with this guy when I shouldn't have, and away from my family.

Then after she had been married for a while, and knowing that her family did not believe in divorces, she sought out a marriage counselor:

> …when I went to the marriage counselor I decided "You know what, my family does not like divorces, so I'm gonna go." So, we both were invited, and he decided "I don't want people in my business" because that's just the stigmatism that exists in our community. I went and I went a couple times, and I talked about myself and the kids and things like that. And so, she invited me to bring my kids, so she can see them and watch how they interact. And we went to, like, a – she had a farm, she had a couple of horses and chickens, and we kind of just hung out, and just, it was – it wasn't like a counseling session. And the kids loved it, and – you know, so, they went twice with me, and just kind of – and she let them interact. But, you know, that was it. I never asked my husband, or ex-husband, to come back with me, because I felt more like I was able to vent and get things out that I wasn't, would've been able to if he was sitting right there. I probably would've freaked out, to talk about what's going on with him, and then going home and feeling like being retaliated against, so, yeah.

This was the experience that was most helpful for her and it is evident from her description:

> So, I just was like "Okay, so maybe it's a good thing he's not here" and so I was able to get that feedback. 'Cause I don't know if, if he had been present, if she would have given me that same feedback of "you need to get out", like I don't think she would've said that if he had been there. And I could've potentially been stuck in that toxic relationship.

Anna has also had a few different counselors. She continues counseling as a means of self-care. She described her counseling experience as pivotal for her journey and continued recovery. "I truly believe counseling saved my life", she expressed emphatically during her interview. She recognized that she had enough self-awareness to know that something was not working and reached out for help:

> I think that's such a pivotal point in my story and having people that understood
>
> it, that had been there and who were empathetic and compassionate and could
>
> listen to me and not judge me or shame me or ostracize me or make me feel crazy.

Daneel's support system had encouraged her to seek counseling. The counselor she went to at first was the one she saw for several years:

> I saw the same, the first therapist I started seeing ended up the same guy that I
>
> saw for years after that. I think we had a good relationship and he was pretty blunt
>
> with me about decisions I had made or was thinking about making. Or he really
>
> felt like I had a lot of potential that I was kind of dampening, I guess, with some
>
> of my decisions. But he wasn't judgmental or – I think I didn't, I wasn't always
>
> completely honest with him. But when I was, he had very good advice. Or tried to
>
> be helpful in the right ways…

Kim found processing with a counselor beneficial too. She went after deciding to leave her husband. After she discontinued, she went back again after a traumatic event that happened at her place of work.

> …the gentleman I went to was extremely supportive. He listened. He did not pass
>
> judgement on anything. He asked questions that sometimes made me go further

than I probably would have voluntarily. I wouldn't have gone into all of the detail.

Which sometimes you need to go into the detail to get it all out.

After leaving her husband, Joy had sought help at a shelter. She found numerous supports

as well as met with a counselor there on a regular basis:

> …the world can be ending and [counselor] won't have a bad word to say. You
>
> won't be afraid because even though she's very tiny, she's always very calm…and
>
> that was the first place where I was told for the first time "It's okay, I believe
>
> you", and it blew my mind. It was the first time where I realized what abuse was
>
> and how it looked like and I had one of my hardest moments…

For Chloe, counseling was a unique experience. She had her doubts about whether she

got what she needed at the time; it was all new to her it appeared that she was not sure what to

expect. She tries to explain in her interview:

> I felt like I could be totally just like [t]here. I just felt like – I felt comfortable. But
>
> I also didn't understand. It was an all-new thing. I guess, in a sense, I was where,
>
> like I said before, where I was in that room and I was totally rock bottom. I had to
>
> totally be redefined, I felt, in a way, which now I see that I really haven't. I've just
>
> been kind of – the layers have been peeled off a little bit more. But I'm thinking in
>
> the counseling sessions, I feel like it was what – I hate to say that especially since
>
> where I'm at, but it was almost like I had to do it myself, which, yes, that is
>
> counseling. But it was like – I don't know. I can't – it was a little bit – I just did
>
> not – I felt supported, but I did not feel like she was helping me to see paths or – I
>
> don't know. I can't describe it.

Participants also shared some of the salient features of their counselors, their style, or their method, and even the kind of therapeutic relationship that existed between them and their counselors. Both helpful and unhelpful features were pointed out.

Anna, who herself is a trained counselor now, shared that one of the reasons why she decided to go into the counseling profession was because she had experiences that were helpful to her:

> I think the thing that helped me the most was absolutely therapy and having those conversations with somebody who could kind of be a mirror for me and have them reflect it back to me. Like did I really believe something was like wrong with me and having someone say like there isn't anything wrong with you, like outright saying that and validating through that for me.

Additionally, she expressed:

> Oh my gosh they did so much that was helpful. They really validated my experience that I wasn't crazy. They did a very good job addressing the gaslighting that I had experienced and giving me the language that I didn't have and saying like this is what gaslighting is. So, people who are abusive will do this. And like literally giving me worksheets of information that I was like oh, like okay. Another thing a counselor did for me that was really good is when I was talking about the relationship I had in college, educating me on family dynamics of alcoholic homes.

She highlighted self-disclosure as something she found helpful. She observed, "I'm so grateful for the counselors that I saw that took that step and were brave enough to say look, I was you. I have lived this."

Tanya had found it helpful that her counselor's religious views matched hers and was glad she found that as a means to connect:

And this thing was real, like, "You know, can I read you a scripture?" and, "You know, tell me about you, and, you know, what makes you happy." Like, so, she was giving me a lot more to make me feel comfortable, [inaudible] at the beginning, so…I feel like I trusted her, too. Yeah, it was good. I feel like it was – it was, like, perfect. When she – like, I had – 'cause it wasn't the first time that I had went, when she said, you know, "Would you be okay if I read a scripture?" and I was, like, "Absolutely!" And I had noticed she had a Bible on her shelf, and things like that, so, I was fine with that, yeah. But it wasn't – I think she kind of felt me out first, that first time, and then after that she went, "Would you be okay with that?" I'm like, "Absolutely, please, I need this in my life."

Joy connected with her counselor's style. She had been in recovery before and had a sponsor, but not a counselor. So later when she did connect with one, she was surprised by what her counselor had to offer:

…the first session I had with her was she said to me "My job here is to show you how perfect you are. Somehow, somewhere you're mirror got broken. So, I will be your mirror until you can see that for yourself." I was like, "What the fuck? She's nuts. I'm a mess. I'm a mess." [laughs]… You know, I'm like…and her words were very alien, but coming from my AA setting, where I had a sponsor tell me, "Listen, this is ugly, but it's worth it. And I will be your lifeline until you can get to that point." So, that message resonated greatly with me. So, it was like, "Okay, I think you're nuts, but it's okay."

Joy also connected with her counselor's ability to be vulnerable:

> And she understood how trauma looked like. She understood everything. I know how boundaries work, I know how the professional part has to look, but the most competent of professionals are the ones who are willing to make themselves vulnerable.

Something that Chloe, who is also a professional counselor now, found awkward for her was the way in which everything seemed "scattered":

> I felt like she was a little bit scattered. She kept answering a phone call or, "I told you I wasn't supposed to be bothered." So, I found it was chaos. That was the word I was just now looking for. I just felt like almost like I was the anchor to the chaos, and I wasn't even – I shouldn't have been…I kind of sat there and was just – I just did not feel like everything was together. So, that made me kind of like leave and go "Okay, I've got to do this. I've got to figure it out."

This may have been a feature specific to her counselor because she also expressed feeling "embarrassed":

> I think, especially where I was then and where I am now, I think it's really important to not – how do I say it? To not really – to look at me as a human being, don't look at me as a person that has just gone through this horrific event, don't define me by what happened to me.

Kim's counselor may have hurried the end of their therapeutic relationship, because she expressed feeling disappointment when her counselor said, "I think we're done here." Wondering if she would have wanted to continue, she expressed:

…I think so, just so I'd have somebody that knew what I was talking about to talk

to about it. 'Cause some things still especially when I started back in the dating

world there for a little while, it was like little things would just set me off.

Daneel wondered and was uncertain if her counselor could have included her family in

the counseling process more:

I think maybe more counseling with my family would have been helpful or just

maybe I think I needed more – if there was anything I needed more of, it was

accountability I guess, especially when I came to not just trying to fix all the

things but coming out with drugs or drinking or whatever. Yeah, I think that

would have been a bit more helpful probably but other than that, I'm not sure.

Conclusion

This chapter focused on the participants and their narratives that were shared in 90-

minute interviews and 30-minute follow-up interviews. Their voices, their stories, and the ways

in which each participant shared their story is portrayed through this chapter. The participants'

understanding of their own socio-cultural contexts, the effects of those contexts on not only their

responses to the events but also their decision moving forward can be observed as well. Evidence

regarding the part that family, friends, communities, law enforcement agencies, workplaces, and

educational institutions play and how their responses shape the survivors' views about

themselves and about the events in their lives can also be observed. Counseling can be a useful

process, as is evident by the participants' favorable responses, but there may be helpful or

unhelpful aspects to consider for survivors of IPV. The interpretation of generated themes,

implications, and future directions are discussed in the next chapter.

Chapter 5

Discussion

Chapter five presents a discussion of the results in the context of the existing literature on trauma recovery and post trauma growth framed within sociocultural contexts for survivors of intimate partner violence. Implications for professionals such as counselors, supervisors, and counselor educators are discussed as well. Additionally, implications and suggestions for leaders and advocates in communities, organizations, and institutions that play a part in constructing and protecting the social fabric of society are presented. Limitations of the study, directions for future research, and conclusions are discussed as well.

The purpose of this study was to explore the lived experiences of women who have been through intimate partner violence (IPV) and to gain insight into how socio-cultural context(s) affected their process of meaning-making and narrative development, subsequent choices after (the) traumatic events, and their journey towards trauma recovery and post trauma growth. The term post trauma growth is being used instead of posttraumatic growth (PTG) because even though the concept of PTG was the inspiration for this study, as data was collected and analyzed, it became clear that not all of the participants' experiences would fit into the PTG model. Therefore, post trauma growth in the context of this study includes resilience, posttraumatic growth, hardiness, thriving, benefit finding, and adversarial growth.

This phenomenological study utilized a social constructivist lens with the intention of focusing on the ways in which the participants' socio-cultural contexts affected their journey(s). Even though evidence of internal thought processes and realizations were present, the findings focus on how the data lends to answer the research questions presented. Interpretive phenomenological analysis (IPA) was used in order to code the data collected through two

qualitative interviews. For the benefit of the counseling profession, the participants' insights on their counseling experiences were also part of data collection and analysis. The data collected is extensive, and it is not possible to include each nuance for the purpose of a doctoral dissertation but will continue to be analyzed and interpreted, and will likely become the basis for future research.

Discussion

This study was approached with a social constructivist lens. Emerging themes provided evidence that socio-cultural contexts do affect individual meaning-making, formation of narratives, and decision making for survivors of intimate partner violence, and their journey towards trauma recovery and post trauma growth. Additionally, emerging themes not only provided evidence related to how counseling professionals are key to the process of trauma recovery and post trauma growth, but also ways in which these professionals can improve and refine their skills to support survivors of IPV towards trauma recovery and post trauma growth.

Being a phenomenological study, the focus was on the lived experiences of the participants, how their meaning was being shaped, and narratives being constructed in relation to what was present in their socio-cultural contexts. Data was analyzed in-depth and the process was guided by the IPA design and coding methodology that supported the social constructivist lens being utilized for this study.

Summary of Findings

Before summarizing the findings, it is important to note that the participants in the study have shown strength, perseverance, and fortitude in unimaginable ways. They have seen numerous life changes and despite these experiences find themselves ready to give back and help others. Two participants are professional counselors, one is a volunteer at a domestic violence

shelter, one is involved at the leadership level with her local chamber of commerce, and two are involved in their own ways to look out for other women in similar situations, helping through being supportive, and being role models for others.

The first research question in this study was: *How do socio-cultural context(s) affect trauma recovery and post trauma growth?* Three main headings emerged as a result of this question. First, was *family* and it involved three aspects – family as a *supporter*, family as a *stimulus*, and *perceived lack of family support*. The second major theme was *friends* and how the presence or absence of supportive friends can influence an individual. The third theme that emerged was the *impact of socio-cultural environment* and this theme had three major sub-themes – *law enforcement agencies*, *school and educational institutions*, and *communities*. Data indicates that if these three pillars provide supportive feedback, then trauma recovery and post trauma growth are facilitated. If support is not provided, then the survivor may find the journey towards recovery and growth to be challenging.

The first research question also had two sub-parts: *How are the processes of meaning-making or narrative development affected by socio-cultural context(s)?* and *How do socio-cultural context(s) affect subsequent choices post trauma?* Themes that emerged from the data here are enmeshed and difficult to separate without the message being lost, and therefore themes related to both these questions are discussed collectively. The *impact of internalized messages* from various sources in the individual's socio-cultural context since not just the traumatic events, but since childhood can be observed throughout this data. These were messages that were engrained in the participants; and the way in which the participants had internalized these messages affected how they responded to their respective situations, how they started viewing themselves; how they made decisions moving forward, and even how they attempted to separate

from unhealthy, abusive relationships. The process of triangulation supported the findings

through insights gained into how participants were meaning-making. In particular, participants

shared and discussed artifacts that they believed had played a crucial part in their respective

journeys towards trauma recovery and post trauma growth. Artifacts consisted of quotes, song

lyrics, movies, pictures, pictures of pets, and even something that people who were providing

support to the participant may have said or done while the individual was trying to break out of

her abusive relationship. Many of these artifacts touched the partcipants on a deeper emotional

levels and for most participants elicited a deep emotional response while they were describing it.

Motivational or insipiring seem surface level adjectives, but visceral appears to describe these

responses appropriately.

The second research question for this study focused on participants' experiences with

counselors and the process of counseling. *During their counseling experiences, in what ways did*

the participants experience their socio-cultural context(s) being taken into consideration by their

counselor? This question was geared towards understanding whether counseling professionals

were honoring the participants' socio-cultural contexts and working in culturally sensitive ways.

What emerged from the data is that overall the counseling experience was helpful for the

participants and from the client perspective there were certain approaches and practices that were

helpful. At the same time, there were some things that were not helpful. Emerging themes from

this data regarding counseling experiences are significant for deriving implications for

counseling professionals, supervisors, as well as counselor educators who play a significant part

in training counseling professionals.

Discussion of Emerging Themes

Trauma recovery and post trauma growth are affected by sociocultural contexts (Brown, 2008; Calhoun & Tedeschi, 2006; Herman, 2015; Meichenbaum, 2006; Weiss & Berger, 2010). However, knowledge regarding the extent to which socio-cultural contexts affect trauma recovery and post trauma growth as well as their influence on the processes of meaning-making and narrative development is minimal. By taking a social constructivist lens as presented by Vygotsky (1978), this study attempted to examine the depth of the influence that socio-cultural contexts can have on an individual's lived experiences with trauma, in this case, women who have experienced IPV.

Vygotsky (1978) emphasized that individual response to life events may be influenced by our worldview which is formulated by socio-cultural contexts that surround us since birth. Bronfenbrenner (2005) calls these interconnected systems and Calhoun and Tedeschi (2006) call them proximate and distal cultures. Emerging themes from the data that was collected during this study, provided insight into the depth of influence socio-cultural contexts have on survivors.

Families are a significant part of an individual's being. Families are the agents that transfer knowledge, patterns of behaviors, beliefs, attitudes, and values (Ross, 1997). Families help create and concretize our worldview (Bandura, 2002; Vygotsky, 1978) and are an integral part of our microsystems as presented by Bronfenbrenner (2005). They are part of our proximate culture (Calhoun & Tedeschi, 2006; Weiss & Berger, 2010). Kohli et al. (2015) in a study conducted in the Democratic Republic of Congo, found that family and community support can be helpful if it supports reducing violence, improving communication between partners, and thinking about consequences for the children of the family. However, if advice by family and community supports the violence, it can be detrimental for the individuals on the receiving end of violent behavior by their partners. Clark, Silverman, Shahrouri, Everson-Rose, and Groce

(2010) studied the role of extended family in reducing or increasing IPV in Jordan. They found

that supportive families can be a protection against IPV. They also found that family interference

is sometimes unhelpful too.

Emerging themes related to families from the data that was collected during this study

was extensive. Results of this study indicate that families were perceived as supports, seen as

stimulus or facilitators of change, and it was sometimes evident that they were being perceived

as lacking support. Two participants particularly credited their respective mothers and the

support they had been provided through their relationship with their mothers. Two participants

said that they were done with the abusive relationship when the safety of their children was

under question. Two participants shared that they had no idea that their families would be

supportive until they shared their experiences of IPV.

Coker et al. (2002) have found that social support can significantly reduce the risks of

poor mental and physical health, symptoms of PTSD, anxiety, depression, and suicidality. One

participant wondered where she would be today, if her family had not been there for her. She had

struggled with passive suicidal ideation, and expressed having gone to bed wishing she would

not wake up the next morning for several years. Her mother, even though terrified by her

daughter's ordeals had been right by her side. Another participant shared that her family tried but

she was in rebellion at the time, not realizing how vital their support would be once she was

ready to leave her abusive relationship. Her mother and sister were there to support her.

Few participants shared the key roles their children played in their recovery and growth.

Two participants had children who were adults at the time these women decided to end their

abusive relationships. One decided to leave after 21 years of marriage due to an incident between

her younger son and abusive husband. For another participant, her children who were minors

when she left her abusive husband (now ex-husband) were an inspiration for her because they forced her to deal with things that she was avoiding dealing with. Her children became her stimulus because providing them with a safe home and a stable life pushed her to do her own work. One participant found her adult children supporting her after she was attacked by her ex-husband. Another confessed that she realized by not leaving an abusive relationship, she was setting a precedent for her daughter.

Yndo, Weston, and Marshall (2019) found that high physical IPV draws more perceived social support whereas lower intensity of physical violence or threatened violence receive lesser perceived support. They defined social support as disclosed by IPV survivors to family and friends. They call for further research related to culture, context, and perceived versus provided support. Similar to their results, for two participants in this study family values were so ingrained that they could not imagine their families being supportive, thus, these families were perceived as lacking support. They had internalized this belief without questions and it stopped these two women from even trying to reach out for help through their respective families. For one of these women, however, turned out that she had thought her family would not be supportive, but when she shared her experiences with them, they were right there for her and even asked her to let go and for once let them take care of her. The other participant was surprised by her family showing support and questioned why they had reached out to her sooner because they had known about the abuse and allowed her suffer in silence.

According to the findings of this study, we observe that families play a significant role in an individual's journey towards trauma recovery and post trauma growth. Overlap in the experiences of the six participants with support, stimulus, and even the perception of lack of support through internalized values may exist, but the salient point here is that families are the

closest system that the individual is connected to and having their support could be crucial for both trauma recovery and post trauma growth.

Friends are also a part of individual microsystems (Bronfenbrenner, 2005) and proximate cultures (Calhoun & Tedeschi, 2006; Weiss & Berger, 2010). Friends heavily influenced how participants in this study viewed their trauma, themselves, and the decisions they made moving forward. For one participant who did not have family to fall back on, was supported throughout her journey by a close friend who she considered to be her second mother. Another participant had been completely isolated from her own friends by her perpetrator and the people who she socialized with were friends of her perpetrator. These individuals according to her were never supportive, even when they witnessed her being physically abused by her then husband (now ex-husband). One participant had never had the opportunity to make close friends. This was because her family moved extensively when she was young, therefore, she never knew what supportive friends could look like or how they could help. For another participant, her separation from her abusive husband was the trigger that facilitated her finding out who her true friends were. People who believed and supported her became her allies and close friends, and the people who believed her husband (now ex-husband) were the ones she let go.

Two participants who experienced IPV as teenagers were the ones that were most affected by lack of support by their friends. Tetzner, Becker, and Maaz (2016) found that self-acceptance and peer acceptance are correlated in teenagers. Brown and Lohr (1987) found that one's position in peer-group hierarchy affected self-esteem in adolescents; and Raja, McGee, and Stanton (1992) found that perceived attachment to peer-group is associated with better mental health and wellbeing in female adolescents. These two participants felt blamed and shamed by their friends the most. Other participants reported struggles with their friends as well, but they

were not as deeply influenced by lack of support from their friends as compared to these two women. These two women also internalized the blame and shame, which resulted in their thinking that there was something wrong with them and feeling completely isolated from social supports. This theme emphasized that how social contacts being supportive or not can deeply impact the individual's sense of self, their self-esteem, self-confidence, and even their self-worth. It is possible that during adolescence the impact of perceived rejection or lack of support from peers can be detrimental for trauma recovery and post trauma growth. Age and maturity may have been factors here, but from a social constructivist lens these people were also part of a socio-cultural context that may have affected their own responses to these women. It is also possible that developmentally they did not have a capacity or insight to understand and execute a supportive response for their peer who was suffering.

According to Liebeck and Pollard (1994), the norms, values, and beliefs are engrained in and part of socio-cultural contexts. It is a system that human beings follow in order to be accepted by fellow human beings. Components of the socio-cultural contexts that emerged from data collected for this study included law enforcement agencies, schools and educational institutions, and communities in which the participants resided. It is vital to note that these same components were both helpful and unhelpful for the participants at different points in their journey. In Calhoun and Tedeschi's (2006) definition, there would be referred to as both proximate and distal cultures – proximate due to the people, and distal due to the influence of socio-cultural contexts, norms, values, and beliefs that are upheld as part of these systems.

Law enforcement agencies are part of an individual's exosystem (Bronfenbrenner, 2005). Nagae and Dancy (2010) found that in Japan, police officials often encourage women who have been victimized by their husbands to stay in violent relationships, because marriage is a personal

matter and the extent of their involvement is to state that if charges are filed, her children will be considered children of a criminal. In the larger context of the society, it being a shameful thing to be the child of a criminal, is used to discourage women filing charges for IPV. Meyer (2011) found through interviews with an Australian participants, that police, judiciary, and other law enforcement officials often viewed the survivors with a sexist, stereotypical, blaming attitude. Even though these agencies operate on policies intended to protect survivors and punish perpetrators, it is a common experience for survivors to not get supportive responses from them.

For at least three of the six participants in this study, law enforcement agencies were unhelpful. Mostly what they expressed can be categorized as disbelief in an individual's IPV experiences. One participant shared that law enforcement waited to act till they saw physical wounds on her body. For one participant law enforcement agencies ignored her claims of being physically and psychologically abused by her then boyfriend. She was 16 years old at the time and even though she had threatening text messages, pictures of the print of his hands on her throat, they failed to take action to protect her. It was impossible for her or her parents to get a protective order against her perpetrator. One of the participant's experience was unique because her perpetrator himself was a police officer. This made for a dynamic that was extremely difficult for her. There were people who wanted to hush her up so their police department would not be dragged into what they considered a family issue, but there were others who supported her. One of the officers who worked in the same police department as her perpetrator taught her how to shoot a gun and helped make sure that she, her children, and her home were protected.

Two of the six participants had mixed experiences with law enforcement agencies. One was a minor when she went through her IPV experiences and the police as well as the judge that approved a protective order against her perpetrator were supportive and validating. However,

years later when she returned for help and wanted another protective order because her perpetrator was still stalking her online and trying to contact her through social media, it was impossible for her to get any help. The officials did not know how to help due to the nature of cyber stalking. For the other participant, her initial encounters with law enforcement officials in the community that she was living in at that time were horrendous. Her perpetrator had led the police officers to believe that she was causing the marital issues and was warned by these officers that she would be arrested if domestic disturbances continued. When she finally left and sought shelter in another town however, the law enforcement officials in that community ensured her safety and wellbeing.

One of the six participants was supported by law enforcement throughout. This happened when her perpetrator had attempted to shoot her while she was at her place of work. She already had a protective order against him and therefore, when she called 911 the day of the incident, the law enforcement officials did everything they could to help her. Previous research has indicated that psychological violence is as harmful, if not more, than physical violence (Basile et al., 2004; Pico-Alfonso, 2005) and the assumption that psychological or emotional violence is not enough to take legal action is something that is cause for concern. DeJong, Burgess-Proctor, and Elis (2008) found both progressive and problematic views in police officers related to IPV. On the one hand, their results provide hope, and on the other hand provide evidence that law enforcement officials' attitudes can be damaging for IPV survivors. Through participants' stories however, we see the difference of how trauma recovery and post trauma growth may be facilitated by the crucial support that law enforcement agencies are capable of providing, if they operate on the intended policies of survivor protection and perpetrator punishment.

School and educational institutions play a crucial role in an individual's socio-cultural environment. Students in school or higher education institutions spend at least one-third of their day interacting with the educational system. According to Bronfenbrenner (2005), schools are part of the individual's microsystem, and part of both proximate and distal cultures (Calhoun & Tedeschi, 2006; Weiss & Berger, 2010). Human beings make up these systems and the experiences within educational institutions can be influential in a person's life because this system is also a part of how knowledge, values, beliefs, attitudes are transmitted (Hofstede, 2011). Four of the six participants had some interaction with either people in a school system or an educational institution during or after their IPV experiences. Lloyd (2018) states that lack of professional training and even lack of confidence in assessing situations can lead school officials and teachers to inappropriate and unhelpful responses within the school system. This seems to have played out during interactions participants had with these personnel in the past.

The way in which the participants described their experiences were framed as feedback related to both systems and individuals within those systems, so generally this theme should be considered with both proximate and distal cultural perspectives. For one participant, dealing with the school system to try and hold her perpetrator accountable for his actions seemed like an impossible task. Both she and her parents had spoken to school officials who had not responded well to her pleas. According to her, when the school officials were made aware, they asked her to stop complaining. When her parents got involved, they made a phone call to her perpetrator's parents who denied her claims and started blaming her for spreading vicious rumors about their son. No investigation ensued and she experienced that as she must not be worth it or important enough for them to take action for her welfare.

School was also a part of one other participant's experience. She felt that the people in her school were aware of her abusive relationship and tried to get her away from her perpetrator. This helped her when she herself decided that she was done. However, she says that because it was a small town everyone everywhere seemed to know everything, it was annoying for her. Being someone who was defiant in her teenage years that worked to push her away a little more. She did share that she was grateful later that people had intervened.

Schools were indirectly involved in one participant's experience. Both her kids were in grade school when she separated from her abusive husband. Her children, especially her son was acting out regularly in school as well, so she was being called to school for him on a consistent basis. The school system was helpful for her because the school personnel were also witnessing her children coming to school with bruises when they had been with their father and helped file reports with child protective services that eventually led them to live with her permanently.

For one participant, she was at college when her she got involved in a relationship with her boyfriend at the time. She shared that she did see some red flags and knew something did not feel right even then. She sought counseling from the college counseling center at the time, but it was not a good experience for her. She had worked hard to get to where she was till then, but once this individual came into her life, she decided to leave college in sophomore year and did not go back for a long time. For her, educational institutions played a role in the overall pressure she had always felt in constantly trying to prove herself. This had started in school when she found out she was pregnant, and one of her teachers had tried to dissuade her from continuing with her pregnancy by voicing harsh, insensitive, and shaming remarks, and telling her that she would end up being a stereotype.

Deciding to be a teenage mother and being in constant battle with a system that was trying to stereotype her, she had internalized that she had to prove them wrong. And for a while she did. She started college after her daughter was born, she had to bring her daughter to her classes at times because she could not afford a babysitter. She had an on-campus apartment, but that apartment was given to her after advocacy on her part and a promise that she would not spare any effort to be a high performer. Particularly for her, when she quit college and moved away with her abusive boyfriend (and eventually abusive husband), the educational institutions in her life had not served her well. She appeared to have fallen through the cracks with no supports whatsoever. Anasuri (2016) provides consolidated resources and education as well as awareness strategies that have proven to be helpful on college campuses, and some that can be helpful if implemented appropriately. Changing the culture of college campuses in particular to support survivors has seen a recent push (Anasuri, 2016), but there is a lot of room to grow.

One aspect that emerged here and that overlapped with the next theme, was the lack of education and awareness related to healthy and unhealthy relationships. Most participants agreed that they knew something was not right, but they did not have to words to describe what was happening within their abusive relationships. For one participant it was especially enlightening when her counselor told her about gaslighting and narcissistic personalities. Her concern was that educational institutions had nothing in place (at that time) to educate students about what a healthy interpersonal relationship is or what an unhealthy or abusive relationship looks like.

Another participant, who is now a professional counselor herself, talks about how she did not know what to call her relationship and in a session with her counselor realized that her experiences are those of interpersonal violence or domestic violence. One participant talks about how, because she had been raised by a single mother, thought that this is how couples must be.

She did not realize till later that healthy interpersonal relationships do not involve being physically harmed by their partner on a regular basis. The lack of awareness related to psychological or emotional abuse was worse. Few participants talked about the stigma that comes with psychological violence and statements that downplay the extent to which psychological violence can affect an individual. Again, this was a concerning theme overall. Only two out of six participants reported not struggling with schools or educational institutions. This theme speaks to the lack of a holistic point of view by educational institutions. Concern only related to academics and sports but not overall health or wellness, when educational institutions play such a massive role in transferring knowledge, values, beliefs, and attitudes is reprehensible. The themes that emerged from this study indicate that there is a consistent need for education and professional training in schools and educational institutions for developmentally appropriate interventions that can help increase awareness regarding healthy versus unhealthy relationships, how to recognize red flags for intimate partner violence, and how to deal with these issues in an appropriate and sensitive manner especially within schools and educational institutions.

Communities or neighbors that live in the community that an individual resides in, are part of an individual's exosystem (Bronfenbrenner, 2005). Individuals would be part of the proximate culture, whereas the collective community would be part of distal culture (Calhoun & Tedeschi, 2006; Weiss & Berger, 2010). Emerging themes in this study, indicated that communities did play a role in participants' journey towards trauma recovery and post trauma growth. For one participant, her community tried to help when her ex-husband tried to shoot her at her workplace and her employer fired her. As a result, the community came together to

advocate for her. There was talk within the community that transitioned to social media and someone from the community formed a Facebook page to advocate for her getting her job back.

Another participant had a mixed experience with community support. The community that she had moved to with her husband at the time, was extremely small and involved with neighbors on a regular basis. She saw them everywhere, the church, the grocery store, her children's school. As the abuse by her husband increased however, her community started backing away from them because, according to her, his attempts to isolate her were succeeding. Even though some of her neighbors called the police when they heard signs of violence, they did not attempt to help her beyond that. Eventually, when she left and went to a women's shelter, she found a community that was extremely supportive of her and helped her every step of the way.

Socio-economic status is a distal influence (Calhoun & Tedeschi, 2006) even though neighborhood settings can be both proximate and distal cultures. For one participant, who grew up in an affluent community, the struggle was extensive. She described the people in her community as being harsh, extremely competitive and vicious. They did not care about anyone but their own selfish interests. She shared that she lost a lot of friends who were a part of that community. According to her, they cared more about their status rather than about a member of their community being abused in her relationship. People expressed disbelief when she spoke her truth and she was ostracized. Something that she thinks factored in here was the fact that her perpetrator was adored by the community. People believed him and his family more than they believed her and her experiences. His family placed blame on her, while all this time her and her family were concerned about her being safe and staying alive.

On the other hand, one participant had a different experience within her community. People in her community did not like her perpetrator, due to him being involved with alcohol and

drugs. Therefore, even though her community was small upper-middle class community, and everyone knew everything, she was provided support by her community when she broke of with her abusive boyfriend. She shared that even though her community was supportive in the end, she felt like she made more progress when she moved and left that community altogether.

For two participants, communities were a struggle to deal with. Their communities intensified the participants' experience of isolation and shame. The community of the individual whose perpetrator was a police officer was majorly unsupportive. Her backyard neighbors are still her perpetrator's extended family. She was harassed and called a liar on a regular basis by them. There were others in the community who did support her, people who would tell her what to do and not giving in during the process of her divorce. She shares that even though she knew they were trying to be helpful, because they were telling her what to do, she did not appreciate it at all. She remembers getting into arguments with people in her community on a regular basis because they had made a comment about her experience or were being insensitive.

One participant unfortunately moved out of her home and her abusive relationship into a town and community that her perpetrator had been born and brought up in. It seemed like it was impossible for her to get support from them. She had a protective order against her perpetrator, but he would violate the order on a regular basis and boast to her about the fact that she could not do anything. He was friends with people within that community and people who were also in law enforcement in that served that community. Overall, her experience was such that she felt isolated and at times doubted her own sanity, because everyone else supposedly liked this individual a lot.

As evidenced by participant reports, communities can play a pivotal role in how individuals deal with their experiences of trauma. There are two levels here – individuals who

make up a community and the community as one entity. The presence or absence of support on either level can lead to desirable or undesirable outcomes, respectively. According to Shalev, Yehuda, and McFarlane (2000), and Weiss and Berger (2010), socio-cultural contexts affect the way in which we think, feel, and behave. These contexts also influence how we view the crisis or trauma itself (Bryant-Davis et al., 2009), which in this study were experiences of IPV.

So far, we have observed how components of the participants' socio-cultural contexts responded and can only attempt to understand how these responses possibly affected them. Subparts of the first research question were intended to understand how socio-cultural contexts impacted the process of meaning-making and narrative development as well as decision making for the participants. Researchers (Leopore et al., 1996; Neimeyer & Raskin, 2000; Neimeyer et al., 2002; Paterson & Garwick, 1994) have proposed meaning-making and narrative development as key processes to trauma recovery and post trauma growth. Therefore, it was imperative to explore how socio-cultural contexts were influencing these processes. The substantial theme that emerged in this study was how messages sent by various sources that encompass socio-cultural contexts were internalized by the individual. Here we find a mixture of messages that had been internalized by the participants long before the abuse ever took place, and the messages that internalized during or after the participants tried to break free from their perpetrators.

Two participants had internalized similar messages during their upbringing. Both these women are now in their 60s. One was brought up in a military family where appearances were important and were to be kept up at any cost. It was a priority that everything appeared normal and no effort was to be spared in order to achieve that goal. How she was socialized as a female child had stuck with her since childhood. She had also internalized the marital stereotypes of *marriage happens only once* and military family ideals that conveyed that being vulnerable was

equivalent to failure. The family ideals of caring and rescuing were internalized and carried through the other participant's life. She had always felt like an outsider because her family moved around when she was young. Her father was her role model and he always taught her to care – so she continued to care. First for her first husband, then her four children, and then for her second husband who was psychologically abusive towards her. She held on to the believe that domestic violence, which she did not realize included psychological violence at the time, was a norm, so even when she knew that her experiences did not feel good she continued to stay.

Two of the participants are now in their late 30s and were incidentally brought up by single mothers. There were certain common internalized messages that they struggled to overcome. Brought up by hard workers and independent thinkers they believed that what happens in one's life is a direct result on one's own choices. Therefore, they also believed that their experiences of IPV were a direct result of their own decisions. One woman who identified herself as being of Mexican decent, said that her mother was divorced and a professional, and that was taboo in her culture. As a result, she had internalized that because society had rejected her mother and because her mother was divorced and independent, if she herself reached out for help while seeking a divorce, no one would help her either. She assumed that she would be shunned and shamed.

The second participant who identified as African American, said that she was in the habit of trying to prove herself throughout her life – with deciding to become a teenage mother and deciding to go to college, she had fought against being stereotyped. Her mother, who was a single mother had taught her to take responsibility for her actions. She had internalized that and the anger and shame she had experienced in high school when she got pregnant and one of her teachers had shamed her for it. In an effort to continuously prove herself, she believed that she

could not reach out for help because this experience was her fault as she was allowing it to happen, and secondly, only she could figure out how to get out of it. Both these women had also internalized the messages that were being sent to them by their perpetrators – their perpetrators voices had become their own voices and that made it increasingly impossible for them to let go and ask others for help.

The two participants who are now in their late 20s went through their IPV experiences when they were teenagers. Feeling isolated in their experiences and feeling ashamed was common to both their experiences along with the two participants in their late 30s. The lack of support from friends, school, law enforcement officials, and community deeply influenced the way in which one participant viewed herself and her self-worth. She shared that often she would often think that there must be something wrong with her because why else would people not believe her, why else would they blame and shame her instead of her perpetrator. She carried that with her for a long time and it internalized as feeling that she was never good enough.

One participant had school, law enforcement, and community support, but she always felt like she was a mess up. She felt pressure to perform to a certain standard set by the community, and when she was unable to do so, she felt like a failure. She had a rebellious nature as a teenager and engaged in substance use and alcohol during her teen years. Her community was small, and everyone knew everything, so that feature made her feel isolated and alone in her experience even though she was being supported by her family and other adults in the community. She felt like everyone was scrutinizing her every move. In retrospect, she realized that she was not being held accountable by her family as much as she needed to be. However, these realizations came after she moved and left her community altogether. She felt like that was her fresh start.

Bonanno (2013), Frankl (2006), Herman (2015), and Park (2010) have all explored and discussed the nature and importance of meaning-making. How individuals form meaning through the process of narrative construction has been a topic of interest for researchers in the field of trauma, trauma recovery, and post trauma growth. Oliver Sacks (1998) in his critically acclaimed book *The Man who mistook his Wife for a Hat and other clinical tales* wrote:

> If we wish to know about a [person], we ask 'what is [her] story – [her] real,
>
> inmost story?' – for each of us *is* a biography, a story. Each of us *is* a singular
>
> narrative, which is constructed, continually, unconsciously, by, through, and in us
>
> – through our perceptions, our feelings, our thoughts, our actions; and not least,
>
> our discourse, our spoken narrations. Biologically, physiologically, we are not so
>
> different from each other; historically, as narratives – we are each of us unique.
>
> (p. 110-111)

Being a neurologist and having worked with numerous clients who had *lost* their story (Sacks, 1998, *A Matter of Identity*), Sacks reminds us that our identity is created by our story that forms as a result of complex interchanges between our minds and the people around us. His use of the word *historically*, conveys the details of where we come from, what are experiences are, and who we consider ourselves a part of. Bandura (1986, 2002) and Vygotsky (1978) have explored how individuals are affected by society in these processes of meaning-making and developing their story that in turn, form their identity. Part of exploring meaning-making and narrative development in this study, was to try and discover how these processes were affected by socio-cultural contexts. Researchers have indicated that both these processed have a significant part to play in trauma recovery (Herman, 2015) and post trauma growth (Calhoun & Tedeschi, 2006; Weiss & Berger, 2010).

One major theme that emerged from the interviews was the *impact of internalized messages*. This can be considered as a theme that interacted with every other theme overtly or covertly. The behaviors and responses of the people who surrounded participants of this study, were at some point being internalized and interpreted through the individual's lens that had already been socially constructed since childhood. Each participant in one way of another was deeply impacted by either the messages that were sent to them long before the trauma occurred, or messages that were sent to them during, and after their experiences of IPV. One common thread was their experience being socialized into gender conforming roles. Nagae and Dancy (2010) in exploring Japanese women's perceptions on IPV, found that they attributed the patriarchal Japanese culture and the way in which men and women were socialized to heavily influence IPV in Japan. At one point or another each participant in this study, shared the internalization of what a woman's role is – women don't leave, women stay, women care, women rescue, women forgive, women serve. All of them at some point had also received the message that it was their fault – shame, blame, isolation, ostracization was present across participants' experiences. They were also universally unforgiving of themselves for some time – it's my fault, I let it happen, I deserve this, I must not be worth it, I must not be good enough to be treated well, I don't deserve to be loved. At first glance it appears that these may have been thoughts that emerged within the individual participants, but examined closely data collected reveals that these were messages that were received from their surrounding socio-cultural contexts and were internalized as their own thought process, which is how Vygotsky (1978) explains the emergence of individual thought occurs.

It was evident that participants in this study had engaged in meaning-making and narrative development on a consistent basis. Calhoun and Tedeschi (2006) talk about the process

of rumination – forced and deliberate, that facilitates the individual's journey towards growth. The processes of making meaning and developing narratives are the mediators (Bonanno, 2013), but research related to this specific area of post trauma growth is scare. In this study, evidence of these processes was found through the participants' deep insight into what they had received from their environment and socio-cultural contexts and how that shaped their process of meaning-making and development of narratives.

To help them metaphorically explain their process of meaning-making, participants had been asked to bring an artifact that would help. The criteria for what an artifact could be was fluid. It could be a quote, a picture, a song, a book, or anything that they thought had helped them through their journey. By having them describe how this artifact helped them, the hope was that it would provide insight into how they were making meaning of life events. Five out of six participants brought one or several artifacts. One participant had a quote on a bracelet she was wearing, it said *be still*. She had forgotten to get a picture of her granddaughter that her daughter had gifted her. It had her granddaughter in boots jumping into a puddle of water an inspirational quote that was something her own father used to say. They were reminders to her that she is the one who makes the choice, and she is the one who has the ability to keep moving. Today, she is a professional counselor and has found meaning in many different professional and spiritual ways.

Another participant brought a picture of her dog. She talked about an unconditional love that her puppy had displayed for her when she was going through a rough time. She talked about her dog's unconditional love and the comfort she provided touching her heart in a way that she did not have words to describe. One participant brought a quote by Pema Chodron, that had inspired her journey towards healing. She says she wants to get a tattoo of the quote as a permanent reminder. It was inspirational to her because she knew that she had to deal with and

sit with her own darkness before she tried to help anyone else. Today, she is a professional counselor.

One participant said that her son's words had stuck with her throughout her journey when he had said that it was about time that she found herself. Several realizations had flown through her mind in that moment. She had already decided to leave and was firm in her decision, but that statement carried her through the tough experiences that followed. For one participant, it was scene from the movie *Moana* and her realization of her own anger towards herself by watching the heart of Te Fiti being restored, the song *Listen* by Beyoncé, and finally her song of liberation and self-acceptance – *This is Me* from the movie *The Greatest Showman*. In her follow up interview, when asked whether she felt she had found something meaningful out of her experiences or the interview, she said she felt gratitude and then moved her phone camera around and said "I'm in my studio, like, look around, my own studio!"

According to D'Amore et al., (2018), "women's healing from the effects of IPV involves a multidimensional, personalized, nonlinear, and often transformative process that operates within themselves and through relationships" (p. 2). According to them, this transformative process often known as post trauma growth, involves – awareness and insight, renewal and reconstruction, and transformation and meaning. Their study involved re-analyzing data that already existed and using secondary analysis. What they found as themes were features of both trauma recovery (Herman, 2015) and PTG (Calhoun & Tedeschi, 2006).

Counselors can play a vital role in an individual's journey towards wellness (ACA, 2014). To explore implications for the counseling profession, one of the inclusion criteria was for the participant to have had at least one experience with a counselor after the IPV experiences. All six participants had been to a counselor during or after their respective IPV experiences. The

research question presented in this study was geared towards discovering whether counselors were considering all socio-cultural contexts while they were in a therapeutic relationship with these women. The general agreement was that most counselors were competent while engaging the participants in the therapeutic process and socio-cultural contexts were being considered. However, some other themes that may be pertinent for drawing implications for the counseling profession are discussed.

Two participants are professional counselors themselves. They were both drawn to the field after they had been through counseling and discovered that they had a passion for it, went to school for it, and now work in their communities. They both found counseling extremely helpful. One participant truly believes that counseling saved her life, because she made it a habit. She had enough self-awareness to know that she needed help and was consistent with her visits. Additionally, she found that counseling increased her own awareness regarding IPV. She learned what gaslighting was, what a narcissistic person behaves like, and the composition of healthy and unhealthy relationships. Another participant said that some eye-opening realizations had hit her during counseling, she realized her experiences had a name, they were categorized as IPV and that psychological abuse was a part of it. She also realized that experiences can lead to mental health issues like PTSD and depression. In her experience with counseling, she felt that if her counselor had provided more concrete steps in the beginning when she had no direction and did not know what to do would have been helpful. As a result, emotional processing could come later when she felt more willing to process emotions.

One participant said that she felt counseling was terminated quickly. This was a curious insight because she was brought up in a military family and expressing emotions quickly was not her habit. Her expressing this implied that she felt she could have benefitted with continuing to

see this counselor, but the counselor was sure she was fine and terminated the therapeutic relationship early. Another participant expressed that she was resistant for a long time and even though the counselor held her accountable, he did not involve the family, her major support system, into that accountability. In retrospect she felt that if he had done that, she would have emerged from her substance use quicker in order to get to healing from her abusive relationship.

One participant particularly, felt that the counselors she met before she moved away with her then boyfriend did not make any effort to build rapport and did not display any warmth. This was a counselor in the college setting. Later, she went to a different counselor, a marriage counselor, who met her needs well. This participant connected with her counselor on a religious and spiritual level and she reports was the one who told her that she was in a toxic relationship and needed to leave. Another participant reports that her counselor at the women's domestic violence shelter saved her. The counselor provided a safe space, warmth, and gentle confrontation for the participant's healing journey to begin. She does report that when she was still in her marriage, they had tried couple's counseling and the counselor then did not have any insight into abusive relationships and did not recognize any red flags. All these insights provide evidence that the recommendations provided by Weiss and Berger (2010) for culturally competent trauma treatment stand true for experiences of IPV as well. They also provide evidence for what Brown (2008) recommends for culturally competent trauma treatment.

Limitations

Findings from a research study can be inspiring and provide insight into a variety of aspects for future research and practice. However, every study also comes with its own limitations. One limitation of this study is that it is a study with limited number of participants, i.e., six. This means that the findings of this study are unique to these participants who were

gracious to share their experiences, but findings are not necessarily generalizable to the entire

population of individuals who experience intimate partner violence. There are patterns that

emerge across participants which is encouraging and can be further explored. Additionally, this

study focused on women and therefore excludes perspectives related to IPV in men. All the

participants identified as heterosexual women, and therefore the study also excluded perspectives

related to IPV in same gender couples.

Additionally, it is impossible to generalize socio-cultural contexts. The generalizations

drawn for the socio-cultural trends in Southwest Virginia have been painted with broad strokes

and therefore, the discussion of participants' socio-cultural contexts is unique to how each

participant interpreted their surrounding socio-cultural environments. However, even though

socio-cultural contexts cannot be generalized, the fact that all six participants came to similar

conclusions as observed through the theme of internalized messages makes a significant point

about how socio-cultural contexts play a significant part in shaping individual thought process.

Due to the nature of the study design, face-to-face interviews were deemed necessarily

and individuals who could easily commute to either Roanoke or Blacksburg were the only ones

that could be included in the study. Another limitation is that the participants were self-reporting

experiences of trauma recovery and post trauma growth, and because no standardized

quantitative instrument was used, there is no way to confirm their self-report through unbiased

methods or compare results with previous research. Through the data there was evidence that

spoke to their trauma recovery and post trauma growth and closer analysis of the data may reveal

that these align with a quantitative measure of post trauma growth.

An additional limitation of this study is that it is closely related to the researcher's

personal life experiences. The researcher also has a unique set of experiences and a unique socio-

cultural context which is different from the participants. Even though reflexive journaling, peer reviewer, supervision, and personal counseling were in place to support the researcher, it is possible that personal experiences and contexts may have affected the way in which the researcher approached and conducted the study as well as analyzed and interpreted the data.

Implications

Trauma recovery and post trauma growth involve multidimensional aspects of a survivor (Herman, 2015; Weiss & Berger, 2010). It involves the self and the interpersonal relationships (Weiss & Berger, 2010). Herman (2015) states that trauma recovery can happen only in the context of relationships. Some researchers state that even post trauma growth happens through relationships (Feeney & Collins, 2014). Trauma recovery and post trauma growth for survivors of IPV is also a personalized process, "that involves physical, psychological, social, cultural, and philosophical aspects of their experience." (D'Amore et al., 2018, p. 18). Erikson (1963) described how human beings find things like trust, autonomy, initiative, competence, identity, and intimacy through the relationships. Vygotsky (1978) presented that society and culture direct the path that formulates our identity as a person.

This study has provided evidence that socio-cultural contexts affect the processes of trauma recovery and growth by affecting the processes of meaning-making and narrative development. Through the results of this study, it can be observed that what a person thinks about herself, how she feels about her experiences, and the decisions she makes to move forward in her life are also affected by socio-cultural contexts. Implications of the results of this study can be applied in a variety of ways and levels of society in order to attempt and improve the ecosystem in which a person resides.

The greatest implication of these results can be drawn for counselors, supervisors, counselor educators, and other mental health professionals. A reductionistic and biopsychomedical approach must be avoided (Almedom, 2005) if healing is to occur. We must focus on a wellness model that places importance on the narrative of an individual who has lived in a specific socio-cultural context, experienced life events within that context, and how she is making meaning of those experiences. An ecological and constructivist approach may help counselors and mental health professionals avoid reductionistic points of view as well as the assumptions and any assessment faux pas that may come with it (Brown, 2008; Dass-Brailsford, 2007). Additionally, as counselor educators, it is imperative that counselors-in-training are capable of recognizing early signs and red flags regarding intimate partner and domestic violence. Training related to being comfortable in addressing said issues within the counseling setting and through the therapeutic relationship is equally important. Additionally, counselors must be culturally aware and recognize that each situation that has the capacity to traumatize an individual is a derivative of the meaning formed through their identities and their context(s) (Brown, 2008). This is essential, because from the data and themes presented through this study, it appears that there are some IPV survivors that trained professionals failed to help because they failed to recognize what their clients needed – whether that was warmth, patience, taking time to build a relationship, connecting with spiritual or religious needs, or recognizing the signs of IPV.

Ratts, Singh, Nassar-McMillan, Butler, and McCullough proposed the Multicultural and Social Justice Counseling Competencies (MSJCC) in 2015, that have since become the backbone of culturally competence practices in counseling and mental health related fields. One important component of this model is understanding the client's worldview. Attitudes, beliefs, knowledge, and skills of a counselor must consistently be challenged before any action takes place. As

counselor educators we consistently stress on counselor self-awarness, but is enough importance placed on understanding the client's worldview and what the components of that worldview are. This study provides evidence that a client's worldview may also comprise of her socio-cultural context. As a result, counselor educators can assert the importance of understanding clients holistically, consistently reminding counselors-in-training that cultural competence is not an achievable goal but a constant journey taking place throughout the course of a therapeutic relationship.

For advocates, whether counselors or other mental health professionals, leaders, and people who can influence policy must also draw insight from the results of this study as well as others of this nature. For law enforcement officials, understanding the pervasive effects of IPV, whether physical, psychological, sexual, or deprivation are equally important. Just because there are no marks on the body does not imply that there are no effects of the trauma that is being endured. In addition to that, understanding that blaming and shaming the survivor can be equally detrimental as the experience of IPV itself. For schools and educational institutions, it is imperative that measures be taken to understand pervasive effects of IPV. Professional development for personnel working in schools and other educational institutions, even though a formidable task, with consistency can help shape these institutions as safe places.

The common assumption is that individuals make up society and cultures but if Vygotsky is to be believed, and we find evidence of that in this study, society and culture make an individual. Therefore, they also have the power to break an individual. Even though the individuals who participated in this study were different in many ways, had different experiences, and were shaped by different socio-cultural contexts, the intersectionality between their experiences with IPV, with being socialized as gender conforming, and the struggle they

experienced due to the lack of support from various entities and components of their socio-cultural context indicate that society needs to pay attention. It is on us, societally, culturally, and individually to make changes that can in turn change detrimental systems that continue to facilitate the vicious cycle of violence and focus on supportive approaches that will can help facilitate trauma recovery and post trauma growth.

Future research

This research study is the beginning. While conducting this study, applications for studying socio-cultural contexts with issues such as suicidality, substance dependence/addiction, trauma recovery and post trauma growth in survivors of IPV that could not be included in this study, and adverse childhood experiences come to mind. The framework utilized in this study can also help us understand the transmission of intergenerational trauma, systemic oppression, and internalized marginalization. Application research that focuses on operationalizing culturally aware practices for trauma recovery, disaster mental health, post trauma growth, and counseling would help propagate the understanding the intricacies of socio-cultural context and how necessary their understanding is for professionals in counseling and related fields.

Conclusion

We started with William Ernest Henley's poem *Invictus*, and through this study have found that no matter how much a person may want to choose strength, and choose perseverance, and choose fortitude, it is grueling to continue towards recovery or growth if one does not have the support of others. In trying to reclaim their identities, their life, and their wellness, the women interviewed in this study have done so through relationships that have supported them. They have found strength, fortitude, and perseverance through those relationships and those relationships have been critical for their pursuit of trauma recovery and post trauma growth.

References

Ahmad, F., Rai, N., Petrovic, B., Erickson, P. E., & Stewart, D. E. (2013). Resilience and

resources among South Asian immigrant women as survivors of partner violence. *Journal

of Immigrant and Minority Health*, *15*(6), 1057-1064. DOI 10.1007/s10903-013-9836-2

Alase, A. (2017). The interpretive phenomenological analysis (IPA): A guide to a good

qualitative research approach. *International Journal of Education & Literacy Studies,

5*(2). http://dx.doi.org/10.7575/aiac.ijels.v.5n.2p.9

Alasuutari, P. (1995). *Researching culture: Qualitative method and cultural studies*. Thousand

Oaks, CA: Sage Publications.

Aldridge, D., & Stevenson, C. (2001). Social poetics as research and practice: Living in and

learning from the process of research. *Nursing Inquiry, 8*(1), 19-27.

Alea, N., & Bluck, S. (2013). When does meaning-making predict subjective well-being?

Examining younger and older adults in two cultures. *Memory, 21*(1), 44-63.

http://dx.doi.org/10.1080/09658211.2012.704927

Almedom, A. M. (2005). Resilience, hardiness, sense of coherence, and posttraumatic growth:

All paths leading to "light at the end of the tunnel"? *Journal of Loss and Trauma, 10,*

253-265. DOI: 10.1080/15325020590928216

Alpert, J. (2015). Enduring mothers, enduring knowledge: On rape and history. *Contemporary

Psychoanalysis, 51*(2), 296-311. https://doi.org/10.1080/00107530.2015.1037236

Altmaier, E. M. (2013). Through a glass darkly: Personal reflections on the role of meaning-

making in response to trauma. *Counselling Psychology Quarterly, 26*(1), 106-113.

http://dx.doi.org/10.1080/09515070.2012.728760

American Counseling Association. (2011). *Fact Sheet #7*. Retrieved from

https://www.counseling.org/docs/trauma-disaster/fact-sheet-7---terms-to-know.pdf?sfvrsn=2

American Counseling Association. (2014). *ACA Code of Ethics*. Alexandria, VA: Author.

American Psychiatric Association. (1980). *Diagnostic and statistical manual of mental disorders* (3rd ed.). Washington, DC: Author.

American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text rev.). Washington, DC: Author.

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). Arlington, VA: Author.

American Psychological Association. (2015). *Guidelines on Trauma Competencies for Education and Training*. Retrieved from: http://www.apa.org/ed/resources/trauma-competencies-training.pdf

Anasuri, S. (2016). Intimate partner violence on college campuses: An appraisal of emerging perspectives. *Journal of Education and Human Development, 5*(2), 74-86. DOI: 10.15640/jehd.v5n2a9

Anderson, K. M., Renner, L. M., & Danis, F. S. (2012). Recovery: Resilience and growth in the aftermath of domestic violence. *Violence Against Women, 18*(11), 1279-1299. DOI: 10.1177/1077801212470543

Ashworth, P. (2008). Conceptual foundations of qualitative psychology. In J. A. Smith (Ed.), *Qualitative psychology* (4-25). Thousand Oaks, CA: Sage Publications.

Bandura, A. (1986). *Social foundations of thought and action: A social cognitive theory*.

    Englewood Cliffs, NJ: Prentice-Hall.

Bandura, A. (2002). Social cognitive theory in cultural context. *Applied psychology: An*

    international review, 51(2), 269-290.

Bar-Shai, M., & Klein, E. (2015). In M. P. Shafir, H. S. Wallach, & A. Rizzo (Eds.), *Future*

    directions in post-traumatic stress disorder: Prevention, diagnosis, and treatment (31-

    64). New York, NY: Springer. DOI 10.1007/978-1-4899-7522-5

Bartlett, F.C. (1932). *Remembering: A study in experimental and social psychology.* New York,

    NY: Cambridge University Press.

Bartone, P. T. (2003). Hardiness as a resiliency resource under high stress conditions. In D.

    Paton, J. M. Volanti, & L. M. Smith (Eds.). *Promoting capabilities to manage*

    posttraumatic stress: Perspectives on resilience, (59-73). Springfield, IL: Thomas.

Basile, K. C., Arias, I., Desai, S., & Thompson, M. P. (2004). The differential association of

    intimate partner physical, sexual, psychological, and stalking violence and posttraumatic

    stress symptoms in a nationally representative sample of women. *Journal of Traumatic*

    Stress: Official Publication of The International Society for Traumatic Stress

    Studies, *17*(5), 413-421.

Bell, K. (2012). Remaking the self: Trauma, teachable moments, and the biopolitics of cancer

    survivorship. *Culture, Medicine, and Psychiatry, 36*, 584-600. DOI 10.1007/s11013-012-

    9276-9

Berger, P. L., & Luckmann, T. (1966). *The Social Construction of Reality*. New York, NY:

    Penguin Books.

Bisson, J. I., (2009). Neurobiology of post-traumatic stress disorder. *Epidemiology, theoretical basis and management, 8*(8), 288-289.

Bonanno, G. A. (2004). Loss, trauma, and human resilience: Have we underestimated the human capacity to thrive after extremely aversive events? *American Psychologist, 59*(1), 20-28. DOI: 10.1037/0003-066X.59.1.20

Bonanno, G. A. (2013). Meaning-making, adversity, and regulatory flexibility. *Memory, 21*(1), 150-156. http://dx.doi.org/10.1080/09658211.2012.745572

Bowers, M. E., & Yehuda, R. (2016). Intergenerational transmission of stress in humans. *Neuropharmacology, 41*, 232-244.

Brave Heart, M. Y. H., & DeBruyn, L. M. (1998). The American Indian holocaust: Healing historical unresolved grief. *American Indian and Alaska Native Mental Health Research, 8*(22), 60-82.

Bray, P. (2010). A broader framework for exploring the influence of spiritual experience in the wake of stressful life events: Examining connections between posttraumatic growth and psycho-spiritual transformation. *Mental Health, Religion, and Culture, 13*(3), 293-308.

Breiding, M.J., Chen J., & Black, M.C. (2014). *Intimate Partner Violence in the United States — 2010.* Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

Brewin, C. R., & Holmes, E. A. (2003). Psychological theories of posttraumatic stress disorder. *Clinical Psychology Review*, *23*(3), 339-376.

Brofenbrenner, U., & Ceci, S. J. (1994). Nature-nurture reconceptualization in developmental perspective: A bioecological model. *Psychological Review, 101*(4), 568-586.

Bronfenbrenner, U. (2005). *Making human beings human: Bioecological perspectives on human development*. Thousand Oaks, CA: Sage Publications.

Brown, B. B., & Lohr, M. J. (1987). Peer-group affiliation and adolescent self-esteem: An integration of ego-identity and symbolic-interaction theories. *Journal of Personality and Social Psychology, 52*(1), 47-55. http://dx.doi.org/10.1037/0022-3514.52.1.47

Brown, L. S. (2008). *Cultural competence in trauma therapy: Beyond the flashback*. Washington, D.C.: American Psychological Association.

Bryant-Davis, T. (2005). *Thriving in the wake of trauma: A multicultural guide*. Westport, CT: Praeger Publishers.

Bryant-Davis, T., Chung, H., & Tillman, S. (2009). From the margins to the center: Ethnic minority women and the mental health effects of sexual assault. *Trauma, Violence, & Abuse, 10*(4), 330-357. DOI: 10.1177/1524838009339755

Brzuzy, S., Ault, A., & Segal, E. A. (1997). Conducting qualitative interviews with women survivors of trauma. *Affilia, 12*(1), 76-83.

Bulanda, J., & Johnson, T. B. (2016). A trauma-informed model for empowerment programs targeting vulnerable youth. *Child and Adolescent Social Work Journal, 33*, 303-312. DOI 10.1007/s10560-015-0427-z

Calhoun, L. G., & Tedeschi, R. G. (2006). *Handbook of posttraumatic growth: Research and Practice*. Mahway, NJ: Lawrence Erlbaum Associates, Inc.

Carlson, B.E. (2000). *Violence against women: Synthesis of research for service providers*. (National Institute of Justice Report NCJ 199578).

Carver, C. S. (1998). Resilience and thriving: Issues, models, and linkages. *Journal of Social Issues, 54*(2), 245-266.

Clark, C.J., Silverman, J.G., Shahrouri, M., Everson-Rose, S., & Groce, N. (2010). The role of the extended family in women's risk of intimate partner violence in Jordan. *Social Science and Medicine, 70*(1), 144-151. DOI: 10.1016/j.socscimed.2009.09.024

Clements, C. M., & Sawhney, D. K. (2000). Coping with domestic violence: Control attributions, dysphoria, and hopelessness. *Journal of traumatic stress*, *13*(2), 219-240.

Cobb, A. R., Tedeschi, R. G., Calhoun, L. G., & Cann, A. (2006). Correlates of posttraumatic growth in survivors of intimate partner violence. *Journal of Traumatic Stress: Official Publication of the International Society for Traumatic Stress Studies*, *19*(6), 895-903.

Coker, A. L., Smith, P. H., Thompson, M. P., McKeown, R. E., Bethea, L., & Davis, K. E. (2002). Social support protects against the negative effects of partner violence on mental health. *Journal of Women's Health & Gender-Based Medicine*, *11*(5), 465-476.

Cottone, R. R. (2001). A social constructivism model of ethical decision making in counseling. *Journal of Counseling & Development, 79*(1), 39-45. http://dx.doi.org/10.1002/j.1556-6676.2001.tb01941.x

Council for Accreditation of Counseling and Related Educational Programs. (2009). *CACREP Standards*. Retrieved from http://www.cacrep.org/wp-content/uploads/2017/07/2009-Standards.pdf

Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). Los Angeles, Sage.

Creswell, J. W., Hanson, W. E., Clark Plano, V. L., & Morales, A. (2007). Qualitative research design: Selection and implementation. *The Counseling Psychologist, 35*(2), 236-264. DOI: 10.1177/0011000006287390

Crisis (2017). In *OxfordDictionaries.com*. Retrieved from

https://en.oxforddictionaries.com/definition/crisis

D'Amore, C., Martin, S. L., Wood, K., & Brooks, C. (2018). Themes of healing and

posttraumatic growth in women survivors' narratives of intimate partner violence.

Journal of Interpersonal Violence, 1-28. https://doi.org/10.1177%2F0886260518767909

Dass-Brailsford, P. (2007). *A practical approach to trauma: Empowering interventions.* Los

Angeles, CA: Sage Publications.

Davis, C. G., Nolen-Hoeksema, S., & Larson, J. (1998). Making sense of loss and benefitting

from the experience: two construals of meaning. *Journal of Personality and Social

Psychology, 75*(2), 561-574.

Deci, E. L., & Ryan, R. M. (2008). Self-determination theory: A macrotheory of human

motivation, development, and health. *Canadian Psychology*, *49*(3), 182-185.

DeJong, C., Burgess-Proctor, A., & Elis, L. (2008). Police officer perceptions of intimate partner

violence: An analysis of observational data. *Violence and Victims*, *23*(6), 683-696. DOI:

10.1891/0886-6708.23.6.683

Dulmus, C. N., & Hilarski, C. (2003). When stress constitutes trauma and trauma constitutes

crisis: The stress-trauma-crisis continuum. *Brief Treatment and Crisis Intervention*. DOI:

10.1093/brief-treatment/mhg008

East, L., Jackson, D., O'Brien, L., & Peters, K. (2010). Storytelling: An approach that can help to

develop resilience. *Nurse Researcher, 17*(3), 17-25.

Echterling, L. G., Presbury, J., & McKee, J. E. (2005). *Crisis intervention: Promoting resilience

and resolution in troubled times.* Upper Saddle River, NJ: Pearson.

Eddles-Hirsch, K. (2015). Phenomenology and educational research. *International Journal of Advanced Research, 3*(8), 251-260.

Elderton, A., Berry, A., & Chan, C. (2017). A systematic review of posttraumatic growth in survivors of interpersonal violence in adulthood. *Trauma, Violence, & Abuse*, *18*(2), 223-236. https://doi.org/10.1177%2F1524838015611672

Erikson, E. H. (1963). *Childhood and society*. New York, NY: W W Norton & Co.

Feeney, B. C., & Collins, N. L. (2014). A theoretical perspective on the importance of social connections for thriving. In M. Mikulincer & P. R. Shaver (Eds.), *The Herzliya series on personality and social psychology. Mechanisms of social connection: From brain to group* (291-314). Washington, DC, US: American Psychological Association. http://dx.doi.org/10.1037/14250-017

Figley, C. R. (2012). *Encyclopedia of trauma: An interdisciplinary guide*. Thousand Oaks, CA: Sage Publications, Inc.

Fiske, A. P. (2002). Using individualism and collectivism to compare cultures--A critique of the validity and measurement of the constructs: Comment on Oyserman et al.(2002). *Psychological Bulletin, 128*(1), 78-88. DOI: 10.1037//0033-2909.128.1.78

Follingstad, D., Brennan, A. F., Hause, E. S., Polek, D. S., & Rutledge, L. L. (1991). Factors moderating physical and psychological symptoms of battered women. *Journal of Family Violence, 6,* 81-95. DOI: https://doi.org/10.1007/BF00978527

Frankl, V. E. (2006). *Man's search for meaning*. Boston, MA: Beacon Press.

Garcia-Moreno, C., Jansen, H. AFM., Ellsberg, M., Heise, L., & Watts, C. (2006). Prevalence of intimate partner violence: Findings from the WHO multi-country study on women's

health and domestic violence. *Lancet, 368*(9543), 1260-1269. DOI:

https://doi.org/10.1016/S0140-6736(06)69523-8

Geertz, C. (1973). *The interpretation of cultures*. New York, NY: Basic Books.

Hammill, S. (2016). Technical: Kintsugi. *The Journal of Australian Ceramics, 55*(3), 70-73.

Harvey, M. R. (1996). An ecological view of psychological trauma and trauma recovery. *Journal of Traumatic Stress, 9*(1), 3-23.

Heim, C., & Nemeroff, C. B. (2009). Neurobiology of posttraumatic stress disorder. *CNS Spectr*, *14*(1), 13-24.

Henley, W. E. (1888). Invictus. *Book of Verses.* England: Publisher.

Herman, J. (2015). *Trauma and recovery.* New York, NY: Basic Books.

Hobfall, S. E. (2001). The influence of culture, community, and the nested-self in the stress process: Advancing conservation of resources theory. *Applied Psychology: An International Review, 50*(3), 337-421.

Hofstede, G. (2011). Dimensionalizing cultures: The Hofstede model in context. *Online Readings in Psychology and Culture, 2*(1), 1-26. https://doi.org/10.9707/2307-0919.1014 http://dx.doi.org/10.1037/h0054346

Jackson-Cherry, L. R., & Erford, B. T. (2nd ed.). (2014). *Crisis Assessment, Intervention and Prevention.* USA: Pearson.

James, R. K. (2008). *Crisis Intervention Strategies* (6th ed.). Belmont, CA: Thomson Learning Inc.

Janoff-Bulman, R. (1992). *Shattered assumptions: Towards a new psychology off trauma.* New York, NY: Free Press.

Jones, M. G., & Brader-Araje, L. (2002). The impact of constructivism on education: Language, discourse, and meaning. *American Communication Journal, 5*(3).

Joseph, S. (2009). Growth following adversity: Positive psychological perspectives on posttraumatic stress. *Psychological Topics, 18*(2). 335-344.

Joseph, S., & Linley, P. A. (2005). Positive adjustment to threatening events: An organismic valuing theory of growth through adversity. *Review of General Psychology, 9*(3), 262-280. DOI: 10.1037/1089-2680.9.3.262

Joseph, S., & Linley, P. A. (2006). Growth following adversity: Theoretical perspectives and implications for clinical practice. *Clinical Psychology Review, 26*, 1041-1053. doi:10.1016/j.cpr.2005.12.006

Kessler, R. C., Sonnega, A., Bromet, E., Hughes, M., & Nelson, C. B. (1995). Posttraumatic stress disorder in the National Comorbidity Survey. *Archives of general psychiatry*, *52*(12), 1048-1060.

Koenen, K. C., Ratanatharathorn, A., Ng, L., McLaughlin, K. A., Bromet, E. J., Stein, D. J., …Kessler, R. C. (2017). Posttraumatic stress disorder in the World Mental Health Surveys. *Psychological Medicine, 47*(13), 2260-2274. doi:10.1017/S0033291717000708

Kohli, A., Perrin, N., Mpanano, R. M., Banywesize, L., Mirindi, A. B., Banywesize, J. H., ... & Glass, N. (2015). Family and community driven response to intimate partner violence in post-conflict settings. *Social Science & Medicine*, *146*, 276-284. doi:10.1016/j.socscimed.2015.10.011

Krug, E. G., Mercy, J. A., Dahlberg, L. L., & Zwi, A. B. (2002). The world report on violence and health. *The Lancet, 360*.

Larkin, M., & Thompson, A. R. (2012). Interpretive phenomenological analysis in mental health and psychotherapy research. In D. Harper, & A. R. Thompson (Eds.), *Qualitative Research Methods in Mental Health and Psychotherapy: A Guide for Students and Practitioners* (101-116). Malden, MA: John Wiley & Sons.

Ledesma, J. (2014). Conceptual frameworks and research models on resilience in leadership. *Creative Commons CC*. DOI: 10.1177/2158244014545464

Lepore, S. J., Silver, R. C., Wortman, C. B., & Wayment, H. A. (1996). Social constraints, intrusive thoughts, and depressive symptoms among bereaved mothers. *Journal of Personality and Social Psychology, 70*(2), 271-282.

Lepore, S., & Revenson, T. (2006). Relationship between posttraumatic growth and resilience: Recovery, resistance, and reconfiguration. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and Practice* (24-46). Mahway, NJ: Lawrence Erlbaum Associates, Inc.

Levitt, H. M., Bamberg, M., Creswell, J. W., Frost, D. M., Josselson, R., & Suarez-Orozco, C. (2018). Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. *American Psychologist, 73*(1), 26-46. http://dx.doi.org/10.1037/amp0000151

Liebeck, H., & Pollard, E. (1994). *The Oxford paperback dictionary* (4th ed.). Oxford: Oxford University Press.

Lilgendahl, J. P., McLean, K. C., & Mansfield, C. D. (2013). When is meaning-making unhealthy for the self? The roles of neuroticism, implicit theories, and memory telling in

trauma and transgression memories. *Memory, 21*(1), 79-96.

   http://dx.doi.org/10.1080/09658211.2012.706615

Linley, P. A., & Joeseph, S. (2004). Positive change following trauma and adversity: A review.

   Journal of Traumatic Stress, 17(1), 11-21.

Lloyd, M. (2018). Domestic violence and education: Examining the impact of domestic violence

   on young children, children, and young people and the potential role of schools. *Frontiers*

   in Psychology, *9*(2094). https://doi.org/10.3389/fpsyg.2018.02094

Lowell, A., Renk, K., & Adgate, A. H. (2014). The role of attachment in the relationship

   between child maltreatment and later emotional and behavioral functioning. *Child Abuse*

   & Neglect, 38, 1436-1449. http://dx.doi.org/10.1016/j.chiabu.2014.02.006

Maddi, S. R. (2013). *Hardiness: Turning stressful circumstances into resilient growth.* New

   York, NY: Springer.

Maddi, S. R., & Khoshaba, D. M. (2003). Hardiness training for resiliency and leadership. In D.

   Paton, J. M. Volanti, & L. M. Smith (Eds.). *Promoting capabilities to manage*

   posttraumatic stress: Perspectives on resilience, (43-58). Springfield, IL: Thomas.

Mascolo, M. F. (1994). Toward a social constructivist psychology: The case of self-evaluative

   emotional development. *Journal of Constructivist Psychology, 7*(2), 87-106. DOI:

   10.1080/10720539408405071

Maslow, A. H. (1943). A theory of human motivation. *Psychological Review, 50*(4), 370-396.

McLaughlin, K. A., Koenen, K. C., Friedman, M. J., Ruscio, A. M., Karam, E. G., Shahly,

   V., …Kessler, R. C. (2016). Sub-threshold post traumatic stress disorder in the WHO

   World Mental Health Surveys. *Biological Psychiatry, 77*(4), 375-384.

   DOI:10.1016/j.biopsych.2014.03.028.

McMillen, J. C. (1999). Better for it: How people benefit from adversity. *Social Work, 44*(5),

    455-468. http://www.jstor.org/stable/23718765

McMillen, J. C., & Fisher, R. H. (1998). The perceived benefit scales: Measuring perceived

    positive life changes after negative events. *Social Work Research, 22*(3), 173-187.

    http://www.jstor.org/stable/42659363

Meichenbaum, D. (2006). Resilience and posttraumatic growth: A constructive narrative

    perspective. In L. G. Calhoun & R. G. Tedeschi (Eds.). *Handbook of posttraumatic*

    growth: Research and Practice (355-368). Mahway, NJ: Lawrence Erlbaum Associates,

    Inc.

Meyer, S. (2011). Seeking help for intimate partner violence: Victims' experiences when

    approaching the criminal justice system for IPV-related support and protection in an

    Australian jurisdiction. *Feminist Criminology*, *6*(4), 268-290. DOI:

    10.1177/1557085111414860

Mikulincer, M., Shaver, P. R., & Solomon, Z. (2015). An attachment perspective on traumatic

    and posttraumatic reactions. In M. P. Shafir, H. S. Wallach, & A. Rizzo (Eds.), *Future*

    Directions in Post-Traumatic Stress Disorder: Prevention, Diagnosis, and Treatment

    (79-96). New York, NY: Springer. DOI 10.1007/978-1-4899-7522-5

Moustakas, C. E. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage

    Publications, Inc.

Murphy, D., & Joseph, S. (2016). Person-centered therapy: Past, present, and future orientations.

    In D. J. Cain, K. Keenan, & S. Rubin (Eds.), *Humanistic Psychotherapies: Handbook of*

    Research and Practice, (185-218). Washington, D.C.: American Psychological

    Association. http://dx.doi.org/10.1037/14775-007

Nagae, M., & Dancy, B. L. (2010). Japanese women's perceptions of intimate partner violence (IPV). *Journal of interpersonal violence*, *25*(4), 753-766. DOI: 10.1177/0886260509334413

National Alliance on Mental Illness. (2017). *Posttraumatic Stress Disorder*. Retrieved from https://www.nami.org/Learn-More/Mental-Health-Conditions/Posttraumatic-Stress-Disorder

National Institute of Mental Health (2016). *Post-Traumatic Stress Disorder*. Retrieved from https://www.nimh.nih.gov/health/topics/post-traumatic-stress-disorder-ptsd/index.shtml

Neimeyer, R. A. (2006). Re-storying loss: Fostering growth in the posttraumatic narrative. In L. G. Calhoun & R. G. Tedeschi (Eds.), *Handbook of posttraumatic growth: Research and Practice* (68-80). Mahway, NJ: Lawrence Erlbaum Associates, Inc.

Neimeyer, R. A., & Raskin, J. D. (2000). *Constructions of a disorder: Meaning-making frameworks for Psychotherapy*. Washington, D.C.: American Psychological Association.

Neimeyer, R. A., Prigerson, H. G., & Davies, B. (2002). Mourning and meaning. *American Behavioral Scientist, 46*(2), 235-251. DOI: 10.1177/000276402236676

Nerken, I. R. (1993). Grief and the reflective self: Towards a clearer model of loss resolution and growth. *Death Studies, 17*(1), 1-26. https://doi.org/10.1080/07481189308252602

O'Leary, V. E. (1998). Strength in the face of adversity: Individual and social thriving. *Journal of Social Issues, 54*(2), 425-446.

O'Leary, V. E., & Ickovics, J. R. (1995). Resilience and thriving in response to challenge: An opportunity for a paradigm shift in women's health. *Women's health: Research on gender, behavior, and policy, 1*(2), 121-142.

Olsen, L. R. (2011). The essentiality of "culture" in the study of religion and politics. *Journal for the scientific study of religion, 50*(4), 639-633.

Park, C. L., (2010). Making sense of meaning literature: An integrative review of meaning-making and its effects on adjustment to stressful life events. *Psychological Bulletin, 136*(2), 257-301. DOI: 10.1037/a0018301

Park, C. L., Cohen, L. H., & Murch, R. L. (1996). Assessment and prediction of stress-related growth. *Journal of Personality, 64*(1).

Park, C. L. & Folkman, S. (1997). Meaning in the context of stress and coping. *Review of General Psychology, 1*(2), 115-144.

Pasupathi, M. (2013). Making meaning for the good life: A commentary on the special issue. *Memory, 21*(1), 143-149. http://dx.doi.org/10.1080/09658211.2012.744843

Patterson, J. M., & Garwick, A. W. (1994). Levels of meaning in family stress theory. *Family Process, 33*, 287-304.

Patton, M.Q. (2002). *Qualitative research and evaluation methods*. Thousand Oaks, CA: Sage.

Piaget, J. (1952). *The origins of intelligence in children*. New York, NY: International Universities Press, Inc.

Pico-Alfonso, M. A. (2005). Psychological intimate partner violence: The major predictor of posttraumatic stress disorder in abused women. *Neuroscience & Biobehavioral Reviews*, *29*(1), 181-193.

Poetry Foundation, (2018). *William Ernest Henley*. Retrieved from https://www.poetryfoundation.org/poets/william-ernest-henley

Polkinghorne, D. E. (1988). *Narrative knowing and the human sciences*. Albany, NY: State University of New York.

Raja, S. N., McGee, R., & Stanton, W. R. (1992). Perceived attachments to parents and peers and

    psychological well-being in adolescence. *Journal of youth and adolescence*, *21*(4), 471-

    485.

Ratts, M. J., Singh, A. A., Nassar-McMillan, S., Butler, S. K., & McCullough, J. R. (2015).

    Multicultural and social justice counseling competencies: Guidelines for the counseling

    profession. *Journal of Multicultural Counseling and Development, 44*(1).

    https://doi.org/10.1002/jmcd.12035

Recovery (2017). In *OxfordDictionaries.com*. Retrieved from

    https://en.oxforddictionaries.com/definition/recovery

Ross, M. H. (1997). The relevance of culture for the study of political psychology and ethnic

    conflict. *Political Psychology, 18*(2), 299-326.

Rowell, K., & Thomley, R. (2013). Recovering emotionally from disaster. Retrieved from

    http://www.apa.org/helpcenter/recovering-disasters.aspx

Sacks, O. (1998). *The man who mistook his wife for a hat and other clinical tales.* New York,

    NY: Touchstone.

Sales, J. M., Merrill, N. A., & Fivush, R. (2013). Does making meaning make it better? Narrative

    meaning-making and well-being in at-risk African-American adolescent females.

    Memory, 21(1), 97-110. http://dx.doi.org/10.1080/09658211.2012.706614

Schafer, J., Caetano, R., & Clark, C. L. (1998). Rates of intimate partner violence in the United

    States. *American Journal of Public Health, 88*(11), 1702-1704.

Schmidt, S. D., Blank, T. O., Bellizzi, K. M., & Park, C. L. (2011). The relationship of coping

    strategies, social support, and attachment style with posttraumatic growth in cancer

survivors. *Journal of Health Psychology, 17*(7), 1033-1040. DOI:

10.1177/1359105311429203

Schuettler, D., & Boals, A. (2011). The path to posttraumatic growth versus posttraumatic stress

disorder: Contributions of event centrality and coping. *Journal of Loss and Trauma, 16*,

180-194. DOI: 10.1080/15325024.2010.519273

Scott, W. J. (1990). PTSD in DSM III: A case in the politics of diagnosis and disease. *Social

Problems, 37*(3), 294-310. doi: 10.2307/800744

Seidman, I. (2013). *Interviewing as qualitative research: A guide for researchers in education &

the social sciences*. New York, NY: Teacher's College Press.

Selye, H. (1973). The Evolution of the Stress Concept: The originator of the concept traces its

development from the discovery in 1936 of the alarm reaction to modern therapeutic

applications of syntoxic and catatoxic hormones. *American Scientist, 61*(6), 692-699.

Retrieved from http://www.jstor.org/stable/27844072

Senter, K. E., & Caldwell, K. (2002). Spirituality and the maintenance of change: A

phenomenological study of women who leave abusive relationships. *Contemporary

family therapy*, *24*(4), 543-564.

Shakespeare-Finch, J. & Copping, A. (2006). A grounded theory approach to understanding

cultural differences in posttraumatic growth. *Journal of Loss and Trauma, 11*, 355-371.

DOI: 10.1080/15325020600671949

Shakespeare-Finch, J., & Lurie-Beck, J. (2014). A meta-analytic clarification of the relationship

between posttraumatic growth and symptoms of posttraumatic distress disorder. *Journal

of Anxiety Disorder, 28*, 223-229. http://dx.doi.org/10.1016/j.janxdis.2013.10.005

Shalev, A. Y., Yehuda, R., & McFarlane, A. C. (Eds.). (2000). *International Handbook of Human Response to Trauma*. New York, NY: Plenum Publishers.

Sharma, I. (2015). Violence against women: Where are the solutions? *Indian Journal of Psychiatry, 57*(2), 131-139. Retrieved from

http://www.indianjpsychiatry.org/text.asp?2015/57/2/131/158133

Sherin, J. E., & Nemeroff, C. B. (2011). Post-traumatic stress disorder: the neurobiological impact of psychological trauma. *Dialogues in Clinical Neuroscience*, *13*(3), 263-78.

Smith, J. A. (2008). *Qualitative Psychology*. Thousand Oaks, CA: Sage.

Smith, J. A., & Osborn, M. (2008). Interpretive phenomenological analysis. In J. A. Smith (Ed.), *Qualitative Psychology* (53-80). Thousand Oaks, CA: Sage.

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretive Phenomenological Analysis: Theory, Method, and Research.* Thousand Oaks, CA: Sage Publications.

Steinhardt, M. A., & Dolbier, C. (2008). Evaluation of a resilience intervention to enhance coping strategies and protective factors and decrease symptomatology. *Journal of American College Health, 56*(4), 445-453. DOI: 10.3200/JACH.56.44.445-454

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach*. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Taku, K, Calhoun, L. G., Tedeschi, R. G., Gil-Rivas, V., Kilmer, R. P., & Cann, A. (2007). Examining posttraumatic growth among Japanese university students. *Anxiety, Stress, & Coping, 20*(4), 353-367.

Tedeschi, R. G., & Calhoun, L. G. (1996). The posttraumatic growth inventory: Measuring the

positive legacy of trauma. *Journal of Traumatic Stress, 9*(3), 455-471. DOI:

10.1007/BF02103658

Tedeschi, R. G., Calhoun, L. G., & Groleau, J. M. (2015). Clinical applications of posttraumatic

growth. In S. Joseph, (Ed.), *Positive Psychology in Practice: Promoting Human*

Flourishing in Work, Health, Education, and Everyday Life (503-518). Hoboken, NJ:

John Wiley & Sons.

Tedeschi, R. G., Shakespeare-Finch, J., Taku, J., & Calhoun, L G. (2018). *Posttraumatic growth:*

Theory, research, and applications. Routledge.

Tetzner, J., Becker, M., & Maaz, K. (2017). Development in multiple areas of life in

adolescence: Interrelations between academic achievement, perceived peer acceptance,

and self-esteem. *International journal of behavioral development*, *41*(6), 704-713.

Triplett, K. N., Tedeschi, R. G., Cann, A., Calhoun, L. G., & Reeve, C. L. (2012). Posttraumatic

growth, meaning in life, and life satisfaction in response to trauma. *Psychological*

Trauma: Theory, Research, Practice, and Policy, 4(4), 400-410. DOI: 10.1037/a0024204

Ulloa, E. C., Hammett, J. F., Guzman, M. L., & Hokoda, A. (2015). Psychological growth in

relation to intimate partner violence: A review. *Aggression and Violent Behavior*, *25*, 88-

94. https://doi.org/10.1016/j.avb.2015.07.007

Valdez, C. E., & Lilly, M. M. (2015). Posttraumatic growth in survivors of intimate partner

violence: An assumptive world process. *Journal of interpersonal violence*, *30*(2), 215-

231.

Van der Kolk, B. A., (2007). The history of trauma in psychiatry. In M. J. Friedman, T. M.

Keane, & P. A. Resick (Eds.), *Handbook of PTSD*. New York, NY: The Guilford Press.

Van der Kolk, B. A., McFarlane, A. C., & Weisaeth, L. (1999). *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society.* New York, NY: Guilford Press.

Violence Prevention Alliance, (2018). *Definition and typology of violence.* World Health Organization. Retrieved from

http://www.who.int/violenceprevention/approach/definition/en/

Vishnevsky, T., Cann, A., Calhoun, L. G., Tedeschi, R. G., & Demakis, G. J. (2010). Gender differences in self-reported posttraumatic growth: A meta-analysis. *Psychology of Women's Quarterly, 34*, 110-120.

Volgin, R., & Bates, G. (2016). Attachment and social support as predictors of posttraumatic stress and posttraumatic growth. *Traumatology, 22*(3), 184-191.

http://dx.doi.org/10.1037/trm0000083

Vygotsky, L. S. (1978). *Mind in society.* Cambridge, MA: Harvard University Press.

Waters, T. E. A., Shallcross, J. F., & Fivush, R. (2013). The many facets of meaning-making: Comparing multiple measures of meaning-making and their relations to psychological distress. *Memory, 21*(1), 111-124. http://dx.doi.org/10.1080/09658211.2012.705300

Weber, E. U., & Morris, M. W. (2010). Culture and judgment and decision making: The constructivist turn. *Perspectives on Psychological Science, 5*(4), 410-419. DOI: 10.1177/1745691610375556

Weiss, T., & Berger, R. (2010). *Posttraumatic growth and culturally competent practice: Lessons learned from around the globe.* Hoboken, NJ: John Wiley & Sons, Inc.

Wilson, J. P. (2006). *The Posttraumatic Self: Restoring Meaning and Wholeness to Personality.* New York, NY: Routledge.

World Health Organization. (2002). *World report on violence and health: summary.* Geneva.

World Health Organization. (2009). *Violence prevention the evidence: Changing cultural and*

social norms that support violence. Retrieved from

https://apps.who.int/iris/bitstream/handle/10665/44147/9789241598330_eng.pdf;jsessioni

d=617D7E38DF5EF7CB1A52A8E392551A72?sequence=1

World Health Organization (2012). *Understanding and addressing violence against women.*

Retrieved from

https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf

World Health Organization. (2013). *Global and regional estimates of violence against women:*

prevalence and health effects of intimate partner violence and non-partner sexual

violence. Retrieved from

https://apps.who.int/iris/bitstream/handle/10665/85239/9789241564625_eng.pdf;jsessioni

d=18A12F58008EBD16F148EF9E80369B4E?sequence=1

World Health Organization. (2019). *Violence prevention alliance.* Retrieved from

https://www.who.int/violenceprevention/en/

Yndo, M. C., Weston, R., & Marshall, L. L. (2018). Social reactions to intimate partner violence

disclosure among low-income, ethnically diverse community women. *Violence Against*

Women, 25(7), 817-38. https://doi.org/10.1177%2F1077801218805579

Appendices

Appendix A: Interest Survey

Hello! I hope you are having a wonderful day. First, thank you for being interested in participating in my study. Please click <u>here</u> (link URL) and check the box to indicate agreement in order to continue.

"Check box."

The following survey is designed to obtain some initial information, to be sure that this study would be relevant to your experiences, and to help me contact you with further details regarding the study. It should not take more than five minutes for you to fill out.

Please answer the following questions to the best of your ability.

1. Name:

2. Email:

3. Phone:

4. What is your preferred mode of contact? Email or Phone (please specify): _____

5. What is the best day/date to reach you within the next month: _____

6. What time of day would generally work best: _____

7. Are you over 18 years of age?

    a. Yes

    b. No

8. Current Gender Identity:

    a. Man/Male

    b. Woman/Female

    c. Transgender

    d. Non-binary

    e. Intersex

    f. Specify: _____

9. Sex assigned at birth:

    a. Male

    b. Female

    c. Intersex

10. Have you been through a traumatic event related to intimate partner violence (physical, sexual, psychological assault/abuse, or neglect/deprivation by an intimate partner) in the past?

    a. Yes

    b. No

        i. If yes, has it been 13 months or more since the event?

        ii. If no, end survey.

11. Did you engage in counseling even once related to this event?

    a. Yes

    b. No

12. Will you be agreeable to your interview being audio/video recorded?

    a. Yes

    b. No

Thank you for completing the initial survey, I will be in touch with you shortly.

If you have any questions, please feel free to contact me at jyots21@vt.edu

Appendix B: Screening Script

URL in Appendix A links to:

"Are you a Survivor? Have you ever been hurt by an intimate partner, someone you were dating, or in a romantic relationship with? Would you consider yourself to have been strong and resilient in these difficult life situations? Have you found yourself trying to focus on moving forward, trying to see positives of difficult situations, and find some benefit to it all? Have you experienced growth as a result of these difficult life circumstances when the person closest to you has hurt you? If so, would you be willing to share your experiences?

Hi! My name is Jyotsana Sharma and I am conducting a study that will help the understanding of what helps women persist and persevere after facing intimate partner violence. I am a professional counselor and[22]I am interested in understanding how our society and culture affects the way in which we respond to events in our lives that threaten to bring us down. If you are interested in sharing your story and participating in this study, please fill out the questionnaire that follows and I will contact you with more details when I receive your contact information. You would be traveling to either Roanoke or Blacksburg for at least one face-to-face interview. I will be providing a $20 gas card as a token of appreciation for your time and effort when you come in for the interview."

If you are willing to have me contact you with further details of the study please click the box below. You will have the opportunity to ask questions once you are contacted for an interview. "check box."

Appendix C: Recruiting through Professionals

For Professionals and Community Agencies

Greetings! My name is Jyotsana Sharma and I am conducting a qualitative study on the effects of an individual's socio-cultural environment on her process of trauma recovery and growth after having experienced intimate partner violence. I am interviewing individuals who identify as women at this time. If you have worked with a client(s) who is persistent, someone who has been persevered even through the most difficult circumstances related to intimate partner violence, and you have found yourself amazed with her ability to keep moving and grow in spite of her experiences, please help me reach out to her.

If you are willing to contact some of your current or previous clients, please send them the following request to participate in my study. Thank you! Also, please do not hesitate to ask me questions or clarify. My email is jyots21@vt.edu

Message to client:

Hi! My name is Jyotsana Sharma and I am conducting a study that will help the understanding of what helps women persist and persevere after facing intimate partner violence. I am a professional counselor and am interested in knowing how our society and culture affects the way in which we respond to traumatic events in our lives. If you are interested in sharing your story and participating in this research study, please fill out the following screening questionnaire (insert link) and I will contact you with more details when I receive your contact information. Participants would be traveling to either Roanoke or Blacksburg for at least one face-to-face interview. I will be providing a $20 gas card as a token of appreciation for your time and effort when you come in for the interview.

Appendix D: Recruitment Flyer

Are YOU a Survivor?!

Share Your Story

Of

Survival & Growth

We sometimes find Strength, Resilience, and Perseverance in situations where we would never have imagined we would survive. What helps or doesn't help?

Help me find out.

If interested in this research scan the code:

Appendix E: Informed Consent

RESEARCH SUBJECT CONSENT FORM

Title: Socio-Cultural Contexts in Trauma Recovery and Posttraumatic Growth

Protocol No.: None
WIRB® Protocol #20182554
18-819

Investigator: Gerard Lawson
Virginia Tech
1750 Kraft Dr. Suite 2000
Blacksburg, VA 24060
glawson@vt.edu

Sub-Investigator(s): Jyotsana Sharma
jyots21@vt.edu

Daytime Phone Number: 603-490-7349
540-231-9703

You are being invited to take part in a research study. A person who takes part in a research study is called a research subject, or research participant.

What should I know about this research?

Someone will explain this research to you.
This form sums up that explanation.
Taking part in this research is voluntary. Whether you take part is up to you.
You can choose not to take part. There will be no penalty or loss of benefits to which you are otherwise entitled.
You can agree to take part and later change your mind. There will be no penalty or loss of benefits to which you are otherwise entitled.
If you don't understand, ask questions.
Ask all the questions you want before you decide.

Why is this research being done?

I am conducting this study for my doctoral dissertation. The intention of this study is to find out about the experiences of individuals who have been through intimate partner violence and experienced recovery or growth afterwards. Since birth our social and cultural environments influence us, and we learn how to respond to situations based on what we see others doing. My intention is to find out whether this learned behavior helps or hinders our journey towards

recovery or growth after someone has been through something like intimate partner violence. In the screening questionnaire I asked you whether you had been to a counselor even once related to this traumatic event. The purpose for this was first to make sure you have someone you trust as a support shall you feel the need to check in with them again, and second to find out if there are any implications for the counseling profession related to this topic.

About 12 participants will take part in this research.

How long will I be in this research?
We expect that your taking part in this research will last for approximately 90 minutes for the first interview and approximately 30 minutes for the second interview.

What happens to me if I agree to take part in this research?
Step 1: You have already filled out a screening questionnaire. This should have taken less than 5 minutes. As a result, the researcher sent participants the details of the study, the detailed informed consent, and time required for participation.

Step 2: Agree to be interviewed. Both interviews will be audio/video recorded with participant consent. Not everyone who completed the screening questionnaire will be asked to participate in an interview.

Participants selected for the interviews will be asked to commute to one of two locations: Roanoke or Blacksburg. They will be asked to devote approximately 90 minutes for the first interview and approximately 30 minutes for the second online interview. I will also request that you bring a quote, a book (or name of one), a picture, or an object (or picture of an object) that has helped in your journey towards recovery and growth.

Step 3: First interview is face-to-face in Roanoke or Blacksburg. This will be done in a setting that can reasonably assure confidentiality and is conducive to a personal interview. For example, the Roanoke Higher Education Center or the School of Education Offices at the CRC in Blacksburg. If either of these locations are used, a white noise maker will be used as precaution to avoid voices carrying outside the room and a note outside the door that states an interview is in progress will be displayed. A $20 gas card will be provided to you when you show up for the interview as a token of appreciation for your time and effort.

I will ask questions related to your experiences and these could be personal in nature, if I ask something which you are not comfortable answering, you should let me know immediately. Feel free not to answer a question depending on your comfort level. You also have the right to ask clarifying questions or withdraw from participating at any time without fear of any penalty to you.

Once the interview is over, the audio/video recording will be sent to a transcription service called Verbalink. These will be sent with pseudonyms the participant picks for herself. None of the identifying information will be used for transcription.

Step 4: Once the face-to-face interview is done, you will be asked to schedule a follow-up that will last approximately 30 minutes via a web portal (Zoom, offered through Virginia Tech) a week to two weeks later. This interview will also be audio/video recorded and transcribed similar to the first interview.

Those are all the commitments for the participant. If they want to see the results of the study, the researcher will send those to them at the completion of the project.

What are my responsibilities if I take part in this research?
If you take part in this research, you agree to two interviews, one will be approximately 90 minutes and the second will be approximately 30 minutes online. When you come in for the first interview I will ask that you bring a quote, a book (or name of one), a picture, or an object (or picture of an object) that has helped in your journey towards recovery and growth.

Could being in this research hurt me?
There are no physical risks in participating in this study. You may experience discomfort sitting in an interview for some time, although you will be allowed to get up and move around or take a break if you need one. Emotionally, you may find some questions uncomfortable. They may remind you of some unpleasant events of the past. If that happens, let me know immediately and we can take a break or assess whether we need to stop the interview. In case you feel the need to speak to a counselor, I will be able to provide you a list of counselors in your area, unless you prefer to meet your own counselor, in which case I would encourage you to contact them at your own expense. My institution or I will not be able to provide that service or pay for it.

Will it cost me money to take part in this research?
No. If the interview questions cause emotional discomfort you may want to seek a counselor in the community or a counselor you have seen before. This will be at your own cost as my institution or I will not be able to pay for that service.

Will being in this research benefit me?
The results of this study will be able to help me understand how the process of recovery and growth take place for survivors of intimate partner violence and the ways in which our upbringing helps or does not help. I will also be able to find whether counselors are being aware of the different identities and environments of the people they are working with who have been through similar events.

Some researchers have said that sometimes the interview itself can act as an intervention because a person may be able to assess their experiences with a different perspective. In this study, there may be some possible benefits to talking about socio-cultural influences on your journey towards recovery, because you may not have recognized strengths that you had before these interviews. You may also be helped with understanding how your individual socio-cultural influences shaped your responses to situations and that may provide insight into some of your own actions. That might make you realize your own hidden strengths, resilience, and fortitude. However, direct benefit to you cannot be promised.

The indirect benefits to this study are that it will provide information that could help professionals draw implications for how trauma clients are best approached, possible reasons for stagnation in treatment, and progress towards better cultural awareness and competence in trauma counseling especially when working with survivors of intimate partner violence.

What other choices do I have besides taking part in this research?

This research is not designed to diagnose, treat or prevent any disease or condition. Your alternative is to not take part in the research.

What happens to the information collected for this research?

Your private information may be shared with individuals and organizations that conduct or watch over this research, including:

> My advisor
> Peer reviewer (will not know your real name)
> My committee members, if needed (will not know your real name)
> The Institutional Review Board (IRB) that reviewed this research

We may publish the results of this research. However, we will keep your name and other identifying information confidential. You can decide on a pseudonym you want me to use for your interviews or I can assign one for you.

We protect your information from disclosure to others to the extent required by law. We cannot promise complete secrecy.

Who can answer my questions about this research?

If you have questions, concerns, or complaints, or think this research has hurt you or made you sick, talk to the research team at the phone number listed above on the first page.

This research is being overseen by an Institutional Review Board ("IRB"). An IRB is a group of people who perform independent review of research studies. You may talk to them at (800) 562-4789, help@wirb.com if:

> You have questions, concerns, or complaints that are not being answered by the research team.
> You are not getting answers from the research team.
> You cannot reach the research team.
> You want to talk to someone else about the research.
> You have questions about your rights as a research subject.

What if I am injured because of taking part in this research?

As mentioned before, if you are uncomfortable answering any question you may ask clarifying questions or choose not to answer a question. If you feel like you cannot go on with the interview due to any reason you can choose to withdraw at any time. If you need the support of a counselor I can provide a list of available counselors in the community. If you prefer your own counselor, you can contact them too. My institution or I cannot provide financial resources for you should you feel the need to seek a counselor's help.

If you are injured as a result of this study, you do not give up your right to pursue a claim through the legal system.

Can I be removed from this research without my approval?
The person in charge of this research can remove you from this research without your approval. Possible reasons for removal include:

It is in your best interest. As your interviewer if I think that you are in distress and are unable to continue with the interview, I will discontinue the interview.

What happens if I agree to be in this research, but I change my mind later?
You can discontinue taking part in this study as you see fit. There are no adverse consequences or penalties for you.

Will I be paid for taking part in this research?
You will not be paid for taking part in this research. However, as a token of appreciation for your time and effort, I will be able to give you a $20 gas card if you come in for the first interview. This will be yours to keep even if you are unable to complete the interview for any reason.

Statement of Consent:
I, _____ (Name of Participant) have read and understood the information described above and agree to participate in this study.

_____   _____
            Signature of Participant   Date

_____   _____
      Printed name of person obtaining consent   Date

_____   _____
      Signature of person obtaining consent   Date

Appendix F: Interview Protocol

This protocol is for the first interview that will take place face-to-face in Roanoke or Blacksburg and last for approximately 90 minutes. When the participants arrive, I will be at the front desk to greet them. I will lead them into a room which is a confidential space for meeting. A noise maker will be outside the room and switched on so that anyone who per chance may be passing by is unable to hear what is being said in the room. The participant will be given her gas card worth $20 in the beginning of the interview.

I will then talk about the informed consent. We will go through it and make sure that all the questions, if the participant has any, are answered. Once the informed consent is signed the recorder will be switched on. We will start with warm up questions that are semi-structured in nature:

- How did you find out about this study?

- What got you interested in participating?

- In what ways does this seem important to you?

- Do you think you are ready to start?

After the warm-up questions, the researcher will ask the following interview questions in a semi-structured manner according to the IPA methodology protocols. The researcher will have a chart or diagrammatic representation of the different things that encompass our social and cultural environments. This makes is easier for the participant to know and speak of all the different aspects. For example, family, friends, workplace, religious affiliations, educational centers or organizations, community organizations or projects, affiliations both personal as well as professional, society at large, race, ethnicity, gender, sexuality, socio-economic status, values, beliefs, attitudes will be added to this chart.

Main interview questions are listed with prompter or descriptive questions below them in italics to help encourage the participant if they get stuck:

—— Let's start with talking about social and cultural environment that you have been brought up in? What are some different things in these circles (show chart) that have been important for you through the years? I want to know what it is like to look at life from your lens.

    o *What are the things growing up that you were taught or that became an important part of your social and cultural framework or the way in which you view life?*

    o *Do you think there are ways in which your thinking, feeling, behaving has been affected by the way in which you were brought up, the social structures around you, or the cultural values passed on to you?*

    o *Can you give some examples to help me understand how these social and cultural thoughts of processes became a part of you or not?*

—— Have you experienced some positive change or growth in spite of the difficulties or trauma you have faced? Can you describe your thought process and how you understand these changes?

    o *What are some habits, thought processes or ways in which you feel or behave that may have changed?*

    o *What are some aspects of maybe your personality that may have changed?*

    o *What are some aspects of your "self" before and after the event that are different and how do you view them, positively, negatively, neutrally?*

    o *Do you think you would have changed in this manner if you had never been through the events that you have faced?*

— Let's talk about your journey after the traumatic event as you moved forward, what were some of the things from your socio-cultural background that helped or did not help with moving forward?

- o *How was the way in which you thought or felt about this event influenced or not influenced by how the event was viewed through social or cultural points of view? For example, how your family viewed it, how your friends or co-workers saw it, or someone who you look up to as a support saw it?*

- o *Do you think that the way in which you thought or felt about the event, your situation or yourself after the event was influenced in any way by these people around you?*

— How do you think the different social and cultural circles that surround you, helped or did not help in making meaning out of the traumatic event (show chart again if needed)?

- o *Did people try to help or influence how you should think or feel or behave?*

- o *Were there any aspects of your social and cultural environment that you thought were not true but accepted anyways because that how things are done within those circles?*

- o *Could you describe and give me some examples.*

— How did these social and cultural influences help you develop a story or a way in which you communicated what happened with others, if you shared it?

- o *Could you reflect on how you thought, felt, or what you did to keep moving forward?*

- o *Was your thinking, feeling, or behaving the same as you have seen others around you do or was it different? Could you provide examples.*

— Let's talk about the quote, artifact, book, object, image that you brought with you today and what role that has had in your journey?

    o *What is it about this quote, artifact, book, object, image that touched you in a way that it became a part of your experiences, the way in which you made meaning of what happened, and the way in which you thought about yourself?*

— When you engaged in counseling did you feel like all of 'you' was being invited, acknowledged and affirmed in the counseling session(s)?

    o *Did you feel like your social and cultural identities and influences were being considered? If so, can you give me some examples? If not, could you tell me in what manner it was conveyed, or you felt that the whole 'you' wasn't welcome?*

    o *Did the counselor "see" you or did they concentrate on the event more?*

— What would you want your counselor to have known, considered, or done that they did not do, or something that you think they did which was helpful?

    o *Could you be a little specific and think about sensitivity and knowledge regarding socio-cultural background?*

Once the questions have been asked and answered, the researcher will ask the participant if she would like to add anything else to the information provided. Once the participant says that she is done, the researcher will make sure that the participant has her contact information, provide her with a resource list for counseling services in the community, and encourage her to utilize the services should she feel the need for them. The researcher will then fix a time and date for the follow-up interview and bid farewell to the participant by walking her out. As soon as the participant leaves, the researcher will take down field notes, collect the audio recordings, and transfer them to a password protected drive immediately.

Appendix G: Follow-up Interview Protocol

This is the interview protocol for the follow-up that will be done online using the Zoom web services provided by Virginia Tech and last approximately 30 minutes. One day before the scheduled date and time, the researcher will send a reminder for the meeting to the participant, instructions on how to log on to the online portal, and the link to join the meeting online.

On the day and time of the follow-up interview, the researcher will log on from a space that is private. Once the participant is online, the researcher will ask how she is doing and whether she is ready for the follow-up. Again, the participant will be reminded that the interview will be audio recorded. The audio recording will be started, and the following questions will be asked in a semi-structured manner:

- Was there anything that came to mind related to the questions I asked you once our interview was over?

- Is there anything else you'd like to share, or think is relevant for me to know?

- Can I clarify a few things that I came across as I was reading your interview transcript? (If any, those questions will be inserted here)

- Do you have any questions for me?

- This interview may have made you think about or process some things or points of view that you may not have done before. How do you think this will impact you moving forward?

- Is there anything else you would like to add or share that has been significant for you in your journey towards recovery and growth?

- How about anything during these interviews that has stood out to you as I was asking the questions?

Once the participant is done sharing, the researcher will remind her to use the resources provided if and when she feels the need for them. The researcher will thank the participant, remind her to contact her with any questions, and disconnect the online portal. Following the researcher will take field notes as before and make sure to save the audio recording on a password protected drive.

Appendix H: Approval Letters (IRB, WIRB)

Please see separately attached PDF