ATTACHMENT AND WOMEN'S COPING WITH SEXUAL ASSAULT

by

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We accept this thesis as conforming to the required standard

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ABSTRACT

In this study, the Listening Guide method (Brown & Gilligan, 1992) was used to explore experiences of PTSD and coping in a sample of 33 female survivors of sexual assault. The women were involved in two sets of interviews: the first exploring their experiences using four general questions; the second using individualized follow-up questions derived from analyses of their first interviews. Through analysis of the data, overall themes in the women's post-assault experiences were first identified, including differences in emotional responses and reactivity. Overall, the women experienced shifts in how they viewed themselves, others, and their relationships in many ways. Prominent themes that emerged from the initial analyses included issues with support, increased distrust, and avoidance. Additionally, the potential connections between attachment style and coping were explored by conducting and examining a second Listening Guide analysis, after categorizing the women into their dominant attachment styles. Although this second analysis yielded no new themes, it did reveal a number of variations in women's experiences that appeared to be associated with their attachment styles. For example, substance abuse was a common coping strategy, but the underlying motivations behind this behaviour seemed to be different for women with different attachment styles. The clinical implications of these findings are discussed in terms of the need to provide appropriate supports, and the usefulness of considering attachment style when developing treatment plans for women who have suffered sexual assaults.

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CHAPTER 1: INTRODUCTION

They call me a sullen girl …

They don't know I used to sail the deep and tranquil sea

But he washed me ashore and he took my pearl

And left an empty shell of me.

The above was sung by sexual assault survivor and music artist Fiona Apple (1996), who has been open in talking about her struggles of coping with the post-traumatic symptoms she endures, even now, years later. Her voice contributes to a chorus of many—statistics show that approximately 1 in 5 women will experience sexual assault at least once in their lifetimes (Elliott, Mok, & Briere, 2004). In addition to the immediate traumas that these women experience, approximately half of them develop longer-term symptoms, qualifying them for a diagnosis of posttraumatic stress disorder (PTSD) (Elliott, et al, 2004). Additionally, research indicates that half of all sexual assault survivors of both genders will continue to struggle with post-traumatic symptoms, more than a decade after their sexual assaults (Elliott, et. al, 2004; Jaycox, Zoellner & Foa, 2002).

Although existing research points to various means of coping that may contribute to the maintenance of PTSD following sexual assault (Frazier, 2003; Frazier, Mortensen & Steward, 2005; Halligan, Michael, Clark, & Ehlers, 2003; Sarkar, & Sarkar, 2005; Schnurr, Lunney, & Sengupta, 2004), there is little research on why some individuals cope less adaptively than others. The purpose of this thesis is to (a) extend this literature by exploring, overall, women's experiences after surviving sexual assault, and (b) begin to address the question of individual variations in coping by examining the possibility

that coping with traumas and PTSD symptoms is linked to women's attachment styles. Specifically, I[1] used Brown and Gilligan's (1992) Listening Guide to explore this topic with a group of 33 adult women. Using this voice-centered qualitative approach to psychological research, it was possible to describe the women's experiences of living with PTSD as a result of sexual assaults, and how they coped with their assaults and resultant PTSD symptoms. I also explored variations in the emergent patterns for women with different attachment styles.

The existing literature on the topic of trauma and PTSD, coping, and attachment, is described in Chapter 2. In Chapter 3, I outline the method that I used. Chapters 4 and 5 contain a summary of the extensive findings that were generated from the analyses, addressing two questions: (a) for women who have been diagnosed with PTSD, what are their experiences of the after-effects of sexual trauma? (b) how do these women cope after experiencing sexual traumas, and how useful is attachment style in understanding these patterns of coping? Finally, Chapter 6 includes an overall summary of the findings, as well as a description of the implications for practice, limitations of the research, and conclusions that can be drawn from this study.

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[1] Although use of the first person is not consistent with the publication standards of the American Psychological Association (*Publication manual of the American Psychological Association* (5th ed.), it is appropriate within the Listening Guide approach to conducting qualitative research. Additionally, the American Psychological Association standards of gender neutral language are not appropriate, given the topic of this thesis (women's experiences) and feminist underpinnings to the research method. Therefore, permission has been given by the thesis committee to write in the first person and to use gender-specific pronouns throughout this thesis.

Before proceeding to the literature review, however, it may be useful to develop an understanding of the traditional definitions of both how sexual assault is defined within the context of this study and the three major constructs that are explored in this thesis: PTSD, coping, and attachment.

Sexual Assault

Sexual assault has and continues to be "a substantially neglected area of research", according to the World Health Organization's (WHO) Sexual Violence Research Initiative (n.d., p.3), a network of experts in various fields working together to create awareness, prevention, policies and change around issues of sexual violence. Within the existing research, various definitions of sexual assault have been used. Some have defined sexual assault as being synonymous with rape (forced vaginal penetration), whereas others have defined sexual assault more broadly, as any forcible or threatened sexual act. The WHO defines sexual violence as "any sexual act, attempt to obtain a sexual act, unwanted sexual comments or advances, or acts to traffic or otherwise directed, against a person's sexuality using coercion, by any person regardless of their relationship to the victim, in any setting, including but not limited to home and work" (Jewkes, Sen & Garcia-Moreno, 2002, p.149).

For the purposes of this study, sexual assault is, according to the Criminal Code of Canada, defined as an interaction between two or more individuals in which there is any unwanted touch of a sexual nature. This differs slightly from the WHO's definition of sexual violence in that direct physical contact is present in all considerations.

Posttraumatic Stress Disorder

Although each woman's experiences and reactions to trauma are, in some sense, unique, mental health practitioners in North America have widely adopted the standards of the American Psychiatric Association in defining a specific set of symptoms and responses as reflecting the presence of a particular diagnosable disorder: posttraumatic stress disorder. According to the DSM-IV-TR (American Psychiatric Association, 2000) the criteria for diagnosing PTSD include the experience of a trauma (i.e., a threat to life or physical integrity); and a reaction of helplessness, fear, or horror that causes an impairment in daily functioning and/or subjective feelings of distress. The DSM further identifies three clusters of symptoms that may be present in a PTSD diagnosis:

1. Re-experiencing the trauma. This cluster includes symptoms such as recurrent and intrusive distressing recollections of the event, including images, thoughts, or perceptions; recurrent distressing dreams of the event; acting or feeling as if the traumatic event were recurring (e.g., a sense of reliving the experience, illusions, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated); intense psychological distress when exposed to internal or external cues that symbolize or resemble an aspect of the traumatic event; and physiological reactivity when exposed to those cues.
2. Avoidance. Symptoms reflecting avoidance include efforts to avoid thoughts, feelings, or conversations associated with the trauma; efforts to avoid activities, places, or people that arouse recollections of the trauma; inability to recall an important aspect of the trauma.

3. Hyperarousal. In this cluster are such symptoms as difficulty falling or staying asleep; irritability or outbursts of anger; difficulty concentrating; hypervigilance; and an exaggerated startle response.

Coping

Coping is a word that is often part of daily language. However, as a psychological construct, it is fraught with various complexities, conflicting definitions, and ongoing disagreement. Duhachek and Iacobucci (2005) describe coping as being the "result of a constellation of both personal and environmental influences", noting that "individuals are assumed to have natural predilections toward coping, and their response in any particular stress situation is an interactive function of these predilections and situational factors" (p.53). This trait-influence approach to coping proposes that a person's natural predilections become hard-wired to reduce stress and that, once this process has occurred, their reactions will "kick in" (p.54) when the individual is facing stressful situations. There is, however, very little in the existing research literature that addresses how and why these predilections develop.

In contrast, Beaumeister and Heatherton (1996) construct coping in slightly different terms, defining it as "the capacity of human beings to alter their own responses and thus remove them from the direct effects of immediate, situational stimuli" (p.1). Such a definition implies a greater degree of action, intentionality and agency than the trait-influence approach. This agentic approach also places much less emphasis on the role of environment in shaping coping reactions. Perhaps due to the lack of acknowledgement of influence from one's environment, they provide little information about how such agency develops or fails to develop within their model.

Yet another perspective on coping was developed by Lazarus and Folkman (1984). They divide coping into two specific categories: Problem-focused and emotion-focused coping. Problem-focused coping is defined as efforts to alter the external stressful conditions, whereas emotion-focused coping is defined as cognitive restructuring that seeks to reframe the situation in such a way that it becomes perceived as less distressing. Current researchers have criticized the problem-focused versus emotion-focused dichotomy, noting that an either/or approach "oversimplifies coping phenomena" (Duhachek, 2005, p.44) and that some forms of coping do not fit neatly into this dichotomy. Additionally, others have criticized Lazarus and Folkman's definition as being unclear, and not mutually exclusive (Skinner, Edge, Altman, & Sherwood, 2003, p.227), noting that some ways of coping can fall under both categories, while others do not fit the definition of either problem-focused, or emotion-focused.

At this point, it is evident that there is a lack of consensus in terms of how to conceptualize coping, and that none of the major theoretical approaches to coping is free of problems (Cramer, 1998; Skinner, Edge, Altman, & Sherwood, 2003; Duhachek, 2005). This confusion in the literature implies that it may be more useful to permit individuals to define coping in their own ways when exploring this topic, than to impose a single theoretical perspective on what is clearly a highly complex phenomenon. The ways that coping has been constructed in this thesis, and in the existing literature on coping after sexual assault, are discussed in greater detail in the literature review chapter.

Attachment and Attachment Styles

Current definitions of attachment and attachment styles have developed out of historical work within the psychodynamic research tradition. Freud's (1938, 1995)

psychoanalytic theory first proposed that childhood relationships with parents are a critical determinant of how people relate in adulthood. Horney (1945) expanded upon this idea of neurotic relational trends due to unresolved childhood conflicts, proposing the existence of three underlying ways of interacting: moving away from others, moving against others, and moving toward others. Decades later, Bowlby (1973, 1998) drew upon these ideas in developing his attachment theory. Like Freud and Horney, Bowlby argued that disruptions or irregularities in parental interactions with children have profound effects on how they later navigate all close relationships. He also proposed that these disruptions will cause individuals in adulthood to treat most relationships in adulthood with the same patterns that they learned in childhood, "either by shrinking from [the world] or by doing battle with it" (p.242) - patterns strikingly similar to Horney's "moving away" and "moving against".

According to contemporary attachment theorists, the attachment relationship is a cornerstone of relational functioning in the individual, formed out of early childhood experiences with his or her main caretaker. The attachment relationship functions in such a way as to (ideally) "equip the very young child with an environment within which the understanding of mental states in others and the self can fully develop" (Fonagy, Gergely, Jurist, & Target, 2004, p.5). The interactions between a child and her or his attachment figure help to form cognitive schemas of self and others (Lopez, Mauricio, Gormley, Simko, & Berger, 2001), and also are a major determinant of their ability to modulate physiological arousal and regulate affect (Fonagy, et al., 2004; Schore, 2003; van der Kolk & Fisler, 1994).

Attachment theorists propose that individuals eventually develop a particular attachment style, or predominant way of interacting with others, throughout the lifetime, particularly in the early years of development (Bowlby, 1973, 1998; Kaplan & Main, 1996). Specifically, when a child perceives his or her attachment figure to be a safe base for relating to and exploring the self, others, and the environment, she will develop a secure attachment style. It is when such initial life experiences are negative—when children are uncertain whether their parents will or will not react to their needs—that individuals are more likely to develop one of the insecure attachment styles (resistant/dismissive or ambivalent/preoccupied).

Attachment styles. Attachment researchers define adults' typical ways of relating to others and the world around them as falling into one of three dominant styles: 'secure,' 'preoccupied' or 'dismissive.' They claim that each of these styles is "a constellation of behaviours, cognitions and affect-regulation strategies that cluster nicely into three theoretically consistent patterns" (Bernier & Dozier, 2002, p.172). Within attachment theory (e.g., Bowlby, 1973, 1998; Shi, 2003), it is proposed that adults with secure attachment styles tend to experience greater comfort and flexibility with their emotions, actions, and experiences in relationships, as well as with the emotions, actions and experiences of others. In contrast, the dismissive form of insecure attachment is characterized by a high degree of self-reliance, a discomfort with emotional closeness, and efforts to avoid intimacy whenever possible. Finally, the preoccupied form of insecure attachment is defined as a way of relating in which the individual struggles with intense fears of abandonment and rejection, while simultaneously having intense feelings of jealousy and possessiveness.

It must be recognized, however, that these definitions of attachment style have been challenged even by people working within a theoretical framework of attachment. Specifically, some researchers propose that it may not be useful to define avoidant and anxious attachment styles as mutually exclusive. One cannot be fit into a clear cut 'style'. Insecurely attached individuals may vacillate between styles (Brown, 2004), and it is best to consider their insecure relational tendencies as being part of "a continuum of insecurity, regardless of his or her avoidant or anxious styles" (Bifulco, 2002, p.184). Therefore, researchers using the lens of attachment theory to explore psychological phenomena may benefit from framing attachment style as overall tendencies, or people's typical patterns of relating, rather than as set-in-stone modes of functioning that characterize all their interactions and relationships, all of the time.

With these preliminary definitions of PTSD, coping, and attachment in mind, it is now possible to proceed with an in-depth exploration of the empirical research linking these major constructs, in Chapter 2, the literature review. At the same time, it should be noted that these are traditional, positivist ways of defining these three constructs, and may not fit well with the methodology of this thesis. Consequently, it is also necessary to revisit these conceptualizations from a constructivist perspective. This, too, will be discussed in the literature review chapter.

CHAPTER 2: LITERATURE REVIEW

I am using an exploratory qualitative research strategy in this thesis. Consistent with such a paradigm, I have adopted Creswell's (2003) recommendation that existing research literature is more effective when integrated into the discussion of one's findings. Therefore, this literature review section will be limited to a broad overview of the main concepts that will be examined in this study (attachment and PTSD; coping with trauma), followed by an explanation of my choice of method, and its associated epistemological assumptions. Additional published studies on trauma, attachment and coping will be incorporated into subsequent chapters, as I discuss the links between the findings and the existing research.

Attachment and PTSD

Attachment may have a strong influence on how one perceives and reacts to traumas experienced later in life, as it is theorized that "the extreme fear associated with trauma is likely to activate the attachment system across the lifespan" (Kobak, Cassidy, & Zir, 2004, p. 390). The following excerpt from one woman's experience of sexual assault (Venable-Raine, 1998) captures the attachment-oriented nature of her experience during the weeks immediately after she survived a sexual assault:

> "Being physically alone was torment. I had once treasured solitude. Now being alone was a continuation of the physical state of terror … so for six weeks I followed my mother around all day, as I must have done when I was two. Perhaps it seemed strange to her; perhaps she felt suffocated by my need for her presence. But she never resisted. I followed her outside to rake leaves, followed her to the kitchen to make lunch, followed her to the mailbox to get the mail, followed her back to the kitchen to

> start dinner, followed her to the living room in the late afternoon when she liked to curl up under an afghan and read … " (p. 41).

The picture created in the description of this woman's experience is strongly attachment-oriented, reflecting her almost toddler-like need for her mother while coping with the immediate aftermath of the trauma she had endured.

There is, in fact, evidence that attachment style is linked to various aspects of PTSD, including the intensity of the disorder's symptoms. In their 2001 study, Dieperink, Leskela, Thuras and Engdahl (2001) investigated the influence of attachment style on PTSD symptom intensity in Rosario, 107 former prisoners of war. They found that 65% of these individuals had insecure attachment styles—compared to approximately 42% in the general population (vanIjzendoorn & Bakermans-Kranenburg, 1996). The results showed conclusively that "insecurely attached POWs were more likely to have PTSD and to exhibit more symptoms than were those with a secure attachment style" (p. 376). Attachment style was also found to be the strongest predictor of PTSD symptoms. The authors concluded that attachment style significantly influenced how the men were able to cope with the traumas they had endured during imprisonment, due to inability to access social support, and problems with affect regulation.

As Schore (2002) aptly writes, "the aetiology of PTSD is best understood in terms of what an individual brings to a traumatic event as well as what he or she experiences afterward, and not just the nature of the traumatic event itself" (p.10) and that "this clearly implied that certain personality patterns are specifically associated with the unique ways individuals cope or fail to cope with stress" (p.10). A number of studies have found that how one copes with trauma and the development of PTSD are dependent on various characteristics of the individual. For example, one study on PTSD symptoms

examined the effect of experiencing a severe earthquake in a sample of 52 males and females from Iceland (29 additional participants not exposed to the earthquake were used as a control), aged 16 to 74 (Bodvarsdottir & Elklit, 2004). Although they found that this particular traumatic experience did not change participants' basic assumptions about the world, themselves, and others, the authors also found that the ratings of self-worth were significantly lower in participants who developed PTSD than in those who did not. Additionally, the authors found that the ability to express feelings and thoughts had the strongest protective effect against posttraumatic symptoms, indicating that some ways of coping (i.e., disclosing their experiences to others) are more beneficial than others.

Similarly, in a study that compared high functioning, near-normative Vietnam veterans with veterans experiencing combat-related PTSD, it was found that those with PTSD had significantly higher levels of negative affect, and could be divided into two categories: 'externalizing' and 'internalizing' PTSD subtypes (Miller, Kaloupek, Dillon, & Keane, 2003). While both subtypes experienced high levels of distress, their expression of their distress differed. For instance, externalizers had a higher vulnerability toward self-isolation and "reflect tendencies to perceive the social world as malevolent, to feel betrayed, deceived, exploited and mistreated" (p.42). Externalizers also had higher rates of substance misuse and anti-social personality disorder. Meanwhile, internalizers had more severe PTSD symptoms than externalizers, and had a higher incidence of anxiety disorders, depressive disorders, and suicide attempts. The results of this study are strikingly similar to Lopez, Mauricio, Gormely, Simko, and Berger's (2001) finding that insecurely attached children tended to engage in "less functional forms of affect

regulation that emphasize either chronic hypervigilance and proximity-seeking or social avoidance and emotional disengagement" (p. 459).

Trends in research on attachment style and PTSD in former political prisoners indicate that secure individuals have better long term adjustment and lower levels of suffering (Solomon, Ginzburg, Mikulincer, Neria, & Ohry, 1998). In one study, however, Kanninen, Punamaki, and Qouta (2003) found that, while secure individuals coped better with physical trauma and had fewer PTSD symptoms overall, when faced with psychological mistreatment, they "were more vulnerable to PTSD and somatic symptoms, whereas the insecure-preoccupied men were not" (p.118). The authors suggested this was the case because securely attached individuals view others as generally trustworthy, while insecure-preoccupied individuals would adjust faster to, and be less shocked by, forms of psychological abuse.

Although there are studies linking attachment style and PTSD, few have focused on the specific trauma of sexual assault. The existing literature provides sufficient justification for exploring the possibility that women's experiences of coping with PTSD after sexual assault may be linked to their attachment tendencies. However, it should also be recognized that any such research must be exploratory, because this specific question has received little previous empirical attention.

Ways of Coping

As explained in the previous chapter, Cramer (1998) and Skinner et al. (2003) have pointed out that the vast majority of coping research appears to be convoluted and confusing, with an obvious lack of consensus within the field. Skinner and her associates analyzed 100 instruments designed to assess coping, and found that no two instruments

included the same set of categories. They identified 400 separate ways of coping that were present across the different assessments, and described the lack of consensus, as follows:

> The fundamental problem in identifying core categories is that "coping" is not a specific behaviour that can be unequivocally observed or a particular belief that can be reliably reported. Rather, it is an organizational construct used to encompass the myriad actions individuals use to deal with stressful experiences. (p. 217)

Skinner et al. (2003), acknowledging that coping has many grey areas and aspects that existing theories fail to cover, described the importance of distinguishing different levels at which coping may be understood. For example, the lowest level would include specific instances of coping, while the highest level includes sets of basic adaptive processes. In the same way that Cramer (1998) calls for a clear, overarching framework for organizing various coping processes, Skinner et al. argue for an hierarchy of coping constructs, from highest to lowest levels. Addressing the grey areas of coping research by conceptualizing ways of coping into hierarchical levels addresses what previous, dichotomous research could not. In order to "provide a full account of coping, a category system must accommodate all relevant instances and lower order ways of coping; at the same time, to meaningfully link these actions with longer term processes of adaptation and development" (p. 217).

In an attempt to bring some structure to the 400 different ways of coping that they found, Skinner et al. (2003) have proposed the existence of nine categories, or "families" of coping. Lower orders of coping (specific behaviours) are grouped together into higher

orders of coping based on their adaptive processes. The authors then narrowed the higher order processes into the nine families of coping summarized in Table 1. As the authors explained, “a concept like families of ways of coping conveys the idea that although there may be a finite number of higher order categories, the specific manifestation of these categories, in terms of ways of coping, is virtually infinite” (p. 247).

With this comprehensive and flexible approach, Skinner and her colleagues have managed to incorporate a number of the different ways of conceptualizing coping, in such a way that they acknowledge the extensive, complex, and dynamic internal and external processes of coping. The nine families of coping, and the vast range of lower order coping behaviours that these authors have identified, appear to provide a useful way of exploring coping in any context, including women’s experiences of coping after sexual assault.

Table 1. Skinner et al.'s (2003) Families of Coping

Family of coping	Examples of ways of coping
Problem solving	Actions revolving around alleviating distress by altering the stressful situation, including lower order forms of coping such as: strategizing, problem-solving, planning, analyzing, determination.
Support seeking	Targets for support (i.e., parents, spouse, friends) and goals in going to people (i.e., comfort, advice, contact).
Avoidance	Any effort to disengage, escape, or otherwise stay away from stressful circumstances, including lower order forms of coping such as: not thinking about it, denial, wishful thinking.
Distraction	Active attempts to deal with stressful circumstance by utilizing an alternate, often pleasurable, activity, including lower order forms of coping such as: hobbies, exercise, seeing friends, watching television.
Positive cognitive-restructuring	Active attempts to change one's view of the stressful circumstance in order to see it more positively, including lower order forms of coping such as: optimism, focusing on the positive, minimizing distress.

Family of coping	Examples of ways of coping
Rumination	Passive and repetitive focus on negative and damaging features of the stressful circumstance, including lower order forms of coping such as: intrusive thoughts, negative thinking, catastrophizing, self-blame, fear.
Helplessness[1]	Actions organized around giving up control, including lower order forms of coping such as: passivity, confusion, pessimism, dejection.
Social withdrawal	Actions aimed at staying away from others, often tied into non-disclosure and secrecy, including lower order forms of coping such as: social isolation, concealment, emotional withdrawal.
Emotional regulation	Active attempts to influence levels of distress and to reflect emotions congruently and appropriately, including lower order forms of coping such as: self-encouragements, relaxation, expressing emotions.

[1] Skinner, et al. (2003) note that one of the empirical systems involved in their research combined helplessness with emotional numbing and "involuntary escape".

Women and Coping

The research on coping is extremely varied, from the experience of consumer-related stress, to family influences on coping. Perhaps because of this breadth, there is not widespread agreement on what does and does not qualify as coping. Although it is useful to understand the links between coping and trauma in general, in this thesis I am concerned specifically with women's experiences of coping after trauma. Fortunately, a number of studies have examined coping and trauma in a gender-specific way. For example, in one study involving a sample of 187 college students from the United States, Matheny, Ashby and Cupp (2005) found that female students had better coping resources than male students. The coping resources that were found for the women in the sample included help-seeking through social support, stress monitoring, structuring, self-disclosure, flexibility, tension reduction, confidence, acceptance, physical fitness, general wellness and problem solving. Furthermore, despite the fact that female students reported higher incidence of illness during stressful events (under the category of general wellness), the authors interpreted this finding as another form of coping, whereby women were able to slow down and take time for themselves.

Similarly, in a recent study of women survivors of abusive relationships (Hage, 2006), social support was found to be a key determinant of women's abilities to cope. Despite the fact that women in abusive relationships often felt isolated and alone, the few occasions where they did receive genuine support from significant friends, family, or helping professionals were experienced as crucial for their abilities to survive their on-going abusive situations.

Unfortunately, not all coping strategies are positive. Bruder-Mattson and Hovanitz (1990), in a study of the consequences of maladaptive coping, found that there was a strong association between maladaptive coping styles and depression in women. Particularly problematic were coping styles such as escape/avoidance, and focusing on the problem. Another study, on the relationships between gender, PTSD, and coping, indicated that women more often used emotion-focused and ruminative styles of coping, especially in situations where they had little or no control (Gavranidou & Rosner, 2003). These particular coping styles are problematic given this study also revealed that they were correlated with higher levels of posttraumatic symptomatology and feelings of distress.

In combination, these studies provide sufficient evidence to indicate that men's and women's coping styles are different. Consequently, it is important to attend to women's specific experiences of coping when studying coping in any area of functioning, rather than defining coping in a gender-neutral way. Also, the existing research reveals that women engage in a variety of coping strategies, some of which are beneficial, and some of which have negative consequences. However, the question of what aspects of early life socialization experiences are linked with the adoption of particular kinds of coping styles has received relatively little empirical attention to date.

Women's Coping with Sexual Assault

The general body of coping research includes a complicated array of ideas, and when these are combined with the complexity of traumatic experiences, many more intricacies of cognitive, emotional, and social experiences are involved.

Immediate coping strategies among rape victims were examined in a study by Frazier and Burnett (1994). Female survivors of sexual assault were asked about what coping strategies they had found the most helpful. The results showed that helpful coping behaviours included talking about the rape, expressing their feelings, and obtaining support from family and friends. The authors also reported that withdrawal and avoidance were rarely identified as helpful. Unfortunately, this study is problematic in terms of its underlying assumptions. Given the underreporting of sexual violence for women (Gavranidou & Rosner, 2003) and the reality that women survivors of violence experience deficits in support (Hage, 2006), it is difficult to understand the women's dominant coping styles, when they were only asked what was helpful. As Hage's (2006) study indicated, although women did find social support to be helpful with selective individuals, they rarely experienced such support in their lives. It is very possible that many of the women's attempts to cope were unhelpful, a fact that would have been missed in the Frazier and Burnett study.

In one recent study, it was found that women were six times more likely than men to experience traumas at the hands of people close to them (Goldberg & Freyd, 2006). Additionally, women have also been found to express greater hesitancy and uncertainty about whether their experiences even qualified as "assaults," when they had pre-existing relationships with their perpetrators (Wyatt, Notgrass, & Newcomb, 1990). In combination, these two findings may have important implications for coping with sexual assault. Specifically, when women know their perpetrators, they may be less likely to disclose their experiences or engage in support-seeking, denying them important sources of coping. Another possible barrier to accessing effective coping may be women's

concerns about the reactions they might elicit from those to whom they disclosed, especially if individuals in their social support networks also know their perpetrators. Negative social reactions are associated with poorer victim recovery, and increased use of avoidance coping behaviours (Herman, 1992; Ullman, 1996), which also negatively affect adjustment. This may, in part, explain the fact that victimization of women within intimate relationships is associated with greater levels of depression, posttraumatic stress symptoms, and increased use of avoidance (rather than effective) coping behaviours (Sullivan, Meese, Swan, & Snow, 2005).

As noted earlier, the importance of obtaining social support has been established in the literature on women's coping (e.g., Hage, 2006; Matheny, Ashby, & Cupp, 2005). Research on the issue of women coping with trauma after sexual assault has identified a number of ways of coping that are associated with more positive outcomes. Frazier, Mortensen, and Steward (2005) found that sexual assault survivors who had a more 'genuine' perceived control (with little-to-no self-blame involved), and engaged in positive cognitive restructuring, experienced less distress and better adjustment over time. Frazier, Tashiro, Berman, Steger, and Long's (2004) study with 171 female sexual assault survivors yielded similar results. Specifically, they found that levels of social support, religious coping, and a feeling of perceived control over the recovery process were all correlated with positive life changes and lower levels of post-traumatic symptoms in sexual assault survivors. Unfortunately, these studies lack sufficient explanation of why some survivors engage in methods of coping that are protective against post-traumatic symptoms, while others turn to more maladaptive methods to gain control, such as self-blame and social isolation.

The absence of such an explanation is problematic because researchers on coping after sexual assault have also repeatedly found that, in order to regain a sense of control, survivors of sexual assault will often blame themselves (Frazier, 2003) — a form of coping that is associated with long-term increases, rather than reductions, of distress (Frazier et al., 2005). Branscombe, Wohl, Owen, Allison, and N'gbala (2003) found that self-blame became a more prominent factor when the women ruminated over what they could have done differently to prevent the assaults, and that higher levels of self-blame were associated with lower levels of well-being. Self-blame has also been strongly correlated with avoidant coping strategies such as social isolation, and social avoidance (Frazier et al., 2005; Street, Gibson, & Holohan, 2005). Furthermore, in the Frazier et al. study, social withdrawal itself was strongly correlated with increasing levels of distress with time. As Foa and Rauch (2004) point out, trauma-fueled negative cognitions "get disconfirmed and thus corrected through engagement in daily activities and processing of the traumatic memory" (p. 879). If a woman isolates herself socially, and disengages from the life she used to live before being sexually assaulted, many opportunities to disconfirm her negative cognitions are lost.

Intriguingly, there are some indications that coping through self-blame is often established pre-assault. For example, Meyer and Taylor (1986) conducted a study with 58 adult women in the United States, to examine the issue of adjustment after sexual assault. They found that self-blame was associated with poorer adjustment post-assault, and concluded that this particular way of coping "may be part of a pre-existing pattern of negative thinking and depression" (p.1232). Herman (1992) also observed this pattern in her acclaimed book, *Trauma and Recovery*, noting that "self-blame is congruent with the

normal forms of thought of early childhood, in which the self is taken as the reference point for all events" and that it is also "congruent with the thought processes of traumatized people of all ages, who search for faults in their own behaviour in an effort to make sense out of what has happened to them" (p.103). These authors claim that there are links between childhood thought processes and ruminative coping in traumatized adults.

The possibility that other ways of coping follow the same pattern requires further exploration; for example, are more adaptive ways of coping (e.g., being able to seek and discern genuine sources of support) also linked with particular ways of thinking and reacting that are established early in life? Another question that remains unanswered is what specific patterns of childhood thought processes and styles of reacting are important to attend to in understanding women's uses of particular families of coping. One of the purposes of this thesis is to begin to answer this question, by exploring the possibility that, for women who have developed PTSD after being sexually assaulted, their ways of coping are in some sense linked to their attachment styles.

Paradigm Considerations

Voice, resonance, and relationship: Each of these qualities constitutes a key element in understanding human experiences. 'Voice' is the expression and awareness of the Self, and of the needs of that Self. 'Resonance' includes the manner of such expressions and, somewhat paradoxically, "voice is called forth by resonance" (Gilligan, 2002, p.174). 'Relationship' comprises the atmosphere (a universal yet particular context) surrounding and informing the Self, one's needs, and the needs of others. As a practitioner and a researcher, I perceive individuals to be complex and unique beings, each with their own voices and relational contexts. Recognizing the complexity of the

individual, her voice, and how she uses her voice in relationships, it was important for me to use a mode of inquiry that would allow for both an acceptance and reflection of such dynamics.

While searching for a method best suited to my exploration of women's experiences of trauma and coping, I found myself most drawn to qualitative research. These approaches provide room for the content of the data to be determined by the individual respondent, while allowing for the systematic documentation of those complex experiences (Murray, 1998; Whitley & Crawford, 2005). Proponents of such methodologies note that the focus is on "describing, understanding, and clarifying a human experience" (Polkinghorne, 2005, p.140) through the use of "broad, open-ended, and interconnected questions that are not always specifiable as conventional hypotheses" (NIH, 1998).

Additionally, while quantitative researchers usually begin with a hypothesis, and continue to work within the frame of that hypothesis throughout their research journeys, the opposite is true of qualitative research. In contrast to the deductive reasoning framework, qualitative research uses inductive reasoning, and moves from the observations that are made to the formulation of hypotheses after the fact (Pope & Mays, 1995). In a similar way, while quantitative researchers seek to generalize to populations, it is often prescriptive and, out of mathematical necessity, reductionist, qualitative analysis is predominantly descriptive (Choudhuri, Glauser & Peregoy, 2004) and implies "strong belief in context-dependent, multiple, and complex realities … which emphasizes the particular over the universal" (Whitley & Crawford, 2005; p.109).

Quantitative methods are traditionally positivist or post-positivist in terms of their epistemological assumptions (Creswell, 2003). Positivism is rooted in the belief that one can fully understand phenomena in real sense, and post-positivism is the belief that although one cannot fully understand reality, one should seek to obtain a reasonable approximation of it (Ponterotto, 2005). Consequently, a hypothesis-driven research strategy is primarily concerned with uncovering 'objective truth,' with researchers seeking to eliminate their own biases and influences on the results.

Within qualitative research, most methods are rooted in post-positivist or constructivist paradigms. Similar to quantitative researchers, post-positivist qualitative researchers employ strategies to limit the influence of personal bias in the research (Morrow, 2005). This often requires that interviews be semi- or fully-structured, with questions informed by existing research (Ponterotto, 2005). The constructivist researcher, however, "adheres to a relativist position that assumes multiple, apprehendable, and equally valid realities" (Ponterotto, p. 129). Therefore, data collection and interpretation tend to be more individualized and interactive, with the researcher being an active co-constructor of the meanings that emerge (Hill, Thompson, & Williams, 1997; Morrow 2005).

In this sense, the constructivist researcher allows him- or herself to participate fully in the process of constructing and interpreting the experiences of the individuals who are being studied. Often, such researchers will document their own thoughts, feelings, reflections and reactions throughout the research process, which then become part of the data set. McLean-Taylor, Gilligan, and Sullivan (1995) perceive this to be an opportunity to make explicit "the relationship between the interviewee's voice and

silences and the researcher's voice, silences, and interpretation. In this way, the voices are differentiated" (p. 29).

Not only do constructivist qualitative methods appear to allow the voice of each participant to emerge more fully, they also allow for the full resonance of each voice, as well as various relational elements, to inform researchers' understandings. For the experiences that I wanted to explore, and for my personal epistemology, a constructivist paradigm seemed to be the best fit.

Feminist research often uses methods that are constructivist in nature (McLean-Taylor et al., 1995; Finch, 2004). Actively engaging my exploration and discovery alongside women who have experienced sexual assault through the lens of feminist constructivism would serve as a continual, consistent, and humbling reminder that I am one part of a complex process. This mode of inquiry emphasizes that there is a dialogue—many dialogues, many voices—within the study. Among those, my own could be found: dialoguing with the women, with the transcripts of our interviews, and with the themes and voices of experiences drawn out from those engagements. This involves applying a constructivist lens to the phenomena of interest.

> "Women can't add," he said once, jokingly. When I asked him what he meant, he said, "for them, one and one and one and one don't make four."
>
> "What do they make?" I said, expecting five or three.
>
> "Just one and one and one and one," he said. (Atwood, 1996, p.195)

This is an excerpt from *The Handmaid's Tale*, a powerful, fictional account of a society in which women have been silenced. It aptly illustrates a feminist, social constructivist perspective on how one would approach the "ideas", and the individuals,

within this study: There is a uniqueness to each story, to the voice telling the story, and to the woman whose voice it is. This constructivist approach requires a re-examination of the definitions of coping, attachment, and post-traumatic stress that were provided in Chapter 1. Rather than being objective, concrete entities, they are fluid constructs that have been used to frame some of the unique and intricate processes that are experienced by individuals, and by the researchers who are seeking to understand those experiences. Therefore, in this thesis, PTSD, attachment, and coping need to be understood as ideas that are used to navigate described experiences.

PTSD as a construct. Posttraumatic stress is best understood in terms of the three overarching sets of symptoms described earlier: avoidance, hyperarousal and re-experiencing. From a constructivist perspective, these three symptom clusters do not exist as a mere checklist in which to fit the individual's experience. Rather, PTSD is a label given to a set of integrated thematic experiences that individuals who have survived trauma commonly describe. By incorporating this triad of experiences into a single construct, rather than treating them as completely separate, we can understand and identify them as related to, and resulting from, traumatic experiences. When women voice their experiences of the after-effects of sexual traumas, using the label of PTSD hopefully allows them to deepen understanding in both themselves and others, and allows researchers to organize and ground their sense of how the women personally experienced the effects of trauma.

Attachment as a construct. To continue the emphasis of constructs within psychology, the attachment theories can also be conceptualized as complex, systematic ways of making meaning out of relationships: the inter- and intrapersonal consequences

of connection or disconnection, security versus insecurity. While attachment theory has become particularly prominent in trauma research (e.g., Bradshaw, Schore, Brown, Poole, & Moss, 2005; Salo, Qouta, & Punamaki, 2005; van der Kolk, McFarlane, & Weisaeth, 1996), it should be noted that attachment remains a theoretical construct. It is a concept that is nearly impossible to prove or disprove in an absolute sense—in similar fashion to spiritual experiences or the imagination. It is, in fact, a construction --- one way of understanding childhood experiences, and the typical ways that adults tend to react in relationships. I have chosen to use the framework of attachment theory in this thesis because it is recognizable within the trauma literature and also resonates with my own experiences of the people around me. As a constructivist, however, I acknowledge it is only one possible framework among many for understanding human relationships.

Coping, un-quantified. The vast majority of research on coping uses standardized, quantitative measures in order to classify coping behaviours in traumatized individuals. As Skinner et al. (2003) have noted, these ways of conceptualizing coping are inadequate, because none of the measures adequately capture the full range of coping behaviours that people can use. Therefore, when searching for an appropriate way in which to explore coping with the after-effects of sexual assault, it is important to remember that coping is a construct that has considerable room for growth. Skinner, et al. (2003) suggest that "the structure of coping must span the conceptual space between individual instances of coping, which are the countless changing real-time responses people use in dealing with stressful transactions, and meaningfully link them to coping as an adaptive process" (p. 248). Rejecting standardized measures of coping in favour of a form of research that can be at once expansive and individual in its exploration (i.e., asking women to describe

their experiences in their own words) fits well with a social constructionist approach to studying this phenomenon.

Approaching coping from a social constructivist standpoint, it is no longer defined solely by what a person did in terms of action. Instead, this perspective on coping provides the space to explore the meanings that she makes about her actions and the actions of others, what she wanted to do versus what she did do, and the various emotions and thoughts that contributed to her coping the way she did. Therefore, coping will not be defined solely by the actions taken after the assault (i.e., isolating) in this thesis. Instead, my construction of coping also incorporates women's personal experiences of those actions, her thoughts and feelings regarding the assault itself, and the meanings that she creates around her efforts to cope.

A Note on Language

Throughout this thesis, the reader may notice the use of terms such as "transference" and "projection." Although this vocabulary may have traditional associations with psychodynamic theory, my use of those words does not reflect an adherence to that particular theoretical perspective. Instead, it is a reflection of the language that is prevalent within the trauma literature. For example, Judith Herman (1992) refers to transference, counter-transference, and projection in her acclaimed book *Trauma and Recovery*. Also, McKenzie-Mavinga's (2005) qualitative study on understanding black issues distinctly references transference and counter-transference when engaging in the often traumatic experience of racism. Meanwhile, projection has been considered a phenomenon frequently originating as a result of traumatic experience (Dutton, 1999; Frazier, 2000; van der Kolk, 1987). As a constructivist researcher, it is

important for me to use the natural language found in a particular field of study, rather than impose a new set of externally derived labels. I did not plan on including any specific vocabulary in this study prior to conducting the data analysis. However, when the descriptions provided by the women fit with pre-existing concepts within the existing trauma literature, it felt inauthentic to ignore or attempt to re-frame those concepts, even though the language implied a particular theoretical perspective that is incompatible with social constructivism.

My use of certain terminology is not meant to suggest that I agree or affiliate myself with any particular theoretical persuasion, unless otherwise noted. It does suggest, however, that I was not exclusive in my choice of language, when the meanings that are evident in the women's descriptions match established concepts found in the existing literature.

In this chapter, I have described existing literature on coping, as it applies to the specific issue of women coping with sexual traumas. It should be evident from this research that women use a variety of adaptive and maladaptive ways of coping, which may be linked to their early childhood experiences. I have also outlined previous studies indicating that PTSD is linked to attachment, at least when PTSD has developed following war, imprisonment or natural disaster. If PTSD and attachment are linked in other contexts, could attachment be useful to attend to when seeking to understand how women cope with their sexual assault traumas? This is one of the questions that I sought to address in this study. I am also interested in the broader question of how women experience and cope with sexual trauma: Much of the existing literature on this topic has

adopted a primarily deficit-oriented, quantitative approach, which may not be attending to the full range of experiences that women are having.

In summary, I will use a social constructivist method to explore the experiences of coping with the after-effects of sexual assault in women who have been diagnosed with PTSD, both overall and within specific attachment style categories. In lieu of specific hypotheses, which are inappropriate for the qualitative nature of my chosen method, I will use the following general questions to guide my exploration:

1. What are the experiences of the after-effects of sexual traumas, for women with PTSD?
2. How do they cope after experiencing sexual traumas, and how useful is attachment style in understanding these women's experiences?

CHAPTER 3: METHOD

Participants and Settings

In this thesis, I explored the experiences of 33 adult women, from a range of socioeconomic and ethnic backgrounds, residing in the lower mainland region of British Columbia. The participants' ages ranged from 21 to 68 years with a mean age of 42. These women had been sexually assaulted at least once in either adolescence or adulthood. Some women had experienced their sexual assaults decades prior to the study, while others had been assaulted less than five years prior to the study, with an average span of 18 years between the assault and taking part in the initial screening process. All participants had diagnosable levels of PTSD for at least one year, beginning after the assault. (For more information on the women who took part in the study, please see Appendix A. In order to protect their anonymity, pseudonyms have been assigned to each woman.)

Women with histories of severe or continuous childhood sexual abuse were excluded from the study. This was included in the exclusion criteria due in part to the present study being part of a larger study on treatment outcome. Due to the short term nature of the therapy the women would receive, issues regarding extensive childhood abuse were considered to require longer treatment and support than the study was able to provide. With similar rationale, current substance abuse (present within a year prior to the initial screening interview) was also used as an exclusion criterion due to the risk of relapse while engaging in both the present and larger study. While 11 of the women who took part in the study described previous substance abuse issues, they reported that they had been substance free for at least one year.

Additionally, upon the Sexual Violence Research Initiative's (n.d) recommendation in interviewing women who have experienced trauma, women who took part in the study were provided the option of being interviewed in either a secure and quiet office location on a university campus, or in the safety of their own homes. While the majority were interviewed in the campus office setting, two women did opt to be interviewed in their homes for the initial interview.

Recruitment

This thesis was conducted as part of a larger study on the effectiveness of different psychotherapies for treating PTSD (for a more in-depth description of the larger study, please see Appendix B). Recruitment for the larger study included presentations on college and university campuses, community newspaper advertisements, television programs, bulletin board flyers and brochures distributed throughout the lower mainland of British Columbia (for a full listing of recruitment efforts, see Appendix C; and for examples of recruitment tools, see Appendix D).

Those who phoned with interest in participating in the larger study went through two screening sessions. The first was conducted over the phone, and the second involved in-person interviews and instruments used to assess: levels of post-traumatic symptoms; number and nature of sexual assaults; informed consent issues; and current levels of functioning among potential participants. Those who did not meet the screening criteria were referred to external counselling resources (for more information on these screening sessions, please refer to Appendix E).

Ethics

All elements of data collection and storage were approved by the Research Ethics Board of Trinity Western University. This included recruitment, informed consent, instruments, procedures, interviews, duration of the research, and various considerations regarding the comfort and safety of participants. Due to the sensitivity of the women's experiences, reminders about informed consent were provided prior to the larger Trauma study as a whole, and before each section of data collection (i.e., AAI, first interview, second interview). This included the option of foregoing any and all of the questions presented to them throughout the interview process. Participants had the freedom to respond, but were reassured that they had the freedom to choose not to respond. Also, all interview transcripts were edited for any identifying information, including names and locations. Audio and video data collected for the study are securely stored and will be destroyed after five years.

Interview Procedures

Adult Attachment Interview. Prior to the data collection interviews, George, Kaplan, and Main's (1985) Adult Attachment Interview (AAI) was administered to each participant. The AAI is a semi-structured interview considered to be the leading measure of attachment style (Ward et al., 2001; Bernier and Dozier, 2002) focusing not only on the content of in-depth responses from participants, but also on how the participants form their responses. The focus on allowing participants to story their attachment experiences is unique in a field that is predominantly quantitative in nature.

The interviews consisted of 20 questions in which participants were asked to describe both general and specific memories of their early childhood attachment

relationships. For example, one particular question involves asking the participant to list 5 adjectives that best describe her relationship with her mother, and is then asked to describe a specific memory, from between ages 5-12, for each of the chosen adjectives. (Due to copyright issues, the AAI cannot be reprinted or included as an appendix.)

Transcripts from interviews are coded, but the "coding of the AAI transcripts is not based on childhood attachment experiences, per se, but on the way in which the participants describe and reflect on these experiences, and the effects on their current functioning as adults and as parents" (Van Ijzendoorn & Bakermans-Kranenburg, 1996, p.8).

Issues regarding reliability are addressed in the training of coders, in which reliability is gauged by their ability to achieve categorical agreement with gold standard AAI transcripts (Roisman, Fraley, & Belsky, 2007). Additional research has strongly supported the AAI in terms of both discriminant validity (Crowell, Waters, Treboux, & O'Connor, 1996) and predictive validity (van IJzendoorn, 1995), giving the AAI a reputation as "the gold standard" (Ward, et al. 2001; Bernier and Dozier, 2002; Roisman, et al. 2007) in measuring attachment. While such mention of statistical qualities seemingly goes against a constructivist stance, it is important to provide a context for the measurement of attachment styles, a tool which happens to be used most often in quantitative, post-positivist research.

Transcripts of the AAI interviews were sent to a professional AAI coder, who was otherwise not involved in the study. The coder was trained extensively in attachment phenomena and was completing her doctoral dissertation at the University of Berkeley under the supervision of Mary Main, one of the AAI's co-developers. The women's

attachment styles were coded as “dismissive”, “secure-autonomous”, or “preoccupied”, based on the way they described and reflected on their experiences, and their descriptions of their current functioning as adults and as parents. Specifically, the coder classified 7 of the women as secure, 10 of the women as dismissive and 14 of the women as preoccupied (see both Appendix A and Appendix F for more information). I reviewed this classification process, along with the interviews themselves, based on my own understanding of attachment. The coder’s classifications appeared to adequately reflect the content of the women’s interviews. However, I also noted that a majority of the interviews contained a complex pattern of responses that could fit with multiple attachment styles. Two of the participants’ response patterns were in fact so complex and individualized that they simply could not be categorized as fitting into any single organized attachment style (receiving the AAI classification of ‘Cannot Classify’). I therefore removed these two women from the sample when exploring attachment style specifically.

The AAIs were used to identify the dominant attachment styles of the participants, and to inform the second phase of the data analysis. Although the use of any external classification system is somewhat counterintuitive to a social constructivist research paradigm, the AAI was the best choice to explore the women’s attachment tendencies. All other existing measures of attachment style involve self-report questionnaires with limited response options that leave no room for individual variation or unique responses. In contrast, the interview format of the AAI permits the women to respond to the research questions in any manner that they choose to, rather than attempting to summarize their experiences using a single likert-scale number.

Additionally, the nature of the attachment construct is such that it is not likely to be self-evident to the average person, making a purely open-ended, participant-based classification system somewhat suspect. Attempting to understand a woman's patterns of attachment by simply asking her to "tell me about your attachment style," is unlikely to yield useful responses. Therefore, I chose to compromise by using the AAI to construct my understanding of the women's attachment styles, because it allows the women to describe a variety of childhood and present experiences that are relevant to their attachment styles. The women contributed to this social construction of their attachment styles through their narrative responses to the interview questions. The coder contributed to the social construction by applying her expertise to interpret the content and response patterns in the interviews. I contributed to the construction by reviewing the interviews and the coder's classifications for fit with my own understanding of attachment.

Other problems associated with using the AAI to understand the women's attachment experiences (e.g., the way that the AAI privileges the researcher's rather than the participant's perspective) are discussed in the 'Limitations' section of Chapter 6.

Listening guide interviews. In order to capture the experiences of the women as holistically as possible, each woman was individually interviewed on two separate occasions, using a semi-structured format. The first interviews were somewhat more structured, focusing on four primary questions, as well as any further questions that arose over the course of the interviews. The second interviews were completed after a preliminary analysis of material from the first interviews. These second interviews were more individualized, consisting of specific follow-up questions to clarify and expand upon the descriptions that were provided in each participant's first interview. All

interviews were recorded using audiotape, supplemented by interviewer notes. Interview length varied, depending on the depth of response provided by each woman. On average, however, the first and second interviews combined lasted approximately one hour for each woman.

Interviews typically progressed in the following sequence: After briefing the women on the nature of the interview, I reiterated the various aspects of informed consent and began to enquire how the assault(s) had affected their everyday functioning. I varied the sequence and pace of my questioning depending on the responses and cues provided by each participant, but always explored their experiences using the following four questions:

1. How has your life changed since the assault?
2. How have the PTSD symptoms (intrusion, avoidance; hyperarousal) affected your everyday life?
3. In what ways/how have your relationships changed since the assault?
4. What have you done to cope/how have you coped since the assault?

The women were given opportunities to reflect and respond fully to each question, prior to being asked the next one by the interviewer. I conducted 20 of these initial interviews, with the remaining interviews being conducted by another researcher involved in the larger study. The other interviewer had the most contact with the women throughout the course of the larger study and was often the researcher who would help comfort and ground the women. While having a second interviewer is not ideal, as is discussed in Chapter 6 in the Limitations section, she was someone with whom the women were quite familiar.

The second interviews took place one to two months after the first interviews. These follow-up interviews were less structured, involving a more flexible mode of interaction between myself and each woman. I asked individualized follow-up questions generated from the transcription process and initial analysis of the data, designed to deepen understanding of both how these women had been affected by their traumatic and post-traumatic experiences, and how they had coped with and maintained daily functioning. Because time had elapsed since the first interview, the women had time to further consider the questions from the first interview. This sometimes facilitated a deeper understanding and responsiveness to the questions. All the follow-up interviews were conducted by me. However, six of the women discontinued their involvement in the larger study before the follow-up interviews were conducted.

Analysis Procedures

Brown and Gilligan's (1992) Listening Guide was used throughout both the interview and analysis process. The analysis itself took shape in several stages. Transcripts of the interviews were created shortly after the first and second interviews. In the initial analysis following the first interview, the focus was to identify themes emerging from the women's descriptions, and to identify areas that required further clarification. After the second interview, a broad, overarching analysis was completed in order to explore how the women had coped with their experiences of trauma, and subsequent post-traumatic reactions. The final stage of the thesis involved a re-analysis of the data, attending to the women's patterns of attachment, to explore the variations in the women's experiences with coping as a function of their individual attachment styles. Each of these stages is now described in detail.

Transcription. I was the transcriptionist for the first interviews, and a qualified transcriptionist otherwise not involved in the study was used for the second set of interviews (as well as the AAIs). I reviewed the interviews for all the transcripts that were created by the transcriptionist. It should also be noted that the Listening Guide analysis strategy relies primarily on attending to the actual audio recordings of the women's interviews. The written documents serve primarily as a supplement to the actual data for this study: what the women said, and how they said it.

Given the importance of para-verbal and nonverbal aspects of voice in the Listening Guide, a verbatim transcription strategy was used— including, but not limited to, pauses, sighs, laughter, and 'misspoken' words. For both sets of interviews, I coded para-verbal inflections and intonations for (a) perceived emotion (e.g., segments spoken in a tone connoting sadness would be shaded blue), (b) incongruent tone with narrative content (e.g., laughter while speaking of being angry), and (c) marked intensity (e.g., crescendo in volume). After generating an initial draft of the transcripts, I reviewed the material while listening to the audio recordings of the interviews, correcting the transcripts as needed.

While transcribing and reviewing the first interviews, I attended to any information that could lead to potential follow-up questions. I made notes throughout the transcribing process of any such questions, to bring to the second interviews. For example, one woman made mention of sexual assault being inevitable for all women, that it was 'a rite of passage' (she had notably sad tones that quickly shifted into a sarcastic tone). In the second interview, I asked her what this statement meant to her and we explored her response together.

Listening guide analysis. As previously mentioned, the Listening Guide was used to conduct the preliminary analysis after the first interviews, and the overarching analysis after the second interviews. Brown and Gilligan (1992) describe their Listening Guide method of analysis as a "way of working that is responsive to the harmonics of psychic life, the non-linear, recursive, non-transparent play, interplay, and orchestration of feelings and thoughts, the polyphonic nature of any utterance, and the symbolic nature not only of what is said but also of what is not said" (p. 23). The philosophical and epistemological underpinnings of the Listening Guide were explored in Chapter 2. The following is a description of the actual, tangible processes of this particular method, as it was applied in the present study.

The Listening Guide involves four stages of analysis for each transcript, with each stage considered to be a "listening" rather than a "reading," because "the process of listening requires the active participation on the part of both the teller and the listener" (Gilligan, Spencer, Weinberg, & Bertsch, 2003, p.159). The necessity of having at least four listenings springs from "the assumption that the psyche, like voice, is contrapuntal (not monotonic) so that simultaneous voices are co-occurring" (p.159)—with each listening acting as an engagement with a specific form of voice.

The first listening involves listening for two elements: the plot, or "the overall shape of the dialogue" (Brown, 2001, p. 98); and the more contextual, here-and-now relationship between the speaker and the listener/researcher. In this stage of analysis, the researcher begins by identifying the various stories being told by the speaker—as guided by the core elements of plot: what, when, where, with whom, and why (Gilligan, et al., 2003)—as well as by identifying the listener's personal reactions, identifications, and

interactions with both whom and what the stories express. Such a process aids in the differentiation of voices, making explicit "the relationship between the interviewee's voice and silences and the researcher's voice, silences, and interpretation" (McLean-Taylor, Gilligan, & Sullivan, 1995, p. 29).

The second stage of listening involves a focused process of locating and concentrating the speaker's voice(s), using "I-poems". I-poems are a paring down of the narrative to include only those pieces in which the interviewee has spoken in the first person. Such "I"-statements are arranged into a poem-like structure, aiding in 'centering' the first-person narrative. For example, the following passage is taken from the transcript of an interview with one of the women:

> *"Now I talk about it with the doctor I trust, not the actual description of the incident but how I feel 'cause otherwise I know it's gonna kill me. It almost did." [Sera]*

Isolating each of the "I"-statements and the verbs immediately following, and placing them in consecutive order in an I-poem, one can see how the first-person narrative becomes clear and succinct:

I talk

I trust

I feel

I know

Gilligan, et al. (2003) describe the use of I-poems as a technique to capture "something not stated directly but central to the meaning of what is being said … the I-poem picks up on an associative stream of consciousness carried by a first-person voice,

cutting across or running through a narrative rather than being contained by the structure of full sentences" (p.163). As is evident in the above example, the process of seeking support and healing found in that support is powerfully focused in the I-poem.

The third listening stage attends to and interacts with the contrapuntal voices, defined as "different ways of voicing the relational world" (McLean-Taylor, Gilligan & Sullivan, 1995, p. 31). These voices are explored in relationship to the research questions, and their exploration acknowledges the layered realities of experience the women may describe. Such voices can include various facets of the self: a cultural voice, for example, or a voice of silence, of not speaking. With each possible voice that acts to tie the speaker and the research questions to one another, a separate reading is required to uncover multi-layered descriptions of knowing; encapsulating the myriad expressions of what the women know of their experiences and how they know it. After listening to how these voices reflect on and within the research questions, they are analyzed in terms of how each contrapuntal voice relates to the other voices held within each speaker's narrative.

In the fourth listening, the first three steps are woven together to create an overall tapestry for understanding what the interviewee has overtly and covertly expressed within the frame of the research questions. Gilligan et al. (2003) emphasized the need for synthesis, noting, "no single step, or listening, is intended to stand alone, just as no single representation of a person's experience can be said to stand for that person" (p.159). The Listening Guide allows for rich descriptions of the vibrant and dynamic relationships of experience in more holistic terms.

In this thesis, after the four listenings were completed for each woman individually, the descriptions for all the women were examined together, to identify

themes and concepts that occurred repeatedly across the entire sample. These emergent themes were then separated into those that were relevant to the first research question (i.e., women's experiences of the after-effects of sexual trauma), and those that addressed the second research question (i.e., how the women coped with the after-effects of their traumas). Skinner et al's (2003) 'families of coping' was used to organize the coping-related themes. In the absence of a pre-existing system for organizing the findings related to the women's experiences of living after their traumas, themes that were intuitively related to each other were clustered together, to form three sets of themes: changes in emotional responses and reactivity; changes in aspects of the self; and interpersonal and societal changes.

Attachment-related analysis. Subsequently, a second qualitative analysis was conducted to examine the role of attachment style in the ways that the women coped with the consequences of their sexual assaults. To accomplish this, the participants were grouped according to their dominant attachment styles, and similarities and differences within particular ways of coping were explored through another Listening Guide analysis.

It is important to note that this qualitative comparison process is very different from a quantitative between-groups comparison in which one seeks to determine whether there are any significant differences between the attachment groups on some kind of outcome variable. The process involved reviewing the women's experiences through the lens of attachment, to identify whether there were any themes that were only evident in certain attachment styles, and whether any of the variability in the women's ways of coping appeared to be linked to their dominant attachment styles. There is no implication of a causal relationship between attachment style and any differences that were found,

nor was the goal of the analysis to establish statistically significant differences in the average amount of any of the themes. Instead, it was hoped that attending to the women's attachment styles in this follow-up analysis would enrich the descriptions of participants' experiences of coping, after being sexually assaulted.

Because this attachment-related analysis yielded no new themes, any attachment-related variations in the women' ways of coping were incorporated into the overarching description of that particular coping theme.

Rigour

Several steps were taken to enhance the rigour of the data analysis: bracketing; discussion of possible interpretations with others; use of an expert in the field to validate the emergent themes; and grounding the findings in the existing research literature. Given the structure and requirements of the larger research study, it was not possible to involve the participants themselves in the procedures for rigour. This limitation is discussed further in the limitations section of Chapter 6.

Bracketing. I used Gearing's (2004) process of bracketing. He defined bracketing as a detailed description of a researcher's personal investments and interests in the study, as formulated at the beginning of the research process. This description was used to provide a picture of the experiences that I brought to the research process, allowing the reader to have an understanding of the lens I view the process through, and of my pre-existing biases, opinions, and perspectives as I listened to the participants' stories.

While I do not have PTSD as a result of sexual assault, I have been diagnosed with PTSD, and know how past experiences can rise up and overshadow the present. It was therefore important to me to be able to engage the women's interviews on the

various levels that were bound to arise—personal, professional, mutual—and to be able to recognize when my own experiences were influencing my readings of the transcripts in an unbalanced way. Given my epistemological underpinnings, I believe that personal experience will always influence one's engagement with others' stories. However, I also accept that it is important to stay conscious of the influence this has on obtained findings, as much as is possible. As a reader and listener, I am influencing the narratives as much as I had been while conversing directly with the women in the interview process. It is therefore vital that I recognize the potential, and inevitable, influences of my own experiences with the topic at hand upon the results.

Because bracketing is an ongoing process, I also kept a journal to record my thoughts, feelings, and reactions, as I engaged with the narratives that the women provided. The journal provided a concrete way to continually reflect upon the relationship between my own beliefs and my interpretations of the data, and to record the ways that they shaped each other over the process of analysis. Material from the journal forms the basis of Appendix G, a summary of how my interests, investments and understandings changed over the course of conducting this thesis.

Discussion of interpretations. The purpose of discussing possible interpretations was to check and hold accountable my own readings of the women's experiences. The actual process involved discussing my own interpretations of the interview data with both experts involved in the larger trauma study, and with an expert clinician in the field of trauma and attachment. These discussions resulted in a deepening of my understanding as questions were asked and insights were provided. Questions regarding the interpretations

of the data were explored until agreement was reached, and insights into the existing interpretations are reflected in the findings where appropriate.

Expert validation. Having an expert clinician within the field of trauma and trauma-related disorders such as PTSD allowed for a source of accountability by someone familiar with the experiences of trauma and post-traumatic responses. She provided useful and constructive feedback with regard to my listenings and the consequent themes that emerged from those listenings based on how she, herself, read the interview content. The expert, Marion Fallding, has worked specifically with women survivors of trauma for over 20 years. She has also completed the training for AAI coding and is well versed in the research on trauma and its relationship with attachment style. Ms. Fallding read through 10% of the interview data and her readings of the interviews were compared and discussed with my own. Such discussion aided not only for accountability and purposes of rigour, but also in refreshing and deepening my own ability to read the data after having been immersed in it for so long.

Grounding in the literature. The usefulness of Creswell's (2003) approach to incorporating a large portion of the research literature into the discussion rather than focusing it more heavily in the actual literature review is to help the findings to remain grounded and held in perspective with alternative findings. While the women's experiences were unique to them, the emergent themes with regard to those experiences can contribute to a larger framework of trauma literature while also providing commonalities within that larger framework and the findings of the present study.

CHAPTER 4: FINDINGS RELATED TO THE POST-ASSAULT EXPERIENCE

The women who took part in this study offered rich, genuine descriptions of their experiences of PTSD and how they coped with life after their sexual assaults. Their keen insight and willingness to share provided an in-depth understanding of their challenges and their victories. The findings are presented in two separate chapters: themes regarding the experience of living with PTSD following sexual assault in this chapter, and themes related to their experiences of coping and attachment style in Chapter 5. In order to focus attention on their words, the women are identified by number rather than name in all quotations. Note that the quotations included in the findings chapters, and in the accompanying appendix are illustrative, not exhaustive, due to the sheer volume of relevant data (even presenting only illustrative examples, the two chapters and the appendix exceed 120 pages). Additionally, the women's words have been italicized. This deviation from American Psychological Association publication standards was required to facilitate reading of the material. Furthermore, because the women were asked to describe their experiences holistically, their statements sometimes reflected multiple themes at once. This is acceptable within the Listening Guide method, which accepts that a single description can reflect many voices and ideas, and does not require emergent themes to be mutually exclusive.

When asked about how their lives were different after the assault, the women provided many descriptions about how they had changed in terms of everyday behavioural and emotional reactions, their self-perceptions and personalities, and their relationships with others.

Theme 1: Changes in Emotional Responses and Reactivity

In terms of their everyday experiences and reactions, the women spoke of general changes in their day-to-day interactions. These responses reflected many of the symptoms that are constructed as being part of PTSD. Given that one of the three major symptoms in PTSD is hyperarousal (Lynn & Kirsch, 2006), it is no surprise that the women also described increases in emotional reactions such as panic and feelings of anxiety, and heightened startle reactions.

Sub-theme A: Startle reaction. First, many of the women described experiencing heightened startle reaction. For example:

> *I think there's nothing really going through my head when I'm feeling startled, well especially when yeah, when I'm feeling startled it's just something happens so quickly like, you know, you, like my motion detector light goes on when I get totally startled or the cat knocks something down off the counter and I just, you know, jump and, you know, it's kind of freeze for a second but then, but when my brain kicks into gear and goes okay, yeah, that's just the cat, you know, it's not those, you know, that's just a racoon putting off the motion detector, you know. And I talk myself out of it or talk myself back down so it's just being rational. [Shannon]*

Another woman reported the following experience, which suggests not only an increase in startle reactions, but startle reactions that were severe enough to be noticeable to others.

> *Um, well one I've noticed, um, I'm very jumpy and, um, I just thought that's how I am but I've noticed that people have been commenting on it lately and I*

guess it makes them feel uncomfortable and then they think well what's wrong with you kind of thing. Um, oddly sometimes when I think about my future and I sometimes just feel overwhelmed and like 'oh my God'. [Julie]

Sub-theme B: Increased anxiety and panic. Also consistent with existing literature on PTSD, all of the women described increased feelings of panic and anxiety in their lives, after they had been assaulted. This reaction is clearly evident in the following three examples:

I think I'm more, um, […] thinking something else is going to happen. Um, I guess because it happened so early, like because I was 13, I'm kind of like a panic, I'm kind of like a freak because I panic all the time, well, I don't know what that is, anxiety, I guess, maybe? [Patricia]

The assault took place like during the daytime, but for some reason as soon as the streetlights go on at night time, when it fades into dusk, I just have this kind of a, I'm definitely a lot more jumpy than what I used to be. Um, I don't, I don't like, you know, um even my sister like, in jest, kind of jumping out saying like 'Boo!' or whatever, you know, I just, I find myself I'm much more jumpy, and, I don't like, I've never really liked watching horror movies or anything, but even anything remotely scary, yeah, I just don't like … I've, I've found like movies that I think wouldn't scare me in the past, I rented a few DVDs like that are dramas or something where they're not like horror movies or anything but I just put them in and there's something about the music or

something that I go 'ooh, this seems a little too intense' for what I need right now [Shannon]

I have no idea why, I'll, I'll be driving a car and all of the sudden it's like, ugh, I get this fear run through me and the heart kind of skips and gets irregular a bit and I just have to kind of breathe again. It may, it may very well be that I've fallen back into some old patterns of, uh, forgetting to breathe. Because that was one of the things that I had to learn to do, was how to breathe, and uh, and maybe I'm falling into some old habits of not breathing properly again. [Gayle]

The following woman's description is a particularly poignant example of how some of the women described their experiences of reacting very differently after experiencing trauma, where normal, everyday noises or situations became overwhelming and anxiety-provoking:

I was certainly having a lot of, I was traumatized by hearing gum popping in a room, or across the hall, at school. Um, somebody was whistling really loud in an echoing room and it was enough to set me off one day to start crying for a couple hours. Um, no, no, uh, no explanation other than that I knew it was connected. There was a certain sense of frequency that I was vibrating at, and I just couldn't, couldn't handle loud noises. I'm getting better, um, but some things just really, really upset me sometimes. And I just have to get out of the situation, I can't rationalize it. [Kayleigh]

The "certain sense of frequency" she describes highlights how emotionally vulnerable she became after the assault, in seemingly harmless, everyday situations.

Sub-theme C: Trauma triggers. Previous research by Pole, Neylan, Best, Orr, and Marmar (2003) on PTSD and the startle reflex in urban police officers included the finding that those with PTSD had greater physiological responses to both low and medium threat conditions compared to those without PTSD, whereas all participants elicited strong physiological reactions to the high threat condition. In a similar way, all 33 of the women in the present study described experiencing immediate, physiological reactions when confronted with situations that were related to their sexual assault experiences (specifically, interacting with men and, less frequently, authority figures), despite the absence of high threat. The following quotation shows how, even when this woman knew at one level that the man she was interacting with was not a threat, some part of her would still experience an intense negative reaction to him:

> *But when I went in to get the massage therapy done, um, through the health place that I go to, um, I forgot to specify that it was to be a woman not a man, and when I got in there, it was a man, so my old character part of me that said 'enough of this, this son-of-a-gun is not going to have control over me, I'm going to let this man do the job, he's not going to win. That chiropractor is not going to win and ruin my life any longer. I'm going to allow this man to do his job.' Right? I mean, he did his job just fine, he really did, and I had him try twice but I broke down twice into such severe sobbing during the time of trying to do this and I went 'this, this has nothing to do with you, I've got to stop, I can't do this, there's just no way.' [Gayle]*

There was some variation in the women's descriptions of being triggered. For some of the women, their reactivity to males appeared to reflect a phenomenon that would, from a psychodynamic perspective, be construed as transference:

> Participant: *I see them as him, like, you know, I see, I see them and I see them oh, you know, all they want is sex, you know, and I just, my way of thinking has changed so much more than I used to. I never used to really think badly about these kinds of stuff but it seems to me somehow that they're all attacking me or something, you know. {laughs}*
>
> Interviewer: *So not feeling safe around men.*
>
> Participant: *No. Yeah, I don't feel safe and I don't, I mean before too I knew that it wasn't safe with the men but maybe now it's just in my mind like that, that he's created something in my mind that I never used to, I used to be carefree and, you know, just go out in the dark, you know, drive around, do my own thing. I was very independent. Those things have changed. The other day I was out driving but I got scared. [Teresa]*

In particular, her description that "it seems somehow that they're all attacking me" implies that, for this woman, the experience of being assaulted by a man now caused her to react to men as though they were the assailant, and that the assailant himself "created something in my mind that I never used to … "

A different woman, who spoke predominantly about how the assault had affected her ability to connect with her husband, described a sense of internal conflict that was associated with her experience of being triggered, but simultaneously feeling guilt for not being able to connect in a manner that she would otherwise want to:

> *If my husband touches me in any way I think might end in sex, 'cause he loves it, he wants to be with me, but I always think of it, I always think of [the rapist], feelings that I have, feeling that I'm emotionally shutdown. I get those same feelings about myself, the worthlessness, the repulsion. I feel like a failure because I can't be that kind of wife, I can't give him that. I can't be close on that level, like I get back where … I get scared of him. [Jenna]*

In other excerpts from this participant's interviews, she described wanting to be close to her husband, and craving closeness and intimacy with him. However, throughout her interview, her words, tone of voice, and nonverbal responses communicated the conflict between her desire for intimacy versus her feeling triggered (and, as a result, reacting protectively). Despite describing feelings of worthlessness as a result of having been assaulted, it is evident throughout her interview that this woman feels valued and loved by her husband. The war within herself between re-experiencing ("I get scared of him") and wanting to connect in the present, in a safe relationship, was vivid throughout her interview.

Although the majority of the women spoke of avoiding men and other specific triggers, 3 of the participants experienced a different reaction: an increase in their own aggression when caught in overwhelming situations with men. For example,

> *I climbed out of the truck one time and this guy leaned over the dock and said, "When's the baby due?" And I wasn't pregnant and I walked up to him, I just started taking a, um, taking a course on, uh, the word's totally slipped my mind now, um, standing up for yourself … Aggressive, aggressive and assertive and they were trying to, the people in the course were trying to teach*

me the difference between aggressive and assertive. And, uh, so I, I was just in the process of finishing this course and this guy said this to me. So I walked up and I looked him square in the eye and said, "I'm very sensitive about my weight. I'd really appreciate it in the future if you didn't make comments regarding my weight because it doesn't affect you in any way, shape or form. And furthermore, if you do I'm gonna take your testicles and wrap them around your throat and feed them to you for supper. Do I make myself clear?" I told this teacher this in the course and he goes 'it appears you give assertiveness a whole new meaning'. {Laughs} But hey, it worked. {Laughs} So yeah, I guess I do sort of get the hair up on the back of my neck when guys try to abuse in one form or another, don't do it, you won't win. [Alice]

This particular woman's assertive, active reaction when she perceives abuse clearly revealed itself during the I-poem part of the data analysis:

I walked up

I looked

I told

I do

Although by far the most common trauma trigger that the women described was interactions with males, other prominent triggers that repeatedly emerged included crowds or crowded places, the media (e.g., movies, television, books), and the anniversary or season in which the assault itself took place—some women reporting few PTSD symptoms until that particular time of year.

More interview excerpts reflecting the women's descriptions of having emotional reactions triggered by interactions with males and other phenomena can be found in Appendix H. While the women experienced an overall increase in negative emotions, especially anxiety, interpersonal interactions seemed to cause the greatest distress by triggering negative emotional responses.

Theme 2: Changes in Aspects of the Self

Seventeen of the women identified a shift in terms of how they saw themselves after the assault, including their perceptions of their self-concepts and levels of self-trust, and in the way they acted toward themselves. In addition to the examples described below, further evidence of changes to these aspects of the participants' lives can be found in the interview excerpts listed in Appendix H.

Sub-theme A: Self-doubt. Some of the women described their self-perceptions as changing due to their assaults. For many of these individuals, their sexual assault experiences negatively affected their self-concepts and levels of trust in themselves in a general way. The following quotation exemplifies the self-doubt that had crept into even basic, day-to-day decisions in the post-assault lives of these women:

> *I tend to think about things that I do more, um, before I make a decision. I have a hard time making a decision because I wonder if it's the right one, like because I made decisions when that happened that weren't right and so I second guess myself a lot, a lot on like for years I couldn't make any decisions, like and now I'm kind of forced to and Ron [husband] pushes me a lot more for doing that too. Like I don't think he understands where it comes from but he just thinks I'm, um, I don't know, moody or whatever or like he*

wants me to be more independent but not realizing where that actually comes from. [Violet]

On top of increased self-doubt, one of the women connected her decrease in self-acceptance to an increased need for external approval from others:

Why would anyone, you know, want anything to do with me, you know, and, um, so I didn't, you know, I just went around looking for approval all over the place and people to like me and stuff like that and so made a lot of wrong choices because of that I think … I mean just recently, couple of months ago I had a temporary office job and it was a real boost to me because the lady, she liked what I was doing, she said, you know, you're a big help to the company, you know, we like the fact that you did this {unclear} manual and whatever, that I left with them for the next person to do. And so it's just like a big open window of sunshine somehow. {Emotional} Somebody approved of me and so, you know, that's the sort of thing you miss really when you're on your own because you don't know if you're doing the right thing or not cause nobody says. [Madeleine]

In this particular example, the participant bases the outcome of her decisions not on how she perceives them, but by how others perceive her and her actions. The external approval seemed to be her ultimate guide, rather than her own wants and needs. In this way, her sense of self-worth would also seem to be based on other's reactions to her.

The following description is a particularly powerful example of a woman who began to question herself and doubt her abilities to know her own experience, after being sexually assaulted:

> *I don't know, I, it's kind of, it's weird, like I don't, I don't know which way to go. Like it's just, I haven't dealt with what it was, like I just sort of ignored it, tried to push it away and say, you know, it just isn't, you know, it's just an incident. I'm just kind of confused about it. You know, was it like did they mean to do it or it just happened or you actually just ignore it, it was my fault too and just, you know, and tried to move on but yeah I do remember it, it's just confusing. Like you know should I even bring it up or should I just leave it, should I just, uh, you know, there's so many other things I have, you know, to do and just, you know, I mean was it really an adult, was it just, because I was involved in it, like you know all these questions come to my mind … I do feel like somebody took advantage of me and, you know, and but then I'm thinking if they felt like you know what they were saying to me is sort of hinted to me was that, you know, I drove the car, I drove the van there and I drove it back and I didn't say anything after that, I just sort of was in it so I don't know, I tried to make sense out of it, you know? [Teresa]*

The above quotation expresses such ambivalence toward her own experience—to the extent that she questions whether to believe herself or the perpetrator of her assault.

Sub-theme B: Virginity and self-worth. In contrast to the generalized change in self-concept reflected in the previous examples, a few of the women specifically mentioned the unexpected loss of their virginity and how that negatively affected their self-worth and self-esteem. For example:

> *I suppose I didn't have a good self image before, but I mean, I, it certainly went down after that…I didn't really know what was happening exactly, I*

> *mean I had some vague idea, but I, I would've, if I had realized it had anything to do with losing my virginity, I think I would have protested, a lot. But I didn't know that that's what was happening. And um, so I guess I thought I was used merchandise, and who's going to want me now? Kind of thing, so I feel really … worthless, you know. And I hadn't felt that, you know, good about myself from my, my mother's thing, but this was worse, really, and it sent me into a big spiral, really, of just assuming men, you know, if someone asked you out for dinner, that's what they wanted and it didn't seem to matter, 'cause what's the point you know, I'm useless anyway, and I'm not worth anything [Madeleine]*

In listening to this woman, it is evident that an already fragile sense of self seemed to be all but decimated after the assault. Descriptors such as "used merchandise", "useless" and "worthless" reflect a heartbreaking deficit in self-esteem and sense of agency. (This also fits with the theme of Internalized Shame, which is discussed in Chapter 5.)

Sub-theme C: Self-damaging behaviour. Along with an increased self-doubt and a decrease in self-esteem, several of the women disclosed behaviours that they perceived as limiting or self-damaging, especially in comparison to how they had functioned pre-assault. The following is one woman's example of how she engaged in disordered eating in order to protect herself against further harm:

> *The time when it happened, um, well that's in particular to, um, I looked good … I think if I'm overweight and, you know, not super pretty and, you know, all that stuff but, then that won't happen again, you know. Even though it's usually not about that, I know that in reality but it doesn't sink in, you know,*

that it wasn't, that wasn't why, you know, but it's just easier cause it's for me a coping skill I guess. Something that I can do to stop it is what it feels like. [Violet]

In listening to her words, there seems to be a sense that by taking control of her appearance and eating habits, she is able to gain greater control over her experience of assault ("Something that I can do to stop it"). This particular example is consistent with existing literature on eating disorders and sexual assault, which has found that disordered eating following sexual assault is unique to women (Harned & Fitzgerald, 2002), and that it often acts as a distraction from traumatic experience following sexual assault (Root, 1991). The woman quoted above also notes that her behaviour played a deeper, protective role than momentary coping—literally changing her body created a sense of safety and controllability beyond momentary reprieve of PTSD symptoms.

The following example, provided by a woman who is reflecting back on the worst moments of life after being raped by a fellow police officer, includes both substance use and suicidality due to the massive impact that her experience of being assaulted had on her self-perceptions:

It's been dramatic. I hit a rock bottom and I had to claw my way back up in terms of like the addictions and, um, I had to quit the [police] which is a career I loved and in the end though I thought I would die without it but it's probably the best thing I did. And I've changed the way, I think I've changed. I've had to change the way I deal with stuff. Like it, I had to start trusting in telling people because, you know, I tried to kill myself and I would have killed myself and I've had to, um, I guess hit rock bottom and, um, and trust, you

know, like it was basically people who cared enough to just, cause I didn't want help. I was just like I didn't want any and a lot of people fought for me … So yeah, it's changed. I mean I used to think nothing would ever happen to me and especially the police, you know, and the worse reaction was I thought it meant I was a failure as a police officer cause I couldn't stop that and that was a big blow cause you think you can defend yourself against everything. So and I learned a lot, I mean my trust was shaken cuz he was a cop so, you know. You grew up thinking they were perfect, {laughs} so yeah. So it's changed dramatically. Just a new life, yeah. [Sera]

Other examples of what the women perceived to be self-limiting but protective behaviour can be found in Appendix H. Furthermore, use of these behaviours is also discussed in Chapter 5 in terms of how and why the women chose to cope in these ways.

Self-doubt and lowered feelings of self-worth were extremely common amongst the women's description of their post-assault experiences, and these shifts in perspective often resulted in self-damaging behaviours.

Theme 3: Interpersonal and Societal Changes

One of the key changes that women described in their lives after being sexually assaulted was in how they related to others. Without exception, all the participants described a shift in how they related to other people in their lives. Some also discussed changes in how they relate to the world in general. Quotations from other women, reflecting the changed nature of relationships that the women reported can be found in Appendix H.

Sub-theme A: Vulnerability. The following passage exemplifies one change that many of the women described in their relationships: an increased sense of vulnerability that they began to feel after being assaulted.

> *I don't want to watch for the reaction in your eyes for in, like if there's a change in your facial expression or if there's a change in your tone of voice there, did I go into saying see, you know, I knew it, I shouldn't have told some, you know. So I just really, you know, like I just don't, even people who I've known for a long time, I will find an excuse of some kind to kind of back away from that, you know, of that friendship. It just feels much more comfortable for me right now to have, um, very superficial relationship. My children are the only ones and, you know, like that's about it, my children. Even my family I don't really want them involved in my personal life. [Jennifer]*

The initial listening to her words revealed her sense of vulnerability, wariness toward others and concern about the possible, further harm they could cause through their reactions to her. The I-poem for this excerpt is especially striking, speaking to the core of her experience:

> *I feel*
>
> *I'm not gonna tell*
>
> *I don't want to*
>
> *I go into saying "See?*
>
> *I knew it*
>
> *I shouldn't have told"*
>
> *I know*

I will find

I don't really want them involved.

It is as though the first line stands on its own, her experience, what she feels, while the lines that follow it are protective—walls around her emotional experience to prevent further harm.

Also reflecting this sense of vulnerability is the changing power-dynamics that some of the women reported experiencing after the assault. The following quotation conveys a strong sense of transformed power-dynamics in what had formerly been an equal relationship. Once her friend had found out about her trauma, this participant began to feel that her friend had some measure of control over her.

And it has also brought a weird, um, relationship with my girlfriend which I didn't really realize cause we've always, she's the only one who knows. So we've always had this special bond and also she was a nurse at the emergency ward, luckily for me that night. Cause I didn't know, I had no idea what was happening to me. And so she was there. And yeah, but I think it's, um, it's a weird relationship in a sense because it's like you have to be a friend 'cause she has this secret, you know. And even though I love her, you know, time changes, you go your different ways and stuff like that but you always have that one part, you always have to be careful just because you don't ever want, I mean not like she would ever tell anybody and because it doesn't affect me at this point, you know, it's been dealt with and stuff like that but you always felt that she always ended up having the upper hand of the relationship instead of an equal relationship because you were worried that if you pissed

her off that it would get out. [Tori]

Her description gives the impression that someone knowing increased her sense of vulnerability rather than providing any sense of comfort or support. Her friend somehow had the "upper hand" rather than being seen or experienced as a helping hand.

Sub-theme B: Isolation. All 33 of the women in the study described instances of intentionally isolating or closing themselves off in relationship. This isolation is exemplified in the following woman's description of how she has become far less sociable since being sexually assaulted:

I deal with a lot of isolation problems. That seems to be coming in waves a little more right now, but I didn't do isolation previous to this. Um, previous to the assault, it was like you couldn't get me to stay home, right? To make me stay home was like, that would be punishment, right? To stay inside my home and stay still, right? It's the other way, now it's the other way around. [Gayle]

One of the variations within the theme of isolation was that some of the women began to isolate themselves immediately after the assault, while others described withdrawing from their relationships after experiencing negative reactions when they tried to disclose to others. This pattern is consistent with previous research on former prisoners of war with PTSD, which has found that these individuals have higher levels of relationship difficulties and problems with intimacy than adults who do not have PTSD (Cook, Rigg, Thompson, Coyne, & Sheikh, 2004).

Sub-theme C: Boundaries. Another finding that emerged within the domain of the women's interpersonal relationships was a change in the women's sense of boundaries.

Without exception, every participant revealed experiencing a shift in their boundaries—either having a heightened sense of their own boundaries and being more sensitive to violations of those boundaries, or noticing a lowering of boundaries after being sexually assaulted.

For example, one woman described her assault experience as leading to increasing the rigidity of her boundaries with her family, friends, and children in the following way:

> *I don't have a lot of power over my own family. And, uh, when I say that, my sense is, since that time, I've become very heightened about abuse, and what abuse is. Uh, I have thought about it, over and over and over and over again in many, many different ways so I have made myself look at the incidents that happened to me during my marriage, and recognized that there were different types of abuse going on, not just the assault. Um, which really heightened my awareness also to the fact that my siblings also abused me, and have abused me. So that, that was a reality, because it was a reality that I can't ignore, um, so I have, uh, become more and more distant from my siblings … um, it's taken me many many years in my life to exercise choice. I don't have to do that, I don't have to go there, I don't have to subject myself to that. There are lots of things, not just with my family, either; it's also with friends. Eliminating people from my life. [Maya]*

Another participant provided an example of having firmer boundaries when she described her reaction after someone had taken her phone number from a table at a group meeting with her church:

> *Yeah. So now they took the numbers off the table and they don't do it that way anymore. So thank god because you know … you don't know who's at these things. They have your phone number there, you know? Taking … I mean, at least they should ask you first if they can call you, and can give it out. You shouldn't be just taken. So that was just sort of a weird thing that uh, and then, yeah, uh, and then they asked me if I wanted to come back and I was like, "Nope." I didn't even want to, I didn't even want to go back there, I was just so scared of … I don't know. [Rosario]*

This response displays a definite sensitivity to boundary violations ("you shouldn't be just taken"), and a strong reaction to that violation—never returning to the group.

The opposite experience of having a lowered sense or lack of boundaries after being assaulted was not as prevalent as the experience of heightened boundaries, but it was still evident in several women's descriptions of their experiences. For example, one participant reflected that:

> *My daughter went through a difficult time and that got me, like I internalized it and I don't know how to deal with it and I haven't learned good coping skills and I know that I still have to learn coping skills, learn to get things out cause I still keep things in. [Margaux]*

This woman struggles with maintaining emotional boundaries, in that problems or struggles that are not hers are internalized as though they were her own.

In another example of a decreased sense of boundaries, the following woman describes a keen vulnerability in her sense of self and others:

> *I feel upset. I feel like people are watching me. I feel like oh, you know, do*

they know, like this is what I'm thinking? Like do they know that this has happened and they're quite and, you know, what is this like? [Teresa]

While also reflective of shame (as discussed in Chapter 5), these words provide a striking example of this participant's lowered sense of boundaries, to the extent that she feels as though people can actually read her thoughts. The quotation ends with her asking, "You know, what is this like?" which gives the impression that even as she was speaking, I (the "other") somehow had access to her internal experience.

Overall, the Listening Guide analysis clearly revealed that, in the aftermath of a traumatic violation of boundaries during the assault, there is a shift in how the women viewed and maintained their boundaries, and this seemed to be prominent in their post-assault experiences. The examples provided demonstrate the range of ways that boundaries can be altered, but the underlying commonality is that this aspect of who they are has simply not been the same since they were sexually assaulted.

Sub-theme D: Sexual intimacy. Another specific area of change experienced in the women's relationships was the way in which the assault changed their views of their own sexuality, either decreasing their desire for sexual contact, or developing a "promiscuous" lifestyle that removed intimacy from sex. Some of the women reported a change in perspective on sex and their sexuality after the assault. The following passage is perhaps the best example of the kinds of struggles that can occur between these women's losses of desire for sexual contact and their desires for relational intimacy.

Participant: *Um, even to be intimate with my husband, I can't. I feel guilty. Um, anything around sex just turns me right off. Bad. Um, I avoid any physical contact. And if there is any, I feel nothing. There's no emotion*

involved, it's my job. No enjoyment, nothing. Physically I don't feel anything, except like pressure, like when someone pokes your arm. That's the kind of feelings I get, there's no sexual feelings. Avoid it at all costs and if I do have to do it, try to at least look interested. … . I give in once in awhile, because it's not fair for him. But I'm not involved. I-I could live without it completely. I, the only thing I crave is the closeness, because he's my best friend and I want to get close on that level. Even now, I love to be in the same room as him, but if that causes him to want to be intimate, then I avoid that, so we don't even see each other very often.

Interviewer: *So is that fear, then?*

Participant: *Well, if I try to, like, I like hugs and I like that, but even kissing now, repulses me now, because even giving him a hug makes him think of that. … . I made him take a job where he's only home two days a week. Sometimes less. Because if he's away, and we talk on the phone, like when we were just friends, like, we're close, but he's not home to be able to push for physical intimacy … I'm more open to him when he's on the road, because he's on the phone and we feel close, so I'll mention that I want to be with him, but then he comes home and it's not there … if he could just kiss me or hold me or hug me or whatever without going to the next level, it would be, it might be okay, but he does want that stuff, and it's not that it's wrong, like, I know that it's not, but I just want to run away, I just don't want to be in the same room as him … . And anytime that I let him get intimate, afterward I go off by myself and I cry, because I can't do that, it's the only time now that I cry. I mean, that's my*

favourite person in the world, and I can't do that. I want to really bad but if I, if I tried it like I really want to do this, then I can't because it's too much stress. Like he's constantly telling me to just relax, and I can't. I'm sad and I'm angry and it's not fair. [Jenna]

The woman above expressed her sadness and frustration with how she approaches and reacts to even the possibility of sex, as was evident in her I-poems:

I can't

I feel guilty

I avoid

I feel nothing

I don't feel anything.

…

I give in

I'm not involved

I-I could live

I crave

I want to get close

I love

I avoid

…

I cry

I can't

I cry

I can't

I want to

I really want to

I can't

I'm sad

I'm angry.

At the other extreme was a different participant's engagement in casual sexual encounters, precisely because that kind of sexuality lacked the intimacy of a long-term relationship.

Participant: *I would say I had a pretty promiscuous, as a teen I experimented with drugs, and all that sort of stuff cause it didn't matter. But again I can't, I don't know whether which comes first, it doesn't matter, now you're damaged goods so it doesn't matter anymore, right. Um, –*

Interviewer: *But your relationship with yourself really affected –*

Participant: *I suppose.*

Interviewer: *– how you relate to others.*

Participant: *I suppose, yeah, yeah. And again that's shutting down. Um, I had several affairs with married men 'cause it can't go anywhere, right? So again it's that, you know, not {unclear}, not getting up too close to anybody.*

[Blanche]

In contrast, a few of the women described eventually becoming able to achieve an improved balance between intimacy and sexuality over time, as illustrated by this woman's experience:

> *My fear level is much higher than it ever used to be, and I've had to work really, really hard in feeling safe in a lot of environments. The biggest change in my, in my life is totally incap-incapable of having chiropractic or massage therapy any more or being touched by anybody, outside. It created … it took me a year after the assault to even be able to have sex. Um, I tried but it was too, too traumatizing or, just like 'Don't touch me', right? Um, but it took a man I met, who was incredibly patient and was very gentle who was able to get through those boundaries and work me a little ways toward, um, a human, a natural way of living life. It's nowhere near, yet, to what it was previous to '97, but it's improved. [Gayle]*

Sub-theme E: Social Responsibility. In contrast to the predominantly negative consequences that were reported, several of the women described experiencing heightened sense of responsibility when being around other women or young girls, often identifying them as being at risk and endangered.

> *I can be driving along and see somebody walking along the street and wonder if they're, I mean if they're a female I wonder if they're safe or not, you know. And, um, or I can just look at somebody or see a waitress and be reminded of myself somehow. I'd say at least subconsciously it's, definitely affects me everyday, at least on a non cognitive level and it influences I think how I see the world and it influences my world perspective and my general attitude about life quite a bit. [Berlin]*

This theme is echoed in the following excerpt.

Participant: *I'm very um, I'm very cautious with younger girls that are um, that if they say something that they may not be aware of what they're, maybe of what maybe they should be thinking, see I don't want to push negatives on them but I want them to be aware and be alert of things and not just …*

Interviewer: *So you're feeling protective of them?*

Participant: *Yeah, yes. {laughs}[Teena]*

For at least some of the participants, being assaulted has not only shifted their worldview perspectives to become more aware of the vulnerability of young women in society, but also causes them feel more concerned ("I wonder if they're safe or not") and protective when around other vulnerable women.

In this chapter, I have described the findings that emerged from the four listenings of the participants' descriptions of their experiences of life after being sexually assaulted. The findings that emerged included drastic differences in how the women experienced themselves and others in relationships. While the women noted differences in their emotional reactivity and feelings of self-worth, such experiences tended to further cultivate their sense of vulnerability and risk in social interactions, resulting in isolative tendencies and changes in interpersonal boundaries. Overall, it became evident that the experience of living with PTSD as a result of sexual trauma had drastic and long-lasting impact on the women's interpersonal relationships, perceptions of themselves, and responses in their everyday lives—little, seemingly innocuous occurrences could become overwhelming, devastating, and debilitating. Fortunately, the women have also found many ways to cope in their post-assault lives. These different ways of coping are described in the following chapter.

CHAPTER 5: FINDINGS RELATED TO COPING

In this chapter, I describe the findings related to the second research question: how the women have coped with their traumas, and the ways that their attachment styles may be linked to the various ways in which they cope (please see Appendix F for a summary chart of attachment styles and themes). Due to the sheer volume of themes, and data from which the themes were derived, the quotations and examples provided in the chapter and accompanying Appendix H are illustrative, not exhaustive. Many different kinds of themes emerged, as the women described their coping experiences. To facilitate understanding of these findings, they have been organized using the categories provided by Skinner et al.'s (2003) *Families of Coping*. These categories were derived from a meta-analysis of existing literature on coping, and are considered to be the highest, broadest levels of coping within a hierarchical structure. These "families" consist of the following nine categories: problem-solving, support seeking, avoidance, distraction, positive cognitive restructuring, rumination, helplessness, social withdrawal and emotional regulation.

Also, for each set of themes, if there appeared to be variations related to attachment styles, these are described after discussing the theme as a whole. These variations have been used to clarify and highlight the unique ways in which women with particular attachment styles tended to cope with trauma.

As has been noted previously, the way that attachment styles have been construed in this thesis is not as completely discrete, clear-cut categories. Instead, I recognized that there was considerable variation among different individuals within each style. Even though the patterns that emerged from their AAI interviews fit most strongly into one

style, the women in this study almost always had attributes of several different attachment styles. For example, of the seven women whose descriptions could be perceived as reflective of a secure attachment style, only three were interpreted as being 'prototypically secure.' The other women who were given the label of secure attachment style also exhibited some qualities that are more typical of dismissing or preoccupied styles. Furthermore, the descriptions and ways of responding that two of the participants exhibited during the interviews were so complex that they simply did not reflect any single attachment style. Instead of trying to artificially force them into a particular attachment category, given their "cannot classify" AAI results, I recognized their experiences as unique, and did not include them in the analysis when considering how coping and attachment were linked.

Theme 1: Support Seeking and Resilience

Support Seeking, as defined by Skinner et al. (2003), is conceptualized as a Family of Coping that is primarily related to who individuals go to for support and why. Previous research has demonstrated that there is a link between social support and recovery from trauma (Hautamaki & Coleman, 2001) and that social withdrawal is associated with greater distress over time (Frazier et. al, 2005). A number of themes related to the topic of support seeking emerged in this study. Twelve of the women revealed that they had not yet progressed to the point of being able to seek support. Even more disturbing is what often occurred when some of the women did seek support: They experienced inadequate support and even outright betrayal. On the other hand, a number of women also described experiences of coping through the genuine support of others, and of being able to solve the problem of lack of support by finding alternative resources.

Some variation by attachment style was also evident within the four support-related themes.

Sub-theme A: Inadequate support. Without exception, every participant described at least some occasions where they experienced a lack of emotional support from loved ones, friends, and medical professionals. Although a few also describe having experiences that contradicted this theme of inadequate support, the women generally felt alone with their traumas and associated shame. For example:

> *Well a couple of my friends would call me like several times a day, like so many times a day and I just sort of felt like this sort of charity case or just I didn't really need that then and then afterwards, you know, the sort of not the 'new news' anymore, that's sort of I think when I felt like I needed it more. It was just, I don't know, it was just sort of that sort of social dance around the issues, just weird and awkward and I think still is, you know, yeah. [Shannon]*

> *I kind of counted on my friend to kind of support me in dealing with this thing but, you know, all she was doing was thinking about herself, you know. I mean that's what I, there was nothing, I mean that she did to help me out and so I was frustrated with her too. [Teresa]*

> *Um, and nobody so far has, even my doctor is like, I swear to God sometimes these people look at you as if you're just making it all up, you know? [Celie]*

Although most of the women were able to identify people who should have provided them with support in their efforts to cope after being sexually assaulted, many of them did not appear to receive the support that they needed from those figures—particularly *emotional* support. A number of distinct kinds of inadequate support emerged in the women's descriptions of their experiences: (a) betrayal, (b) unhelpful attempts to support, and (c) the inability to request and receive support.

When women, particularly those with patterns of attachment that could be labelled as insecure, sought support for their traumas, they often experienced a sense of betrayal by those to whom they reached out. These betrayals often included disbelief, avoiding the topic altogether, or blaming the woman for what had happened.

> *Uh, yeah, um, well, my eldest brother kind of, um, he kind of blamed it all on me, so that relationship that I had with him is totally pfft … Yeah. Um, the other thing too is that I never told any of my friends that it, that it happened. Just my family. So … after it happened … I wanted to call my sister, but she had just moved the weekend before and her phone wasn't hooked up yet. But, it, so it turned out it was a good thing that I didn't call her because {deep breath} she, she was—she wasn't really understanding. And uh, yeah, I guess she was trying to get it through her own mind and stuff, to why it happened. And she actually phoned our uncle to get his side of the story. And she unfortunately sided with him. [Constance]*

Experiences of betrayal were particularly prominent in the interviews from women who also had a predominantly preoccupied attachment style. This is consistent with existing literature indicating that preoccupation with rejection and support (or lack of

support) is a common tendency in those with this specific attachment style (Solomon et al.,1998). The experience of inadequate support due to betrayal also emerged in the descriptions provided by participants who could be classified as dismissive, although less frequently. Consequently, although some of the insecurely attached women attempted to cope by disclosing their assault experiences to various individuals, they seemed to lack the ability to discern who would be supportive. Their negative experiences greatly affected these women's subsequent abilities to seek out support elsewhere, creating a spiral of inadequate support leading to further inadequate support.

It is important to recognize that I am not claiming that insecure individuals never experienced genuine support—there were participants within each attachment category who had strong feelings of safety and support in selected relationships with friends, family, significant others or healing professionals. However, when listening to what these women said, the experience of inadequate support through betrayal and inability to seek support through distrust was predominant, with experiences of genuine support being exceptions to the rule.

The kind of inadequate support that women in the secure attachment category tended to describe had a somewhat different resonance than active betrayal. Instead, when listening to their interviews, the sense was more that other people's attempts at providing support were simply not helpful. For example, the following woman perceived other people's attempts to support as unhelpful because it felt disingenuous:

> *I've shared some of the stuff with people who do not, either do not understand it or are not willing to understand it even though they want to be there … and I had to teach them that I'm the one that has, that knows how I feel that they*

> *can't just, they get a little bit of education and then they think they can predict me and then it doesn't, it doesn't work like that, right, I'm a human being. So then we had to deal with the medication and then oh M., are you on your medication, have you taken your meds today which begins to be a real insult for somebody, you know. It's not about the medication, I'm allowed to be angry, you know! [Berlin]*

It is evident that she perceived others' attempts to be supportive as dismissing or invalidating her emotional experience and, consequently, not useful to her.

A third variation in the theme of inadequate support emerged from some women's descriptions of how the intensity of the shame they felt prevented them from ever disclosing their experiences to anyone. As a result, these individuals never experienced receiving support for their traumas. In the following example, one participant describes how she could not bear to disclose to the very people who would be likely to provide that support:

> *The way that my parents used to be very protective of me, I found myself being protective of them and, um, um, when I was assaulted, like that was something that I never told them about because I just thought about how much it would hurt them. {Emotional} So I tried to over-compensate, you know. I'd try really hard to let them know that I'm feeling good sometimes when I'm not. Um, and I find I'm protective in that way and I think if they actually knew what was going on they would, they would want, you know, for me to share my pain with them but it's just very, very hard and it just, I feel good when, when they think that I'm good, you know. I just, um, I think that they deserve, um, to be*

able to sleep at night and my mom worries anything about anything when there's, you know, even nothing to worry about. [Simone]

Inadequate support due to difficulty seeking support emerged more often in the interviews with participants whose attachment styles were predominantly dismissive. The following example illustrates how some of these women did not even know to ask for support at that time:

I didn't talk to anybody about it at the time. I told a couple people but I always felt, I always felt like it was my fault and so I just went, "sweep it under the carpet and carry on". Um, I was healthy, there was no broken bones, no bruises or anything like that so I just carried on. And, uh, it's funny, my mom, I was telling my mom about this study that I was going through with you guys and she said that she was very glad that I was participating in it and, you know, but she, she made a really interesting comment that hadn't even gone through my mind but she always felt guilty that she was never there for me more at that time. At the time I didn't think about it, I didn't think about it as oh damn mom, why aren't you there? You know, I didn't think about it. I guess she said in the back of her mind she always felt like she should have been able to do more. But oh well, life goes on. {laughs} [Alice]

The dismissive nature of how this woman coped and "didn't think about" needing support is evident in the description above. When the description was pared down at the I-poem stage of analysis, the message became that much more harsh:

I didn't talk to anybody

I always felt

I always felt

I just went "sweep it under the carpet"

I was healthy

I just carried on …

I didn't think about it

I didn't think about it

I didn't think about it.

Her confession that "I always feel" becomes contained and buffered within her dismissal, her silence and her isolation, producing within her the powerful mantra "I didn't think about it". Swept under the carpet, what she (and others) can't see won't hurt her.

It should be noted, however, that the links between certain attachment styles and certain kinds of inadequate support (dismissive and the inability to seek support; secure and unhelpful support) are tendencies rather than absolutes. Women within each attachment style category could, and did, report experiences of different kinds of inadequate support. The following example is from a dismissively attached woman who was able to actively seek support, but found that support to be unhelpful to her. Woven into her narrative is the defensive prediction that no one "new" could be trusted to be a support:

Um, so you know I have, like I said, I have a very small handful of friends. I'm not looking to make a bunch of new friends now because I can't trust and they have to be able to support me with this and handle it and if they can't then so be it. And if I have friends that can't handle it they're

dropping too and, you know, I realize now that I'm just gonna have to lose another one too because she can't call me. She's like, her avoidance of me because she can't handle it. [Celie]

In summary, the theme of inadequate support included variations such as betrayal, unhelpful support, and inability to seek or receive support. All three variations were highly prominent in the interviews of women who were insecurely attached, supporting previous research that found perceived deficits in social support were associated with insecurely attached individuals (Mallinckrodt & Wei, 2005). Specifically, betrayal and inability to receive support were particularly common in the interviews from both the dismissive and preoccupied women, while an inability to seek support was particularly common in women who could be categorized as dismissive. In contrast, the only form of inadequate support that was prominent for securely attached participants was unhelpful attempts at support, rather than outright betrayal, or inability to seek support. It is evident, then, that attachment is important to consider in understanding the precise nature of how these women experienced the absence of support in their attempts to cope with their assaults.

Sub-theme B: Genuine support. Although the predominant theme within the area of support seeking was a sense of being inadequately supported in their attempts to cope with their traumas, many of the women also reported experiencing at least one instance of the opposite: occasions when they felt that they had been genuinely supported in their coping; occasions when reaching out to others led to healing, rather than more pain. For example,

> *[What helps is] when people really do want to know. When they say how are you doing, they really want to know, they're not being polite. And they will listen and then they would pray with you about it or something, you know. I have a couple of friends like that so it helps. [Madeleine]*

Listening to their descriptions of this genuine support was particularly moving, given the context of all the inadequate support that the participants had also described.

The women in the securely attached category more often described experiences of seeking and receiving support than the women in the insecurely attached categories. This may be because only the securely attached individuals were very discerning about who was and was not trustworthy and were, consequently, more often able to find genuinely supportive relationships with at least a few trusted individuals. For example:

> *My doctor, the guy that coordinates all my care. I mean the guy saved my life. I could tell him anything … I'll drive to where Dr. H. works, I'll sit in the [parking] lot and I feel better, just because it's a safe place if I can't see anybody. So I make sure I take care of myself. [Sera]*

Most striking about this securely attached woman's description was her use of proximity seeking, and her ability to calm herself through her attachment with her doctor. Together they established a safe place, and through her associations of the safety he has provided, she is able to "take care of" herself (again, reminiscent of Bowlby's idea of the secure base).

Additionally, Sera encapsulated what both Fearday and Cape (2004) and Bodvarsdottir and Elkit (2004) proposed was the greatest protective factor when faced with trauma: the ability to express feelings and thoughts in a safe space:

> *"Now I talk about it with the doctor I trust, not the actual description of the incident but how I feel,' cause otherwise I know it's gonna kill me. It almost did." [Sera]*

Her I-poem, in this sense, is particularly striking:

> *I talk*
>
> *I trust*
>
> *I feel*
>
> *I know*

These four short statements seem to reflect security (as the experience, itself) at its core, "I talk, I trust, I feel, I know."

In contrast, the preoccupied women were rarely able to identify even one experience of being able to obtain genuine support. Even while describing their experiences of being genuinely supported, however, these women would often quickly shift their focus onto betrayals that they had experienced. For example:

> Interviewer: *And what does it usually take for someone to be safe?*
>
> Participant: *Um, well usually if they open up a bit too about their life and how they're doing and, as well not, not like these shall I say needy people because they, they have a view of life, these, when I have five friends {unclear}, you know, like their world it's just them. They don't mean it. I mean they're quite nice people. Just that they, that's their focus is totally how they're feeling today, what the world's doing to them and they just don't, they're not aware that they're doing that, but they do. And so they, they, they draw your energy unless you realize it and then, and then I can ration my time with them rather*

than keep on giving more and more to them like I've done in the past with other people who are similar. [Madeleine]

The ambivalence that a number of the insecurely attached women felt toward the "supportive" figures in their lives was evident in their descriptions. For example, in the same interview, one preoccupied woman provided the following two portrayals of her husband:

I learned, um, that it was okay to talk about it, it was good to talk about it. {laughs} And, um, I guess basically cause I had a very trustworthy husband and so that was, you know, helpful to be in that environment … [Margaux]

The second portrayal:

I'd shared, I'd told him years ago what had happened, but he was like, he didn't want to hear that and he was, would just forget it, he wouldn't remember, and then I'd have to tell him like 5 years later because he just didn't want to hear it. [Margaux]

Genuine support came from a wide variety of sources in the women's lives. Interestingly, it was the very same kinds of people that most of the women felt unsupported by that were the source of effective, genuine support for some of the women, some of the time: their loved ones, friends, and medical professionals. Interestingly, across all three attachment styles, the women were more likely to turn to their siblings after the assault, than to either friends or parents, and several of the women found that their siblings were the people that provided the most genuine support

In addition, some participants had opportunities to interact with other women who had survived sexual assaults. Virtually all of these women found those experiences to be

exceptionally healing, in contrast to the varying responses that they received from other people in their lives. As one woman explained, there is a sense of trust and safety with others who have shared their assault experiences:

> *I go into a church right now where the head pastor is a woman, um, and she was also assaulted by, um, church, someone in church leadership when she was a teenager as well so and I think that's probably why I'm still going there and why I trust her leadership in the church and, um, although there's, there was a male pastor as well I, I trust him because he's under her authority and, you know, {laughs} and it's very much about accountability and, um, so I feel like I'm in a good place right now where I can go to church and feel safe and participate. [Nina]*

For additional examples of the theme of genuine support, see appendix H.

Sub-theme C: Problem-solving/resiliency. Skinner et al. (2003) framed problem solving as a distinct "family" of ways of coping with trauma. However, in this study, when the women described having to solve problems in the context of coping with traumas, the problem was invariably their inability to obtain adequate support from others. Consequently, problem-solving has been framed as one theme within the overall category of support-seeking. Additionally, the way that these women solved the problem of being unable to obtain support also reflects the notion of resiliency, being able to overcome the circumstances that they found themselves in. The following quotations reflect the theme of women solving the problem of lack of support by seeking out alternative sources of healing and connection.

In the first example, the woman describes how her relationship with her dogs became this source for her:

> *At the time when I remembered [being gang raped] we were living on 20 acres, halfway between Calgary and Banff and I had three really big, um, husky shepherd cross dogs that was all family and all really great dogs and very intuitively smart and I felt totally safe with them. I was really protected where I was, you know. … One of the big reasons that I phoned up about this study is since my biggest dog, she died like when she was alive she was so smart, she was just the smartest dog. I always felt safe walking with her like because, you know, her whole life we had her ever since she was little. She only ever growled at four people and she was so astute in her judgment at growling at those four people and she would never bite anybody and she was just a really smart, totally devoted to me, dog. And I didn't have anything totally devoted to me, it was wonderful and not have, my husband is but it was, like every year he said that dog was born to be with you and she died when she was 9 and we still have her puppy, Gus is just over 11 now and his dad died and um, well since she was alive I didn't notice as much of the affects because she really was my sixth sense warning. [Grace]*

As with many of the participants, the ambivalence that this woman felt toward people was extremely evident throughout her interview. This particular woman was able to overcome the consequences of that ambivalence by finding some level of the support she needed in a relationship with a more trusted companion. Her experience is touching—the

idea that a much-loved pet could be a devoted, comforting source of safety when people had failed her.

Another example of problem-solving and resiliency is the following woman's description of how she was able to obtain support spiritually, through her religious faith, when no human relationship could meet her needs:

> *It's the basic core of knowing somebody loves you unconditionally and that they're not going to change. That they're always going to be there for you. So it gives you a kind of a base to view life from so it stops you, stops me running around looking for approval quite so much. I mean obviously humanly one does because my mother, I never quite measured up to what my mother wanted me to be, at least it always seemed that way to me. And so, um, it's, so having someone that will always stick by me and always care about me, it gives me a centre somehow to move from. [Madeleine]*

As with the previous example, the idea of loyalty and care are prominent in this account. The idea of "a centre somehow to move from" provides a strong image of security. This is reminiscent of Bowlby's (1969) description of attachment figures being a safe-base from which an individual can receive protection and comfort, and whom one can rely on as they explore their world. It is interesting that this participant compares her spiritual relationship with the relationship she had with her mother, as though contrasting her source of security with one of her most often stated sources of insecurity.

Overall, three themes emerged around Skinner et al.'s topic of support-seeking; inadequate support, genuine support, and problem-solving/resiliency (in the absence of support). There was considerable variation in experiences within each of these themes.

Additionally, it became evident that attachment style is a useful conceptual framework for understanding some of these variations. Regardless of attachment style, however, what emerged from this study was that the support of others is important to these women's efforts to cope after their sexual assaults. Sadly, this importance is emphasized more by the inadequacy of the support that they received, than by the occasions where they obtained genuine support or successfully problem-solved to overcome lack of support.

Theme 2: Avoidance

Another Family of Coping described by Skinner, et al. (2003) consists of issues related to Avoidance. This was a prominent theme that emerged when the women described how they had coped with their experience, which is unsurprising given Avoidance being one of the three clusters of PTSD symptoms. These include building up a wall (socially and internally), thought, memory, and emotional repression, use of substances or maladaptive behaviours in order to numb, as well as less intentional avoidance through dissociation. Active avoidance was a very key coping strategy for 26 of the women, and was reflected in a wide variety of actions designed to block memories of the assault and the emotions that arose from their trauma. For example:

> *I just tuck them [feelings] away somewhere. Of course, they don't go away but they're tucked away and that's how I do it mostly. So I have to dig them out I guess, not that I like the idea of doing that. I suppose that's the only way to get rid of them. [Madeleine]*

I don't answer the door of the house. And, you know, sometimes my husband doesn't answer either cause we have things set up that we don't really, we don't have people to the house and that's me and that's cause I need my space, I need my space and place and if it's somebody I know and trust they can come but I can't stand to have anybody in my house. It's way too hard on me. PTSD, other than that … I'm really sensitive anyway. [Grace]

I don't even know why, it's been, it's certainly prevalent a little more than it was before, it's, um, the 'I want to run away' symptom, is happening. I don't want to be here anymore, I want to go away, I don't want to live here anymore, I want to quit. You know, all those little temper tantrum thoughts have been happening a little bit … I had a spell of it last year, for a little while, it's, it's, it's um, I went through it last year, I go through it probably every winter, a little bit, right? And of course the assault was in December. [Gayle]

Although all of the women engaged in some level of avoidance, women with different attachment styles tended to do so in different ways.

Due to their tendency to minimize the effects of their experiences of assault on their lives, many dismissive women continued to function well socially, and tended to avoid social situations only when experiencing depressive episodes. These women were unlikely to disclose or seek support, and social activity seemed to be viewed more as a distraction than anything else. Social withdrawal and isolation, on the other hand, were very often accompanied by greater levels of rumination and self-blame (Frazier et al.,

2005). Dismissive women were also most likely to use substances in order to numb themselves, and had the lowest levels of intimacy (normally expressing little to no desire for closeness).

Preoccupied individuals reported no issues with substances post-assault, and this may be related to their heightened levels of body awareness (which is discussed later in this chapter). Women in this attachment category tended to be the most socially avoidant, and their associations with why they avoided others were based in both shame and fear. This supports previous research on the effects of shame following sexual assault, including social difficulties and social withdrawal (Elison, Pulos, & Lennon, 2006) and deterioration of self-image (Omata, 2002).

While a dismissive individual would make every effort to rationalize and minimize, the more emotionally-focused preoccupied women would isolate and feel increasingly unsafe. Previous research has noted that insecure individuals are less likely to have experienced close relationships as reliable, and are therefore less likely to seek support while attempting to cope with post-traumatic reactions (Dieperink, Leskela, Thuras, & Engdahl, 2001). This supports the idea that coping with interpersonal traumas and their after-effects is influenced by the internal working models of insecurity or security that they formed through early life experiences. The current findings provide partial support for Dieperink and colleagues' results, in the sense that the insecure women were less likely to seek support than the other women, and had fewer positive experiences with regard to support than the women who had secure attachments.

In contrast to the women with insecure attachment styles, secure participants were highly responsive to supportive individuals when care was extended to them, despite

exhibiting some socially avoidant tendencies after their assaults. They tended to function best when they were with those who were known to be safe, trusted, and caring. This finding is not surprising, given the theoretical definitions of secure attachment (Fonagy, et. al, 2004; Mikulincer, 1998).

Sub-them A: Building Up a "Wall"

Moving beyond the theme of avoidance in general, there were many descriptions by the women of building up walls to protect themselves, to avoid being 'known'; to avoid relationships and the potential risks of being vulnerable:

> Participant: *{Laughs} It's what we've been talking about, just avoid stuff. You can cope, you can cope, it's avoidance, avoiding. Get very, very skillful at, um, carrying a conversation. Probably even, even counsellors because I had, I had gone to counsellors in the past. I'd get them talking about themselves and then I realized it was a waste of money. {Laughs} But I could be very quick at it so that it takes the focus off of me, and as soon as it is on me then it's very stressful, very, very stressful, even in the conversation, if someone is persistent … the trick of turning the conversation, it usually works because most people love to talk about themselves, so if you can just glide that first, the first question, once you slide that and slip it back at the person, you get them talking about themselves and they're happy as clams, you know, so having a set of ears is socially acceptable because there's not too many people that would listen but I'm, you know, you want someone to listen to you, I'll listen. But then again …*
>
> Interviewer: *So it's almost, yeah, but it seems like there's almost a fear of*

being seen.

Participant: *Absolutely. Oh huge. Oh absolutely. Yeah. {laughs} But again, that dichotomy of it, I want somebody to know my story but I'm not telling you. How are they gonna find out? I have no idea but, you know, {laughs} I'm not telling you. [Blanche]*

The following is an additional example of how the women often built up a wall between themselves and others:

Participant: *I know how to do it [avoiding] and I'm very capable of doing it and if I decide, um, that I'm not going to let those things affect my life and I'm gonna just move forward and not think about them, I'm very capable of doing that and I can and I sometimes think I should just carry on doing that because I like it better that way.*

Interviewer: *And how have you, um, how have you found the avoidance has affected your everyday life since the assault?*

Participant: *Um, I think it makes me appear or actually be, um, a little bit aloof or unapproachable. Those things, I've been called those things and I think it's probably because I cut off a part of myself sometimes, you know, put it over there. And that's got a price and I think the result of doing that to myself makes me, um, a less approachable kind of person. [Eve]*

Throughout the interviews, it became evident that several of the women tended to avoid talking in first-person. Furthering the idea of an internal "wall", the woman in the following excerpt removes herself from her own experience through her choice of language.

Participant: *Um, well I think just basically you're, you're always aware of everything. Like you're always on the lookout, you're always looking over your shoulder and, you know, something bad's gonna happen if you go outside, you're safer at home, you know. {Emotional} Um, yeah you basically you just, a lot of decisions you would have normally done, you don't. For whatever reason just the fear of being hurt or a victim or just you don't have the self-confidence … Cause somehow, somehow you've created this and you don't really know how to fix it. But in reality you didn't create it. But yeah, I don't know, I think you just {Unclear} {laughs}. So I don't know, um, I think that's, yeah like I said, you just have your little safety zones. {laughs}*

Interviewer: *It's a lot of protecting your zone –*

Participant: *Yeah. Yeah, a lot. Like even like and I know my friends always say, you know, you start going out with a guy or something and we'll say, we're so many weeks into the relationship, it's about time for you to start to {unclear/back off}. You know, so obviously you've created this pattern, you know, and, uh, and {unclear} {Laughs}. So you know I mean obviously it comes out in ways that I don't think you really realize it comes out in. But when, you know, like I said over the years when your friends start kind of piecing all this together and they're like, you know, okay we're into week four {Laughs} so this is what's gonna happen and you're like oh my God, like they're right.*

Interviewer: *It's really evident.*

Participant: *Yeah. {laughs} You know, cause even if it is a great thing and*

> *everything's, I will find a way to sabotage it cause you don't, I guess you don't, you're scared to have people that close into your life or {unclear} into your life. So you always keep them at a distance and if that doesn't work then you'll do something so that it will work that way. {laughs} [Tori]*

Sub-theme B: Numbing through Substance Misuse

Many of the women described the use of substances (including food, alcohol and drugs) in order to numb themselves from their experiences, or to distract from their painful emotions:

> *Food has been my coping mechanism. Because I know when I'm doing better in my life, I do, I do better in things, and when I'm not doing, like a, um, I, I, and I drink. Yeah. I drink. Like I-I'll have a bottle of wine. Like last night I was alone and so I had a bottle of wine. Which really is not very good. And I know it. [Lewellen]*

> *Even though I don't consider, um, like I'm not an alcoholic or whatever, but as soon as I get upset or uncomfortable with a situation, I'll be, like, I'll have a drink, you know. So things like that, which you probably wouldn't do, you know. Or even like this drug thing, you know, you'll get upset so, and you're just probably doing whatever to calm yourself down so you don't start spinning out of control. [Tori]*

In these women's descriptions, it is obvious that the substances and other distractions served the function of helping them to feel more in control of their circumstances than they would have been if they were to face their feelings and experiences.

Interestingly, in terms of attachment style, while a few of the dismissive women and two of the secure women described avoidance through substance use, none of the preoccupied women mentioned misusing alcohol, medication, or other drugs as a way of coping since their assaults. The following quotations are from women with dismissive attachment styles:

> *I have a lot of emotional numbing to the situation, where it's like, I have problems remembering, a lot of it, and I don't think about it unless I have the intrusion part, like I just don't ever think about it. And, and yeah, I did drugs for a long time, from when I was 16 until I was 20. Yeah, yeah. {laughs} So, that was that, for that long, and I also used to cut myself, too. {laughs} … I did drugs, and I cut myself, and I just basically tried to forget about everything. Just don't think about it." [Rae]*

> *Um, I've used drugs, I've used alcohol to cover up different things but don't do that now but it was pretty much anything to sort of forget or put myself in a different place or keep myself busy. [Tamar]*

In the following two quotations from women in the secure attachment category, one can see that there is little difference between their descriptions and those provided by women in the dismissive attachment category:

> *Well I started using. Towards the end I was using 80-90 painkillers a day. I'm lucky I didn't kill myself. And I avoided, um, I would come home from work, sit in the dark and that was it, I wouldn't go anywhere … When I first,*

when it first happened I, basically I used and avoided. Once I got clean and sober I think that's when the real reactions came out. [Sera]

Drink. {laughs} … Or even like this drug thing, you know, you'll get upset so and you're just probably doing whatever to calm yourself down so you don't start spinning out of control. So things like that that I don't think, um, I need in my life to that degree I tend to utilize. [Tori]

Although the substance use stories of the securely attached women and the dismissive women appear similar on the surface, close reading of the data indicated that the secure women tended to use substances only when socially withdrawn, while the dismissive women were more likely to use substances in both home and social environments. It may be that, while the outward behaviours are similar, the underlying reasons for engaging in those behaviours differ slightly across the two attachment styles. While a few of the secure women abused substances prior to receiving support from family, significant others, and medical professionals, the reasons behind their use of substances may differ from those in the dismissing category: In the absence of dissociation (discussed later in this section), securely attached women's substance use may reflect attempts to escape excruciating levels of re-experiencing through self-medicating. It must be acknowledged, however, that many dismissive women numbed and blocked emotions through dissociation in addition to substance misuse.

Because those with secure attachments experienced higher levels of positive support, they seemed to be less likely to cling to self-blame or self-damaging tendencies when someone was there for them. The very presence of support was healing to their

shattered senses of security in the world—the people around them were being responsive and caring the way people ought to be. Securely attached women were more likely to trust others' opinions that they were acceptable and that it wasn't their fault. Given a safe relationship in which to voice their experiences, they were no longer reliant on substances to numb themselves.

Sub-theme C: Dissociation

Dissociation, whether in terms of blocking/lack of memories of the assault, experiencing dissociative reactions following their traumas, or lack of awareness of emotions, was common in the women. It should be noted that the women's experiences of dissociation were different from their descriptions of avoidance, in that dissociation appeared to be less intentional, sometimes even completely unintentional. See Appendix H for further examples of the women's descriptions of dissociation.

Emotional numbing and not remembering the details of their assaults were common experiences among the women, especially for those who had been assaulted more recently. Specifically, 23 of the women expressed some form of emotional numbing (e.g., "I was numb, I was numb … I just didn't feel anything" [Teresa]), and five of the women reported being unable to recollect at least some aspects of their assault experiences. Furthermore, one woman used cutting and drugs as ways of blocking both her memories of the assault, and her emotions with regard to those recollections, a behaviour that becomes relevant when it is understood that previous research has found self-injurious cutting to be associated with dissociation (Scheel, 1999).

i. Blanking/zoning out. Trauma researcher Judith Herman (1992) wrote that, both

during and following a traumatic event, "perceptions may be numbed or distorted … time sense may be altered, often with a sense of slow motion, and the experience may lose its quality of ordinary reality" (p. 43). Several of the women who were interviewed described experiencing alterations in their sense of both time and awareness.

The following is an example of how dissociation would often act peripherally from the assault itself—affecting the everyday situation of one of the participants. It is typical of the experiences of many of the women:

> Participant: *I'm looking out the window at my garden or, you know, like just kind of have the sort of slowly waking up process in the morning and I can get myself completely spaced out … I'll go, oh my goodness, they're into sports already, that means the whole like news cast has been on and then I've, you know, that kind of wake up from my space out, you know … the spacing out has definitely been stronger since the assault but it's not that I'm spacing out having thoughts about the assault. I'm just having almost non-thoughts. Like I mean I've always been sort of a day dreamer that my thoughts wander … but now I find I can just not even recall, like know, like oh I've been sitting in that chair for an hour and a half but do not have any idea of what was going through my brain during that time other than the fact that oh my cats are in my lap and I'm patting them or drinking tea or, you know, and–*
>
> Interviewer: *So it's almost like a complete numbing*
>
> Participant: *Yeah,*
>
> Interviewer: *like you can just shut everything down.*
>
> Participant: *It's like a complete twilight zone, like don't, you know, be, there'll*

> *be times where it's like I can't explain what's just happened in the last hour {laughs} or, you know, like I mean I know that oh I've just been sitting in this chair spacing out but I have no idea where my thoughts or wanted to if I even had any thoughts. It's just complete nothing. [Shannon]*

This woman's description of her dissociative reaction as a "complete nothing" exemplifies the difference between intentional avoidance (through intentional action in order to distract, often accompanied by increased activity) and the more unintentional reaction of dissociation.

ii. Lack of awareness of feelings. For some of the women, dissociation emerged as a theme not only in terms of blocked memory or feeling numb and blank; it was also displayed in the women feeling out of touch with their emotions, even when they didn't intentionally 'avoid' emotions. As one participant described it:

> *A lot of times I have trouble identifying what I'm feeling at that moment, I just don't know what it is I feel. I just, there's some things I definitely know and then there's other things I'm not sure when I'm feeling. I just, I have to really think about, you know, what am I feeling? You know, and it's so hard, and my kids are, are so much better at expressing that than me, and I'm thankful for that … I think even as a kid growing up, my dad being an alcoholic, um, looking forward to a trip and then having that crushed last minute, not happening cause of a fight. Crushing of, that makes, it's supposed to make you tougher but it makes you also to know how you feel. So it's really hard to identify if you don't really know what it is you feel … You feel, you know, I*

think it was, there was probably a lot of anger dumped inside me somewhere. Probably should take some, get a punching bag or something. [Rosario]

The struggle with knowing her own emotions is evident in this woman's description, relating a greater struggle with ambiguity, with not knowing, than with ambivalence. She appeared to struggle not with whether she is okay with what she feels, but with whether or not she does feel; whether or not she *is* feeling. Her choice of words, noting that there was "probably a lot of anger dumped inside me" continues to portray a lack of agency with what she feels and a disconnection from her anger. This disconnection with one's emotions was a theme that emerged repeatedly among the women.

Interestingly, every woman who reported experiencing some form of dissociation or dissociative reaction ('blanking' or 'zoning out' or 'lack of awareness of emotions'), was an insecurely attached individual. The securely attached individuals in the sample did not appear to share this experience. Consistent with previous research revealing avoidant [dismissive] individuals' propensities for utilizing "deactivating defences" (Mikulincer, Dolev, & Shaver, 2004), the dismissive women in this study experienced more blanking out (in terms of loss of time, numbed 'daydreams', etcetera) and blocking of memories (total or partial loss of memory with regard to the assault) than the women with preoccupied attachment styles. In contrast, lack of awareness of emotions only emerged as a problem in the preoccupied individuals' interviews. This is consistent with previous research showing that the ability to express feelings and thoughts is protective against PTSD (Bodvarsdottir & Elklit, 2004), and that, despite a lack of emotional awareness, preoccupied individuals tend to use emotion-focused strategies for coping

(Mikulincer, Florian, & Weller, 1993). Not being able to understand, let alone express, what they are feeling would therefore feel very disorienting.

The following is a particularly poignant example in which one preoccupied woman tied her attachment experience in with her current levels of coping:

> *I don't know, I just don't, people say, "Well how do you feel?" and, I mean, I don't know because I never trained myself or nobody trained me or whatever it is. But that I could have feelings, I mean my mother told me how to think and feel as an only child and so she, you know, told me pretty much how to think and feel until I left home at 22. And so I don't have any real, you know, I can't tell how I feel about things really, I don't know. It's confusing to think that you don't know how you feel but you just don't have any real, I can't assess it, you know, very well. [Madeleine]*

What is particularly fascinating was this woman's use of the word 'real'; how she never quite finishes the thought of how she doesn't "have any real--". Soon after this incomplete thought, she switched into the more projective language of "you"-statements, no longer owning her experience. Once again she tried to approach the idea of reality, of realness, but was unable to complete the thought a second time, even when using more distant language.

> *I could have feelings*
>
> *I left*
>
> *I don't have any real*
>
> *I can't tell how I feel*
>
> *I don't know*

I wonder if this woman, as one of the participants who relied most heavily on external approval, was waiting to be told how she should feel. Preoccupied attachment has been connected with inaccurate mirroring from primary caregivers (Bateman & Fonagy, 2005), which results in the attribution of "the mirrored affect to belonging to the other, rather than to himself … " (p. 83). I am curious if this woman's switching to projective language served as an attempt at understanding what she was feeling, unlike the dismissively attached women's use of "you" as distancing. And yet without her mother's labelling, she was still lost as to what she felt, because she did not own her own emotions—she perceived herself as having no "real" feelings.

Carol Gilligan (2002) describes dissociation as "our ability to register experience, know it even and yet not know it, the experience not becoming part of our story" (p.182). The woman whose experience is described above never learned to tell her own story, to make sense of it for herself. Whether or not she can recognize what she was feeling (to *know it*), she questioned the validity, the reality, of those emotions (to not know it). This woman's emotions simply could not be incorporated into the story of herself, her ability to make meaning for herself. Although this is the most clear example of the way that dissociation disconnected women from aspects of their own stories, elements of this disconnection were present in the information provided by a majority of the insecurely attached women.

Avoidance, a key component in PTSD, was prevalent among all of the women. While avoidance manifested itself in various ways (i.e., substance misuse, dissociation, numbing and blocking of feelings, social withdrawal), it seemed that certain types of avoidance were more particular in those with a certain attachment style. One of the most

prominent ways of coping for the women post-assault, avoidance may be expressed differently when considering the attachment styles of the individuals.

Theme 3: Positive Cognitive Restructuring

Positive Cognitive Restructuring was another Family of Coping that 12 of the women expressed in terms of working through the experience, listening to their bodies, focusing on hope and having an increased empathy for others. This smaller group of women had begun to process, in a more in-depth way, what they were feeling and how the assault had affected them. This was evident in these particular women's engagements with positive self-talk, expression of feelings of hopefulness, and allowing themselves to talk about their feelings and experiences. Due to the theme itself being strongly attachment-oriented, the discussion of the relationship with attachment style is contained throughout this section as a whole.

Sub-theme A: Working through. Working through the experience as a way of coping with trauma encompassed a number of different specific strategies. Additionally, secure women engaged in actively working through their post-traumatic experiences in different ways from the insecurely attached women. While dismissing women were most likely to ruminate about the assault itself in an attempt to 'solve' it, secure women tended to think about their experiences in the here-and-now. They also had a greater capacity for *resolving* specific experiences than the dismissively attached women. These different ways of Working Through are demonstrated by the following two quotations, the first from a securely attached woman, and the second from a woman who had a dismissing attachment style.

In this passage, the securely attached woman described her sudden increase in irritability after her initial participation in the study:

> *At first I didn't connect the two, I just thought, "That's sort of unusual,' but then I was thinking, thinking, thinking about it and went, 'You know, I wonder if … ' and it was sort of, sort of, a comfortable fit so I thought 'Okay'. So I went with that as though that was a fit. And then it just disappeared, so I thought, 'Well, that's good!"[Bethany]*

Exploring and working through her experience of sudden, uncharacteristic anger is followed by resolution and relief. This differs from the experience of the following woman, who had a dismissive attachment style:

> *I go and think about myself. And it's very far away now. And I can, sort of, justify my feelings and just accept them and move on. Yeah. It's like, "You're feeling this way now and it's not going to change, so … let it be or get rid of it." {laughs} Get it out of my head." [Rae]*

While the secure woman's experience seemed empowering to her, the dismissive woman's story conveys a level of powerlessness, of hopelessness. Her options—"let it be" or "get rid of it"—support the idea of dismissive individuals being either completely overwhelmed by their emotions and post-traumatic experiences, or completely avoiding those emotions and experiences. Particularly when compared with the experiences of the securely attached women, there was little evidence of genuinely working through within the dismissive category.

The subtle differences in the phrasing of their self-talk, as quoted above, may have a greater influence than one would initially assume. Several of the women described

how their levels of self-blame and shame had decreased after they engaged in positive self-talk to counteract their negative thoughts, feelings and reactions.

> *I have had some therapy, many years ago, and I believe I've overcome that, um, that's kind of a change but also a resolution … as a problem. I also, I've also realized it wasn't my fault. At the time that it happened I had a lot of guilt and, and shame and everything because of the assault and the situation I was in. Um, I do realize now that it wasn't my choice, and it wasn't my fault. So that's, that's taken a lot of the stress and guilt off of me … . I've tried to seek help for what I went through. Yeah. So, I've also learned that, that there's a lot of power in what you tell yourself, in your head and that kind of thing, you know? Kind of the mental tapes that will run sometimes. You think like, "No, that wasn't my fault," you know, you—you just have to keep reminding yourself. You know? You're not at fault for what happened in the past. [Neila]*

The following is another example of how positive self-talk created greater freedom from their post-traumatic reactions:

> *Um, I still don't answer the buzzer to my apartment, um, a-and if I go shopping I'm just really afraid that I might bump into him. Um, that's getting better as well, I just keep telling myself, well, no, that's giving him, that's still giving him control over my life. So I'm, I'm working through that too, I'm trying not to let it bother me so much. For awhile after it happened I would have nightmares and stuff like that but I don't anymore. [Constance]*

> *I used to have nightmares all, every, every night, and they were so horrible they would wake me up. And, I actually learned that, they'd wake me up and I would say, "Okay, well it's just another nightmare" and go back to sleep, where before, they would be so upsetting, and then I started realizing, I actually started praying, for them not to come anymore, and sort of banning them, and um, it worked! It was amazing! And I thought, wow, and I, I don't know why I didn't think about that earlier, I just didn't and so that really worked well. And, so, I don't have them anymore. Very rarely do I have nightmares. [Bethany]*

For several of the women, after beginning to engage in more positive self-talk, they began to find a greater ability to talk about their experiences. For example, the woman quoted above also described how she began to experience more emotions and a greater ability to acknowledge, tolerate, release, and talk about her emotions. Her processing after she began therapy is described step-by-step, in the excerpt below:

> Participant: *I didn't really think I had any other feelings, or whatever. But one thing that I noticed is, that is uncharacteristic for myself, is that I was swearing a lot. And I don't normally, I mean, not that I'm perfect by any means, but I don't use a lot of swear words. And … they would come out and I'd think, "I can't believe I just said that!" You know … I guess, I-I guess that's anger, you know, in a way, isn't it? I was like 'whoa'.*
>
> Interviewer: *Have you felt much anger in that way before?*
>
> Participant: *Y-yes, see, most of the anger is directed at myself. Yeah, yeah, most of it is angry at myself, and uh, again, for being stupid, for being, um, for*

not being capable of looking after myself, although, I mean, at that age, how could you? But it's something I've blamed myself for all this time. Anyways, so it's, there is a lot of anger there. Interesting!

Interviewer: *Sounds like you're getting more in touch with … I don't know the right word … the anger toward the other person rather than just with yourself? Like, a healthy anger.*

Participant: *Yeah. Yes. But it's, it surprised me. And I thought, well, it should, I thought well, it's interesting that it would come out like that, instead of coming out as real anger. To come out, in, unpredictable. {laughs} Again, that's the part I don't like is the unpredictability.*

Interviewer: *Sounds like you almost startled yourself.*

Participant: *Yes! It was! It was startling, absolutely! Yeah. It was startling. {laughs} Oh well. It's not horrible, but it was a surprise. {laughs}.*

Interviewer: *Since that came up how have you been feeling?*

Participant: *At first I didn't even connect the two, I just thought 'That's sort of unusual', but then I was thinking, thinking, thinking about it and went 'You know, I wonder if … ' and it was sort of, sort of, a comfortable fit so I thought 'Okay'. So I went with that as though that was a fit. And then it just disappeared, so I thought, 'Well, that's good!' {laughs}. [Bethany]*

The release that she had through this experience is evident in her words. Nor was this an isolated experience, with nine other participants describing a similar release from talking about and acknowledging their emotions.

In relation to attachment styles, physical ailments and body awareness issues were only mentioned by participants with preoccupied attachment styles. One possible explanation for this finding is suggested by Schmidt, Strauss and Braehler (2002), who found the highest levels of physical complaints in preoccupied individuals, and suggested that individuals with this attachment style had higher levels of "arousal and a heightened sensitivity to physiological changes, whereas avoidant attachment might be combined with a tendency to physiological inhibition and deactivation" (p. 329). (The results of the Schmidt et al. study may also explain the dismissive women's higher levels of substance misuse.)

Sub-theme B: Listening to the body. Some of the women found that, while post-traumatic reactions took a toll on their bodies, it was by listening to their bodies that they were able to discern when they needed self-care. Nearly a quarter of the women suffered from trauma–related physical ailments or illnesses and, interestingly, most of the women who mentioned physical symptoms were women who seemed to have the closest connection with their bodies—understanding that their symptoms were an expression of something they were not releasing; of memories and feelings they were 'stuffing down'. Some of the women appeared to be developing new understandings and connections with their bodies.

> *I've learned more and more to pay attention to what my body is telling me because sometimes when traumas would surface memories, I didn't understand what I needed to do is take care of myself, and so I either didn't respond or didn't respond fast enough or didn't respond appropriately and I'd become sometimes very, very ill because my body had to shut down*

> *somehow so I think, you know, in order to handle what was coming up, so I think, I just think the body does stuff like that and either stress related incurable physical thing and sometimes it has put me in bed for months and that's probably had some wisdom in it. I know as I've clued into this more that I know if I get sick like that that there's a memory under there somewhere that's trying to get out and so I've learned to just stop even before I get sick, when I start getting those feelings I've learned this, go into my safe zone which is my home and my yard and just me and my dog and my husband, he's out of town quite a bit, and let it happen. Whatever is coming out, just let it out, and I've got my good friends and they help and I have all the love for my dogs and it makes a huge difference, dogs are so loyal and then it comes out and it's always much better once it comes out. It's when it's shoved down there and your body's using so much energy to hold it down that it's not good. So if I can just let it out where it's safe to be so that it's not gonna hurt me, then it gets better. [Grace]*

In her words, it is evident that paying attention to her body and what it was expressing brought her healing and a great awareness in terms of self-care. Additional examples of the connection some women experienced between listening to their bodies and healing can be found in Appendix H.

Given this greater body awareness, particularly in individuals with preoccupied attachment styles, it is little wonder that these women were the ones who experienced the most healing through focusing on their bodies. Learning to engage their bodies in a calm, relaxed manner—some through rest, others through dance—allowed them to process and

work through elements of their traumas. Therefore, physically-oriented, or body-focused therapies may be especially useful when working therapeutically with preoccupied individuals who are coping with traumas.

Sub-theme C: Hope for healing. In addition to these more positive experiences, many of the women provided descriptions of the hopes and dreams that they had for their futures—something that had originally been diminished by their post-traumatic reactions, for most of them. It was therefore a positive sign that some of the participants were able to experience feelings of hopefulness for healing.

> *I think that it's really healthy and I think, I look forward to being, uh, whole, like having all, not having things suppressed inside me, being, being able to talk about it and not having all the emotional which has definitely happened … I think I still have some feelings and probably a whole lot more than I'm even aware of that are stuffed down inside me, yet that I don't know how we're gonna come out yet and I don't know when or what will be the trigger or whatever for it to happen. But I'm gonna work real hard to try to get them all out cause I don't want to, yeah cause I think, I think you can be sick, like you know physically from emotional stuff and so that'd be good, really good to be as healthy as you can be. [Rosario]*

Intriguingly, only individuals in the secure attachment category explicitly expressed feelings of hope about the future in their interviews. For example:

> *What I really want more than anything else is to one day … be able to live my life and it will be like it never happened … there'll be no effects, there'll be no, it'll just be as though, like and to me that's like, that would be like total*

healing and restoration. Um, and even if a memory comes up, it just won't, it, like it just won't have that effect anymore. Like it won't hurt anymore. [Nina]

Those with preoccupied attachment styles were more likely to overtly express feelings of hopelessness, as illustrated in the following quotation, from a preoccupied woman.

I'm not coping with it at all. No skills there. And I don't know anybody out there who knows what to do to help. How do you cope with something if you don't have the skills for it? I feel like I'm beyond hope and this is the way I'll be the rest of my life. I'll be a bitter old lady. I'm afraid of … I'd totally understand if he'd just give up and walk away. That's it, I don't know. I just want to feel again. [Jenna]

The women with dismissive attachment styles rarely mentioned their thoughts or feelings about the future, and primarily alluded to feelings of hopelessness when describing depressive episodes. These variations provide evidence that attending to attachment style is a meaningful part of understanding the sense of hope that is (or is not) present in these women who have experienced sexual assaults.

Sub-theme D: Increase in empathy. Another change in the women's lives after their assault experiences was that is related to positive cognitive restructuring is that many of these women described developing a greater sense of empathy for other trauma-survivors. Some who were further along in their recovery process also expressed a new appreciation for life. In the following example, one participant clearly expressed both these themes, but also the broader context in which her new perspective and empathy occur.

How have I changed? Well it's made me more paranoid in some ways about humanity. It's made me know what evil there is in the world. But it also has made me appreciate life more I think because everyday I make a conscious choice to live at some point in the day. Not because I want to die, but just because it helps you have a respect for, you know, what evil does in the world, you look really really hard for any good and, uh, I think it's made me kind of want to just to live, like love life more, and it's also made me really impulsive or maybe that's part of my personality and do some things, the whole re-traumatization has not been a healthy thing and I've made very poor decisions in my life at some point. But, um, and yet you have to get to a point where you can know that there are things that are not your fault and forgive yourself, even when you don't need forgiveness. So how would you say it's just; and it's really helped me appreciate other people who have been abused too. It's put me on a whole different radar of what I look for in people and where I, where I meet with people and I sympathize with people a lot more. So there's been a whole array of, you know, bad things that have happened because of it and changes that I've had to make like when you can't do something because you get memories because of it because it's a trigger. You have to figure out all these triggers and you have to go to therapy all the time because you're always dealing with stuff. But there's been a lot of good changes as well. A lot of, um, appreciation not to feel like I have to, but just because I do. [Berlin]

Theme 4: Rumination

Rumination is another of Skinner, et al.'s (2003) families of coping. In the present study, it was often tied into shame and self-doubt, a separate theme that is discussed later in this chapter. Rumination, when it stood out more prominently than the feelings of shame, tended toward repetitive thoughts and questioning by the women on what they could have done differently to prevent or stop their assaults. This often-obsessive search for an answer or hypothetical "out" kept the women from processing and healing from their experiences due to their fixation on stopping their traumas rather than healing from them.

Out of all the emerging themes, rumination was most noticeably varied for women with different attachment styles. Social withdrawal and self-blame seemed key to excessive rumination, which is not surprising given previous linking of rumination and depressive features (Kuyken, Watkins, & Holden, 2006); both were most prominent in the dismissively attached participants. Being alone or inactive appeared to be more detrimental for these women than for secure or preoccupied women, because they tended to engage in more rumination while alone—trying to determine how and why the assault happened, and how it could have happened to someone 'strong' like them. In contrast secure individuals (who tended to develop some genuinely supportive relationships through which they found increased safety and hope), the women with a dismissive attachment seemed much less able to engage in relationships, in terms of support or encouragement.

The following passage exemplifies how one woman with a dismissive attachment style engaged in rumination when left without distraction:

When I was at home prior to going back to work it wasn't so much I was

> *dealing with my feelings about it as much as giving myself time and space to feel something but not really. I mean, yeah, I've had a few moments kind of feeling sorry for myself or feeling angry or doing the kind of panicky thing but for the most part at that time when I was home from work it was just my mind, like working on trying to piece together, you know, the incident, like, from start to finish and trying to figure out, you know, like I said before, like the intent of these people and trying to solve this big mystery and if I thought hard enough I'd clue in to, you know, I'd be able to solve it myself somehow and {unclear}. I think I was pretty much torturing myself with my own thoughts and going back to work, you know, it's always so busy that it's kind of 'popped into the zoo' and there is no time to stop and think about yourself or deal with yourself. I mean in a typical work day you don't have time to go to the bathroom or eat lunch or anything {Laughs} so, you know, it's, um, you know, it was like my sanity I think to go back to work and to be back in that, you know, milieu of activity and everything, so. [Shannon]*

Preoccupied participants, on the other hand, were more frequently triggered by social situations—lack of interest from friends, for example, was further proof that people are not trustworthy or supportive. Compared to dismissive and secure women, they were much more likely to ruminate over perceived relational betrayals or imbalances. In these cases, social withdrawal seemed to be perceived as self-protective.

The following is a quotation from one woman with a preoccupied attachment style who, when asked questions about her assault and post-assault coping strategies, spent the large majority of her interview reporting the betrayals she had experienced at

the hands of those in her work environment and her friends.

> *The hard thing, though, is that the people who were on the committee with me aren't, uh, they're supporting in the process but they're not able to speak out about it. And one person has said to me, "I'm sorry, I'm just taking a huge step back. And this just looks really ugly and really dirty and really messy and I understand you have a right to be angry because of what they've done, but, um, I can't comment on anything, I'm just going to let the dust settle." So it's very tempting to me, because I feel like I just had a dump load of shit dumped on me, to continue with this process. But I think that I'm just going to continue and take a backseat. And just watch. [Kayleigh]*

Those who were securely attached also seemed to struggle with ruminative self-blame. For example:

> *I find for myself, personally, a lot of blame that I put on this, and not feeling that I've done anything particularly wrong, but that I wasn't capable enough, or smart enough, or savvy, I guess is the word, enough, to avoid it. And I think that's what's always come to me, to my mind, if I'd only been smarter, more aware, being able to out-maneuver, and I've lived with that, my whole life. [Bethany]*

The securely attached women, however, also found that self-blame was decreased through support and connection with trusted individuals. Unlike the dismissing women (who found social activity as an effective distraction), women who were secure seemed to have a more grounded perspective, characterized by selectivity regarding whom they trusted and spent time with, and the ability to find healing through those interactions. The

same woman quoted above describes the reassurance and safety that she found in close friends:

I suppose it really is the accepting, and I guess it's also the fact that, even though you do share things with them, that they see you for who you are, rather than for the incident. You know, I guess, I guess that that's it, being supported and being loving, you know it's uh, friendship is an amazing gift. [Bethany]

In summary, rumination was common among the women after the assault, especially during periods of social withdrawal. However, when considered in relationship to attachment style, the way that rumination manifested (in terms of coping) seemed to be distinct for different kinds of women.

Theme 5: Shame

In Skinner et al.'s (2003) families of coping, helplessness was considered to be a key form of coping response. Within this study, however, shame was much more evident, emerging in the interviews of the vast majority of the women and, in some instances (i.e., self-blame) appearing to unintentionally counteract feelings of helplessness in the only way they knew how.

As mentioned in the Introduction, maintenance of PTSD following sexual assault has been shown to be strongly associated with self-blame and social withdrawal (Foa & Rauch, 2004; Frazier et. al., 2005). For this group of women, self-blame and social withdrawal appeared to be strongly connected to one another through the experience of shame. The women framed their feelings of shame in terms of self-blame, low self-esteem, and feelings of worthlessness; all of which contributed to an intense distrust of self and others, as well as a tendency to isolate and to keep the traumatic experience

hidden from others. While the distrust of self through self-blame fed isolative tendencies, it seemed the women's identification with what happened to them and the subsequent internalization of intense shame caused the greatest impedance to their social functioning. The following quotation captures the struggle the women described, "*I don't want anyone to know but if nobody knows, nobody knows me. So there's that- nobody knows me, nobody really knows me." [Blanche]*

In my exploration of the data, it became apparent that there was a possible connection between attachment style and how internalized shame manifested itself in the women. Dismissively attached women tended to define themselves as 'strong' and to block memories and distract from shame-based feelings about the assault—trying to rise above the experience by reining it in and 'solving' it. Their ruminative tendencies, as discussed earlier, seemed to help the women feel they were more in control. This finding may extend previous research, which has found that insecure individuals have a higher need to feel in control, and a greater likelihood of splitting defences when experiencing high-stress situations (Lopez, Fuendeling, Thomas, & Sagula, 1997). While these previous results were based on ambivalence and frustration in interpersonal relationships, the current findings would suggest it is possible that a similar defence is used in relationship to themselves and their negative experiences.

Preoccupied women, however, were more likely to define themselves and others by the assault itself—that they are vulnerable and likely to be hurt, and that others will inevitably hurt them. For preoccupied women, each betrayal or lack of support was not only further proof to them that people are not trustworthy, but also that (a) they cannot trust themselves, and (b) their shame is justified; a shame that they have internalized and

identified with. Women with this attachment style also appeared to have the most internalized shame. They were much more likely to view themselves as tainted or worthless as a result of the assault. This internalization and self-identification may be linked with a tendency to rely on others to reflect who they are and what place they have in the world. This tendency to conceptualize their identity from external sources may imply that any negative action toward them would be seen by women in the preoccupied category as evidence that they are bad or deserving of mistreatment.

Shame brought about a shift in identity for several of the women (as was illustrated in the previous chapter on post-assault shifts in relationship with self). The following description is particularly poignant in demonstrating how changed many of the women felt after the assault, by capturing the effect of internalized shame on identity.

> *I was a lot more innocent and I don't mean that, I mean that in, you know, my mind was probably more innocent and naive and everything and having gone through that, um, I guess I just learned about so many things … I've just gotten, I, you know, my mind is entered into areas that I wouldn't, you know, if I could do it all over again, I wouldn't want to go into those areas ever. {Emotional} So it's, that's, you know, in that sense I'm different, um, and I don't think it's a very positive difference at all. Um, I can talk about it more frank but, you know, it's like my, the fellow that I'm seeing and kind of sort of engaged to I guess if you want to call it that, um, you know, like I talk about things to him that he's still pretty innocent, you know, and I'm feeling like because of all this stuff that I've taken to my past, I'm sort of infecting other people with it, you know. And, um, you know, and I wish that was different.*

[Jane]

The extent to which this woman described her identification with her experience of shame is staggering, and was a common experience among the women—producing strong sensations of low self-worth, self-blame, and secrecy. Her imagery of being taken to her past (as though she is caught there) and infecting others who are still innocent conveys the depth to which her feelings of shame have affected her.

The women with preoccupied attachment styles, as exemplified by the woman quoted above, were much more likely than either the secure or dismissive women to identify themselves by their experiences of shame. While overall self-blame or guilt was relatively balanced between attachment styles, the experience of internalized shame—particularly the enmeshment of identity with the experience of shame—was particularly salient in the interviews of participants with preoccupied attachment styles.

The following are two additional examples of the feelings that the women struggled with, as a result of their internalized shame:

> *I just think it's really affected my self esteem and how I view myself in every way which isn't good. And, uh, it just took a piece of me I don't know how to get back […] it's mostly how I see myself and how I especially people to see me how they get affected. He just took a piece of me that wasn't his to take. [Tamar]*

> *I feel like I've been paralyzed? I was afraid, to go out of the house. I was afraid that people could see, that I wasn't, that I wasn't, whatever, you know, the same. I was ver-, I felt very unworthy … I've felt ugly, I've felt really ugly over the last three years. It comes out in everything. And um, it came out in*

> *everything, you know, it came out in my clothing, it, I wore black for a long time. And uh, didn't really care, I did care, but I just grieved the fact that there was no point in trying to look good 'cause I couldn't. [Kayleigh]*

As with the above quotation, there were several women who went beyond the more general description of shame, noting a discernible shift in how they felt others perceived them—talking about their shame as though it were a visible mark, as though it shifted not only how they saw themselves, but how everyone else would view them as well.

One woman even felt that the security and privacy of her innermost thoughts and feelings were somehow permeable, if not missing completely—as though people could now read her thoughts and see her shame:

> *I feel upset. I feel like people are watching me. I feel like oh, you know, do they know, like this is what I'm thinking? Like do they know that this has happened and they're quite and, you know, what is this like? [Teresa]*

In a different sense, the following quotation demonstrates how a different woman's shame gave her the ability to know the thoughts of others, to further confirm the negative feelings she held about herself:

> *Extremely like that horrible feeling like somehow now I am gifted to know what people are thinking of me at any time, um, what they say when I'm not around like paranoia kind of. But it's like, it's just a feeling like you keep going of course that's ridiculous, you know, don't jump to conclusions. Like you don't have some kind of mental telepathy to be able to tell everything that everyone's thinking. [Jennifer]*

When considering attachment style, the preoccupied women had a more notable tendency to internalize shame, supporting previous research findings that women are more likely to internalize problems (Rönnlund & Karlsson, 2006). One study regarding shame in children found that a tendency to internalize was linked with proneness to feel shame (Ferguson, Stegge, Eyre, Vollmer, & Ashbaker, 2000).

Sub-theme A: Identity from externals. Some of the women took the real or presumed reactions of others further still. Tying into the theme of internalized shame, many of preoccupied individuals (but only a few of the secure or dismissive women) described defining their identity through external sources, often noting that their parents informed them of who they were and how they ought to be, and how that had affected both their view of self and their ways of coping.

> *My mother told me how to think and feel as an only child and so she, you know, told me pretty much how to think and feel until I left home at 22. And so I don't have any real, you know, I can't tell how I feel about things really, I don't know. It's confusing to think that you don't know how you feel but you just don't have any real, I can't assess it, you know, very well. [Madeleine]*

With identity being informed by external sources, it may be that the noticeably higher levels of shame experienced by preoccupied women were related to perceptions that the assaults were a reflection of who they are as people. Many of the preoccupied women used words like "worthless" and "damaged goods" to describe who they felt they had become, while dismissive and secure women were more likely to describe *how* they felt they were as people, and how it changed how they see their places in the world.

Sub-theme B: Self-blame. As mentioned earlier, in addition to describing themselves as having heavy experiences of shame, the women were often caught in cycles of self-blame, which perpetuated the feelings of low self-worth:

> *You feel that you should have seen it coming, you should have somehow heard him on the steps behind you. I should have, I should, when that banging was on the side of the car, I should have, I should have stopped and found out what was going on. There were people there, they could have helped me, you know. Um, you know like it's, you know, like you just keep going, okay, so the things that you've heard as a child telling you that you were too dumb to make the right decision or that you needed someone to make that decision for you, all of a sudden even though intellectually I tell myself that that's not true, my heart or something in me is saying well the proof is in the pudding, right. You know. You should have been more aware of your surroundings. You should have stopped and asked for help. You should have fought back. You should have, you know, you should have done all these other things and you didn't so maybe, maybe that's true, maybe you can't make those decisions on your own. So it's constantly a struggle between my emotional feeling that can just like totally run away with me to the intellectual side of me that keeps trying to tell myself that none of that really makes any sense, that truthfully it wasn't, it didn't have anything to do with me, it was something that he did. But I'm allowing his actions now to impact my life in a negative way and that's the part I don't like. And that's the part I can't seem to work through to understand how to get past that, you know. [Jennifer]*

And … um … there is, a lot of guilt. […] Not that I'm to blame about the actual incident, but I'm to blame for not, not being able to foresee this. [Bethany]

Securely attached women, in particular, tended to wonder how it was that they had been unable to predict what happened to them (feeling shame, feeling as though they had brought something 'bad' into their worlds), or how those who were in roles that had always been protective in the past could now cause so much harm. What had always been stable and predictable was shattered, and the women seemed to believe this reflected on them somehow. This finding is similar to Kanninen et al's (2003) study of prisoners of war, in which the secure prisoners had more difficulty than insecure individuals with psychological trauma, with insecure individuals having the 'advantage' of being accustomed to others being unpredictable, even cruel. Although used in the context of early attachment relationships, one can see how Bateman and Fonagy's (2005) approach to trauma fits well with the nature of sexual trauma (especially in secure individuals): "Unbearable shame is generated through the incongruity of having one's humanity negated, exactly when one is legitimately expecting to be cherished" (p. 97).

Sub-theme C: Shame-based Non-disclosure

Tied into deficits in support seeking, keeping the assault a secret was a strategy mentioned by 14 of the women. Some waited not only years, but decades, before disclosing—often due to the intensity of the shame and self-blame they experienced.

No. No, I didn't talk to anybody about it at the time. I told a couple people but I always felt, I always felt like it was my fault and so I just went, sweep it

under the carpet and carry on. Um, I was healthy, there was no broken bones, no bruises or anything like that so I just carried on. [Alice]

Trauma-related experiences of shame have been associated with non-disclosure (Hook & Andrews, 2005). This is consistent with the emergence of non-disclosure being common among the women.

The experience of shame was potent for all of the women, experienced in terms of low self-image, internalized shame, externalized projections of shame, self-blame/guilt, and non-disclosure ("not telling"). Many of these sub-themes emerged more prominently within one particular attachment style or another. In these subtle differences within the larger experiences of shame, one can detect how attachment style may be linked to coping with the experience of sexual assault.

Theme 6: Distrust of Others

Social withdrawal was found by Skinner et al. (2003) to be a family of coping. Despite the previous themes of avoidance and shame often also involving social withdrawal, the phenomenon warranted its own theme as, at times, it emerged independently of avoidance and shame. It seemed that, when social withdrawal itself seemed to be dominant, it was due to underlying distrust of others, particularly men and those in authority, as well as a larger, overarching societal distrust.

The following example demonstrates the idea of distrust, and the sense that this woman's experience of trauma has placed a wall between her and the world:

Just a total distrust and an uncomfortable feeling like you're always trying to somehow fit in with this secret that you, um, but I just can't connect with anybody, I can't, there's no possible way I can get as close as I want to people

and have good relationships with them. But deep down inside it's like when they're out of, when I'm not directly interacting with them it's like they don't exist, you know. It's just, it's a really weird feeling of solitude at all times. [Jennifer]

This is clearly representative of the shift in relationship to both self and others and the lack of control she felt over such a shift. The narrative of this particular woman suggests an inability that is beyond her control ("I just can't connect … there's no possible way") paired with a strong sense of dissociation ("it's like they don't exist"). One gets the sense it is a "weird feeling of solitude" because she feels cut off and alone no matter where she is or who she is with, as though the very reality of relationship in and of itself is questionable.

It is also noteworthy that, as she first began to speak, she used a more removed, projective language—'you' instead of 'I'. It was as though the secret she carries is too much and she speaks of its size ('you're always trying to somehow fit in with this secret'). It is when she began to speak of relationship and her desire for connection (despite her feelings of inability) that she finally began to speak in the first person, connecting more fully with her voice and the longing it expresses. Falling within the category of preoccupied attachment, it is noteworthy that her experience is consistent with the previous research finding that preoccupied attached individuals "exhibit a high level of distress at separation" (Solomon, Ginzburg, Mikulincer, Neria & Ohry, 1998). Her distress is rooted in "the wall" that exists between herself and others; a form of psychic separation that she cannot resolve, even with physical proximity.

Without exception, every woman who participated in the study described drastic decreases in their levels of trust. It was often the first change they described when asked how their lives had changed since the assault. This increase in distrust took different forms: relational distrust in everyday interactions, including specific interpersonal distrust in which the women felt suspicious of those who 'represented' someone similar to the perpetrator, as well as a societal distrust, in which the women experienced disillusionment with the level of safety they had in the world at large.

By far, distrust was one of the most dominant themes that emerged—almost always within the first minutes of the interviews. While the distrust that the women experienced varied, relational and societal distrust (seeing the world as evil/unsafe and the former self as naïve) were two common variations.

Sub-theme A: Relational distrust. A majority of the women reported that they became much more distrustful of others in general, regardless of gender or context. The following quotation is one example of the everyday situations in which the women found themselves feeling distrustful.

> *Um, I make sure that, if I'm in an elevator with a person, that I'm very guarded. Like I'll expect—so, so I'll try and limit the exposure I have to situations that could arise. So right now I basically, I guess being separated, I live with my son, and I don't—I go to movies, but I won't go to the clubs, I won't go out on my own. I'll go for a walk around the Seawall, um, I'll do safe things that I feel safe. But I never used to be like that, I used to go travelling, you know. I-I just never had that problem, so I'm very protective I guess with being {unclear} and that was a protection. [Lewellen]*

While overlapping with the theme of avoidance, the woman above makes it clear that her decrease in social activity is to protect her from others—linking *"situations that could arise"* to a feeling of guardedness if another person is in an enclosed space with her. She never finishes the thought of what she expects to happen, only that she is on guard and protective in situations with others. Such descriptions were common within the women's interviews, and most women also identified an interpersonal or relational distrust. For example, *"I don't trust people in general. And I am extremely independent and resistant to any help." [Eve]*

After the assault, some of the women noted an increased distrust even of those who could offer or would want to offer help (a finding that ties into the theme of Support Seeking, specifically those who found support unhelpful, or were unable to seek support entirely). However, many of these women also noted a strong desire to connect with others, describing tension between their lack of trust and their desire for relationship, as can be read in the description by Jennifer at the beginning of this section.

Additionally, within the idea of relational distrust, some of the women described a distrust of those who were associated with the same or similar roles as the roles the women associated with their perpetrators. It became apparent that these similar roles were specific to gender and authority.

Distrust of men was most commonly noted by women whose perpetrator was from the women's peer or age group, with many of these women noting it specifically. After the assault, the women who had such associations found that, in addition to their general interpersonal distrust, they also had a specific and pronounced distrust of those sharing the same gender with the perpetrator.

> *"For a long time afterwards, my closest friends were all guys. It's like, keep your enemies close, right? Keep your friends close and your enemies closer. It was protective." [Berlin]*

The above quotation indicates an overt distrust of men in her labelling of them as "enemies". The following quotation reveals the nature of one woman's gender-specific distrust:

> *How has it changed … um, for quite a few years I was very distrustful, um, of men, of males … [now] I'm not afraid of men. I guess it's sort of built up my wall, you know, squared my shoulders like okay, come on, you're not gonna do this again, you're not hurting me anymore. [Alice]*

The statement "you're not hurting me anymore" alludes to the idea that the woman is speaking to her perpetrator(s) specifically, not to men in general, despite her acknowledgement that it is men in general who she does not trust.

While many of the women felt increased relational distrust specifically toward men, there was a sub-group of women whose distrust was directed more toward authority figures in general. These women had been assaulted during adolescence, and the perpetrator had been someone in a position of authority at the time. It is these women who were less gender-specific in their distrust (three of the participants even described situations with female authority figures) and had more pronounced difficulty in situations and relationships where they were in a subordinate position of power.

> *I felt very nervous around all the fathers of my friends … I didn't trust pastors, I didn't trust anybody in charge of leadership and I didn't trust anybody's, um, dad basically, yeah. So yeah, I felt paranoid all the time … it*

> *usually upsets and bothers me if it's someone I don't know well or if it's someone in authority or if it's someone that, um, yeah, someone I don't know, someone in authority, or yeah, probably someone I don't know or someone in authority. [Nina]*

While this particular quote seems to be gender specific, this woman went on to describe a difficult work situation in which she felt intensely triggered by her current female employer and she consistently identified authority, and abuses at the hands of authority figures, as being the largest relational trigger in her life. Another woman described similar difficulties, which she found to be triggering:

> *The biggest thing, I realized that one of the reasons I didn't {unclear} is that I don't deal well with authority figures, I've had this job from hell for the last three years where the lady who, in this supposedly, well, it was a Christian organization, and uh, that this woman had absolute authority because there wasn't anyone above her … she belittled us so much and she criticized us and she made us all feel useless in our jobs and we didn't know how to do our jobs properly and everything like that, and me being older and all that I thought 'Well, nobody's hiring anyways so I'd better stay there', and, em … so I know, that again, I don't deal well with authority figures, I didn't deal well with my mother, I didn't deal well with this youth leader, I didn't deal well with my ex-husband, … that's what drove me to try and get some help, because this pattern can't go on any longer, I've got to, you know, where I can, how I deal with authority figures because I was threatened with and assaulted by my youth leader, you see. And he was an authority figure. [Madeleine]*

Both of these women had been assaulted by male authorities during adolescence and it may be that the perceived role of the perpetrator as an authority plays into how, or who, they distrust.

Relational distrust, with a focus on gender and authority, was present across all three attachment styles. It is interesting that distrust of men was more specific to the insecurely attached women, while distrust of authority was higher among the secure women. Schreiber and Lyddon's (1998) findings on the experiences of sexual abuse survivors may also shed light on the current findings, suggesting that secure paternal attachment aids individuals who survived the abuse to maintain the idea of the world (and their place in it) as secure. The bad experiences are thereby viewed as very particular experiences that did not reflect on their levels of perceived worth or levels of self esteem. Those with insecure paternal attachments, however, were more likely to generalize the negative experiences with the [male] abuser to *all* men, given the lack of experience with a male being trustworthy, caring, or connected.

Secure women within this study were less likely than the insecure women to have distrust of males in general. At the same time, they had an increased distrust of those in the specific role of the perpetrator (usually in terms of Authority). The women who were most securely attached also tended to identify the perpetrator of their assault more by role than by gender (compared with only one preoccupied woman). In contrast, both dismissive and preoccupied women were more likely to identify the perpetrator by gender, and preoccupied women had a greater tendency to generalize to a distrust of all males. While the secure women identified the perpetrator by role, it was striking how often those roles had been considered to be protective to them pre-assault. They therefore

expressed the disorienting aftermath of the assault—no longer having the same faith in others, let alone their own judgment of who could be trusted.

One woman had grown up in a family of police officers. While she was not particularly close with the males in her family who took on the role of 'police', she did trust them and feel protected by them. Furthermore, as a police officer herself, she had felt safe and part of a community prior to the assault at the hands of a fellow officer.

> *I used to think nothing would ever happen to me and especially the police, you know, and the worse reaction was I thought it meant I was a failure as a police officer cause I couldn't stop that and that was a big blow cause you think you can defend yourself against everything. So and I learned a lot, I mean my trust was shaken because it was a cop so, you know. You grew up thinking they were perfect, {laughs} so yeah. So it's changed dramatically. Just a new life, yeah." [Sera]*

While all of the women experienced shifts in trust, those in the insecure attachment categories seemed to experience more crippling, longer lasting levels of distrust. Secure women also had strong levels of distrust, but those seemed to be alleviated when the securely attached women had genuinely supportive relationships, as discussed in the Seeking Support section.

Sub-theme b: Societal Distrust

Another distinct variation within the larger experience of distrust described by the women was societal distrust in which they suddenly saw the world as evil and unsafe, while also viewing their 'former' selves as naïve and innocent.

> *I don't answer the door of the house. And, you know, sometimes my husband doesn't answer either cause we have things set up that we don't really, we don't have people to the house and that's me and that's cause I need my space, I need my space and place and if it's somebody I know and trust they can come but I can't stand to have anybody in my house. It's way too hard for me … I'm really sensitive anyway but I, before I remembered I had a trust in the world. [Grace]*

The woman quoted above not only speaks of a general relational distrust leading to her social withdrawal, but also to the loss of "*trust in the world"*. The following woman not only experienced a decrease of trust in "humanity", but specifically noted an increase in her negative perception of society:

> *How have I changed? Well, it's made me more paranoid in some ways about humanity. It's made me know what evil there is in the world. [Berlin]*

Although brief, this particular statement is revealing, as it identifies both the shift in perspective, and the woman's shift in her view of herself: She labels herself '*paranoid*', a term with negative connotations, which suggests unjustified suspicion, and yet she also qualifies and validates this label with her next statement ('*what evil there is in the world*'), a statement which makes it clear that there are very real reasons for her distrust.

Alongside their descriptions of their former self as naïve and the world as evil, some women also touched on the division that had been created by these newfound perspectives. The following example from one woman was particularly potent in her

allusions to powerlessness, loneliness, and hopelessness with regard to their place (or lack thereof) in the world:

> *I think that I was pretty naïve, and now I'm more realistic that the world isn't a totally safe, ideal place, it's more of a dangerous place to be in … I think I told some of my friends, but not all of them. Some of the women I know have had, kind of uh, date rape scenarios and stuff so I talk to them about it and um, I think that maybe part of being assaulted is just part of being a woman. Like, it's just … so common that it's not a big deal in society … I think it's just kind of a rite of passage almost, into society. Like men just don't have any respect for women. And uh, I think it has a lot to do with the church, with the politics and government and with patriarchy of everything. And just, women are undervalued in society, and uh, yeah, I guess it's just, just the way things are. All the feminist stuff in the 60s {laughs}, they did a lot of work, and did a lot of good things, but it's, they didn't go far enough in changing the way women are perceived and how women are treated, I guess. [Astrid]*

Many of the women, in their distrust, had altered their understandings of society as a whole, coming to perceive it as an active contributor to their feeling unsafe. Perspective on the world/society and their places in it shifted drastically for many of the women. However, it was most strongly evident in those participants who had insecure attachments, as evidenced in the quotation above. Secure individuals were more likely to shift their perspectives on themselves and on those who shared similar roles to their perpetrators. Insecure individuals, however, felt the assault revealed the world to be "evil", "dangerous", and "sick". A previous study on attachment style and reaction to out-

groups (Mikulincer & Shaver, 2001) found that individuals exposed to a secure based schema (exposure to words such as *love* and *support*) were much more likely to be open and positive toward perceived out-groups than those exposed to insecure based schemas (exposure to death-related words). Despite the fact that their study used an imposed attachment-based schema rather than actual attachment styles, I would contend that those who are securely attached will tend to have more securely based schemas in everyday functioning than would insecurely attached individuals—as reflected in the idea of internal working models in attachment theory (Maier, Bernier, Pekrun, Zimmerman, & Grossmann, 2004). While the women more often struggled with feeling like the 'out-group' themselves, Maier and colleagues' study would seem to support the findings that secure individuals have overall more positive perceptions of others that is reflected in their shifts in worldview. In contrast, insecure individuals may have already had less positive outlooks before their assaults.

The following is a powerful description of the increases in wider, societal distrust that one woman with a dismissive attachment style experienced:

> "*I became more cynical of other people, and I saw it sort of changed how I saw myself too. It seemed like I wasn't even there to them? That I just wasn't worth it. {laughs}. Yeah. Nothing was worth it with other people." [Rae]*.

This woman's words seem to convey how cynicism covers the grief of seeing oneself with different eyes; seeing oneself through the lens of the extremely harsh, 'real' world.

I became more cynical

I saw

I saw myself

I wasn't even there

I just wasn't worth it.

She spoke as though the cynicism took over her perspective of both self and others; as though she were seeing how things 'really' were for the first time. In that new perspective, one can hear her feelings of invisibility, of not mattering, of feeling unworthy and alone. It is as though she used the cynic's voice without fully buying into it—what is important in her narrative is what she did *not* say. It is not possible to fully determine how she felt about herself. She took on a voice housed in the external perspective, in the eyes of the world. How *they* saw *her.* While she adopted the voice as though it was her own, she does not actually identify with it as fully as it might first seem.

After hearing some of the responses the women had received when they had disclosed to someone about their traumas, I began to perceive that there was a greater, societal element to the deficits in support that were experienced. It may be that others, due to lack of education on the topic, their discomfort with the issue of sexual trauma, or their own feelings of helplessness on this issue, simply did not know how to respond and, as a result, chose less-than-appropriate responses. As noted earlier, when awareness of sexual trauma was increased in a community, the number of sexual assaults decreased (Murphy, 2006). Perhaps if there were less shame and ignorance in society and social institutions surrounding the topic of sexual assault, there would be a greater ability for both empathy and action on behalf of survivors.

What is fascinating is that the wider, societal response to sexual trauma parallels the responses of the women in the dismissive attachment category. This particular group of women were most likely to minimize their experiences and made overt attempts to move on by "*sweeping it under the carpet*" (this may also account for a decreased ability to receive support for something that they, themselves, attempt to ignore). I am curious as to whether or not the similarities between dismissively attached women and "externalizers" (Miller, et. al, 2003) may further indicate an increased awareness and consequent identification with negative cultural nuances. As an example, one dismissive woman whose *societal distrust* was discussed earlier in this chapter seemed to take on a false, cynical voice of the cruel, 'real' world. In this way, she identified *with* the externals, while many preoccupied women identified themselves *from* external sources.

The women experienced levels of distrust that were drastically higher than they had ever experienced pre-assault, experiences that affected their relationships and daily functioning. Attachment style seemed to be linked to the nature and expression of the resulting distrust: Insecure individuals had more difficulty with men and society in general, while secure individuals had more difficulty with trusting themselves and authority.

Theme 7: Emotional Reactivity

The final theme is Emotional Reactivity, rather than Emotional Regulation (Skinner, et al., 2003), exploring coping responses specific to PTSD compared to general stress and/or emotional management. Due to the significant overlap with previous themes, the relationship between attachment style and coping will be my primary focus in describing this theme.

All of the women in the sample described experiences of anxiety (unsurprising, given their diagnosable levels of PTSD symptoms). Additionally, several of the women also described struggles with depression. It seemed, however, that those who had secure attachment styles engaged those feelings and experiences more often. In contrast, the women in the insecure categories (both preoccupied and dismissing attachment styles) reported using activity in order to distract themselves and avoid anxious and depressive episodes related to memories of the assault.

> *If I have time to sit around in my house and do … I'll recall, all the memories and stuff and then I'll start to feel bad about myself and so if I keep busy I don't really turn my thoughts to, to the negative experiences. [Astrid]*

While the above quotation is from a woman with a dismissive attachment style, the following is from a woman with a preoccupied attachment style. Note the slight difference in terms of how controlled, or out of control, the distractions themselves became:

> *I throw myself into projects really deeply, like I'm not even aware of others around me, like I have to watch because sometimes I don't even hear the kids. And sometimes I get into it so much that for days, I don't want to take care of the kids for a day because if something's really hard and I'm trying to deal with it, I just don't have the strength to deal with the kids 'cause they're all coming and going and I just want to 'give me 12 hours to be doing this, straight', and then I'll be okay … but I can't do that. They're there all the time. So I have to really watch how I do things. [Jenna]*

The woman who had a dismissive attachment style presented in a way hinting that she was in full control of distracting herself. In contrast, the woman in the preoccupied category describes the lack of control she had on the distraction itself.

The following is an example of how, after months of blocking memories and distracting from feeling, one woman (in the dismissive category) lost control and was overwhelmed by memories and emotions connected to the assault: "*It happens every once in awhile where I go to this really bad place, where everything just kind of comes back to me, and then I sort of lose my grip on everything else." [Rae]*

As previously noted, those classified as securely attached were more in touch with their feelings of depression and anxiety and, although many of them still engaged in distraction, it was to a noticeably lesser extent than either the dismissive or the preoccupied women. The women who were securely attached seemed to try to avoid anxiety and depression by focusing on doing things for other people (particularly family), using substances, or utilizing support from trusted friends or family members. Even then, they found it difficult to block out thoughts and feelings compared with those who were insecurely attached:

> *My mind has become a lot busier, um, maybe it was busy before but I just had different coping mechanisms. But um, sometimes I've had a hard time shutting off my mind. Re, relentless. Relentless tape, nagging. [Maya]*

One woman with a secure attachment style (with dismissing traits) was forced to adopt a caretaking role soon after her assault, when her mother died and her father came to depend on her to look after both him and the younger siblings. In the following

passage, she describes how this became a way to cope while also touching on desire for change, for wanting to have space for herself and her emotions:

I got really good at that.

Supporting others.

*And it's a good thing. It's not, you know, it's not something I don't, I don't think it's, I think that's another of my coping strategies is that, you know, it's good to do that**…** I believe that it's alright and a good thing to do and I also believe that, that in essence I am doing for myself by doing for other people. But sometimes I would like to be looked after. Yeah. [Eve]*

As illustrated above, participants in the secure category who attempted to distract felt more ambivalence toward the distraction itself, while the women in the insecure categories were much more likely to perceive coping through distraction as unambiguously beneficial. Their distraction strategies were also less relational in nature. The securely attached individuals were also much more likely to decrease their use of distractions to cope once they were in the presence of supportive, caring relationships.

Not surprisingly, the women who had dismissive attachment styles often held dismissive attitudes toward their assault experiences; rationalizing away the severity of the assault, and minimizing their reactions to having been assaulted. The fact that the dismissive women were even participating in the study suggests that they did not hold this dismissive view consistently; that they had begun to move away from that form of coping.

I wasn't bruised, I had no broken bones, you know. Pick yourself up and carry on. That was basically the rule of thumb I stuck with. [Alice]

I didn't realize that at that time it would be this bad. I thought, well, you know, he'd go on his way and I'd go on my way and, you know, things are fine. [Teresa]

The following description shows the self-critique that one woman with a dismissive attachment style experienced while taking time off of work after the assault. Her guilt and concerns about what others might think overshadowed any thoughts or feelings about the assault itself, almost as though the invalidation itself acted as a distraction for her.

It's, you know, you know, it's just sort of that, there was that uncomfortableness and just sort of that sense of the only other times I'd ever, you know, taken off work, the only time I take off a chunk off work was like I had pneumonia and was, like, in the hospital on IV and, you know, had something very physically stopping me from going to work. So having something that was more nebulous was, um, I don't know, like there were those guilt feelings too of like, you know, especially days when I would be having a relatively good day, you know, and then be feeling like oh, all of a sudden the guilt would sink in, like I should be productive, I should be at work and there's no reason I should just be lazing about my house and it's not like I could really enjoy that time because I had the total paranoia of, you know, going out even to the grocery store and like running into a parent or students or people, you know, and saying, you know, where are you? [Shannon]

As described earlier in the theme of Distrust, dismissive individuals seemed to take on more external views of themselves. The above quotation seems to suggest that, if others could not see the problem, it could not and should not be a problem for her—"*I should be productive, I should be at work and there's no reason I should just be lazing about my house.*"

In terms of emotional reactivity, in response to their trauma-related anxieties and the resulting emotional responses, the women often turned to distracting activities. It seemed that attachment style may account for how effective the distractions are perceived, when contrasted with processing of the primary emotions themselves.

CHAPTER 6: CONCLUSIONS, LIMITATIONS AND IMPLICATIONS

The purpose of this study was to answer two questions about women who have experienced sexual assaults in adolescence or adulthood: (a) how did women experience living with PTSD as a result of their assaults; and (b) how had they coped with these experiences, including whether attachment styles are useful in understanding their coping. The Listening Guide method was successful in shedding light on both of these questions, confirming previous research findings in some ways, extending what is known about these phenomena in other ways, and generating several new questions that will need to be answered in the future.

Specifically, providing personalized accounts of life with PTSD following sexual assault offers a different, deepened perspective of how trauma can affect a woman's everyday life. By listening to the women's stories, the complexity of post-assault experience emerged; the effects upon self-image, interpersonal relationships and social interactions were striking. The in-depth exploration of ways in which the women coped with such changes, particularly when looked at through an attachment-oriented framework, offers a unique and dynamic perspective on trauma and coping.

In terms of their abilities to cope with their PTSD, the emergent themes for both positively and negatively perceived forms of coping included Seeking Support (including experiences of both inadequate and genuine support, as well as examples of betrayal and resilience when support from others was not readily available), Avoidance (by emotional blocking, numbing with substances, and dissociation), Positive Cognitive Restructuring (working through, listening to their bodies, experiencing empathy, and maintaining

hope), Rumination, Shame (self-blame, issues with identity, and non-disclosure), Distrust of Others (both relationally and on a broader, societal level), and Emotional Reactivity.

It also appears that attachment is useful to attend to when understanding women's ways of coping with their experiences. Although no new themes emerged from the attachment-related analysis, some of the variability in the themes from the overall analysis appeared to be linked to particular attachment styles. For example, while all of the women experienced lack of social support, women with preoccupied attachments more often described experiences of feeling betrayed.

Limitations

Unfortunately, all of these conclusions need to be interpreted with some caution, because there are several important limitations that are inherent in the study. These limitations include issues related to methodology, theory, and interpretation.

Several concerns arise from the fact this thesis used information obtained as part of a larger study. First, other elements of the larger study were quantitative in approach and post-positivist in philosophy, which may have unduly influenced how the women perceived the contexts and relationships within the interviews. For example, the interviews were conducted within a larger data collection framework, which included a number of standardized assessments that may have influenced what the women considered 'appropriate responses'. Women who are not simultaneously involved in other research may have different constructions of their traumas and coping experiences, so their stories may be different.

Also, the structure of the larger study precluded the use of member-checking or other methods of participant validation. Specifically, presenting the findings back to the

women during the study would have interfered with the need to reduce external influences on the different experimental conditions that the participants were subjected to. Also, given the three-year length of the larger study and the intensity of the total package of data collection procedures, it was considered too onerous to ask the women to return for another interview after completing all their other research commitments. The lack of participant validation creates a serious limitation for this study. From a social constructivist perspective, the participant is the only true expert on his or her own subjective experiences. Although I used alternative ways of validating the findings, such as linking the themes with existing literature and having an expert in the field review the findings, the findings presented in the previous chapter must be treated as tentative, because it is not known whether the women themselves would agree with my interpretations of their experiences.

Conducting the AAIs prior to the data collection interviews may also have had some detrimental consequences. The specific nature of the AAI questions may have influenced the women's perceptions of how they were expected to respond to the other interviews: They may have felt less free to express and explore experiences that were unrelated to what they had talked about in the AAI. This potential limitation was mitigated by conducting a second interview with the participants. The second interviews were conducted 1 to 3 months following the first interview, and were not preceded by any other measure. In future research, this potential problem could be avoided by using a pencil-and-paper measure of attachment, having a separate interviewer administer the AAI, or by conducting the AAI after the main interviews, rather than prior to them.

Additionally, use of the AAI does not fit theoretically within a social constructivist paradigm, because it is based on the post-positivist assumption that attachment experiences exist as a reality rather than a framework and are therefore able to be measured. There is, because of this conflict, some contradiction in terms of whether attachment is or is not a "real," objectively measurable phenomenon. However, given my interest in examining the links between attachment and coping with sexual trauma, it was necessary to use some way to assess the women's attachment styles. As described in Chapter 3, the AAI was the most appropriate way of assessing attachment style. It is more voice-centred than any of the other existing measures of attachment, and often appeared to lead the women to deeper understandings of how their earlier relationships influenced their current functioning. Whether or not the coding categories generated by the AAI are real in an objective sense, the interviews contained rich descriptions, and the women described the process itself as meaningful to them.

Also, given the length and depth of the interviews with the women, the sheer volume of content that I analyzed in this study could be considered a limitation, in the sense that it is very difficult to hear all the voices that were present in the 60 interviews (33 initial interviews and 27 follow-up interviews) that were provided by the participants. The problem of fully understanding and describing the women's experiences was exacerbated by considerations of time and document length (this study needed to meet the norms for a master's level thesis). Some of the themes that I described in the findings chapters could be engaged more deeply—particularly in terms of variations within the themes and specific, unique experiences the women described, which were interesting, but outside the scope of the current research context.

Another limitation is the use of another interviewer for 13 of the initial interviews. As mentioned in Chapter 3, the interviewer was a researcher in the larger study who had extensive contact with the women throughout their involvement. Nevertheless, the Listening Guide requires the listener to begin the process of listening within the interview itself, not only in the post-interview analysis. Valuable non-verbal cues and potentially increased rapport within the second, follow-up interviews were quite possibly lost by having another interviewer. It was also my observation, and a limitation, that the other interviewer used the same pattern of interaction in the qualitative interview as she did in the AAI—meaning the interviews were less interactive when conducted by the other interviewer. (Similarly to the potential shaping of responses of the women by having the AAI administered first, the AAI may have influenced the manner of interaction with the interviewer; especially given the strict AAI guidelines to not involve oneself by making any extraneous comments or inquiries beyond the basic questions.)

Finally, it should be mentioned that the Listening Guide is designed to uncover the experiences of specific individuals, rather than to make generalizable statements about populations. While this is a characteristic of the research design rather than an actual limitation, readers are cautioned not to adopt a quantitative interpretation of the findings—not to assume that the patterns or themes that emerged here are applicable to all women who have experienced PTSD due to a sexual assault. All the same, this study does provide a rich understanding of the experiences of 33 women, which may transfer to many other individuals, and certainly has generated findings that deserve to be explored further in future research.

Clinical Implications

The thoughts, feelings, and experiences that the women in this study expressed have a number of potential implications for therapeutic relationships and interactions. Although the findings of this study are situated in the lives of 33 specific individuals, and must be understood in the context of the various limitations that were described above, it may still be useful to take these implications into consideration when working with women who have experienced sexual traumas.

Issues of support, in particular, were prominent in the experiences described by many of the women. This may be an important consideration when working with women who have similar presenting problems. The fact that many of the women characterized their interactions with other assaulted women who had had similar experiences as helpful indicates that support groups and group therapy may be particularly useful—especially for those who have had difficulty seeking and/or finding support in relationships with loved ones. Additionally, group therapy may help to decrease experiences of shame and self-blame through hearing and relating to the experiences of other women.

Another key consideration for therapy is the issue of power and control. In a population particularly sensitive to issues of power differentials, one major emphasis of therapeutic interactions should be empowerment. This may include working with women on what it means to use their voice and for others to respect what they are saying, particularly in terms of their drawing boundaries. Interactions within the therapeutic relationship itself may be utilized for these purposes. For example, something as seemingly insignificant as scheduling the next appointment has the potential for empowerment—rather than asking “when should I schedule you next week?”, leaving it

more open for the client to decide ("would you like to schedule an appointment next week?") provides much more freedom with how a question is worded.

Additionally, women who have experienced sexual assault may find it valuable to explore therapeutic techniques focused on desensitization of trauma triggers. Power therapies such as Eye Movement Desensitization and Reprocessing (EMDR) or One Eye Integration (OEI) may be useful in lowering the intensity triggered in everyday situations (Bisson, Ehlers, Matthews, Pilling, Richards & Turner, 2007; Cook & Bradshaw, 2002).

Attachment considerations. Given the finding that some of the variations in the women's experiences appeared to be linked to their attachment styles, it may be useful to attend to attachment issues when counselling women presenting with PTSD following sexual assaults. Although it is not practical to administer the AAI with all clients, if a therapist notices strong indicators that a client has a particular attachment style, it may be beneficial to consider attachment issues when selecting psychotherapeutic interventions. The following are some key identifiers that may indicate a tendency toward a certain attachment style:

1. *Secure:* security is often exhibited by the client's ability to self-soothe, to regulate her emotional states, and to process openly and freely. Secure individuals will acknowledge the importance of close relationships and can speak to both the positive and negative characteristics and consequences of being in close relationship with another. (Fonagy, Gergely, Jurist, & Target, 2004; Sroufe, Egeland, Carlson, & Collins, 2005).

2. *Preoccupied:* preoccupied individuals tend to exhibit anger, resentment, confusion and/or fear within the context of close relationships. As the very label indicates, they may remain preoccupied with childhood slights and are likely to exhibit a

push-pull tendency within the therapeutic relationship as well as with family and friends. (Fonagy, Gergely, Jurist, & Target, 2004; Sroufe, Egeland, Carlson, & Collins, 2005.)

3. *Dismissive:* dismissively attachment individuals will often present as being extremely independent. In the AAI classification, dismissive individuals may over-idealize attachment figures but are unable to provide evidence of positive interactions, may be overly derogatory toward attachment figures, or may claim to have no recollections of childhood altogether (Sroufe, Egeland, Carlson, & Collins, 2005).

4. *Disorganized*: while disorganized attachment style was not the focus of this study (due to the exclusion criteria limiting abuse experiences in childhood), it is still useful to note potential indicators of disorganized attachment. The difficulty with identifiers with this attachment style is that they can have the appearance of secure and/or preoccupied and/or dismissive at various times, partly due to high levels of dissociation, and partially due to the lack of an organized attachment strategy. Disorganized attachment style is often identifiable by high levels of dissociation, freezing behaviours in both posture and speech (lengthy pauses that go beyond normal, thoughtful pauses). Within the attachment literature, there are two potential subtypes emerging: *controlling-caregiving* (overly polite, positive and/or helpful behaviour) and *controlling-punitive* (overly derogative, derisive communication used to humiliate the other). (Lyons-Ruth, Melnick, Bronfman, Sherry, & Llanas, 2004; Moss, Cyr, & Dubois-Comtois, 2004; Sroufe, Egeland, Carlson, & Collins, 2005).

It is important to note, however, attachment theory is not formally associated with any specific form of, or protocol for, treatment. Therefore, I surmise that the effectiveness of attachment-based interventions is guided more by the client-therapist

interactions and relationship than in any set interventions or techniques. Some researchers have concluded that the relationship itself *is* the greatest predictor of therapeutic success (Henry, 1998), and I would imagine this is the case regardless of attachment considerations. It may be useful to choose interventions based on the client's particular needs, and those needs will most likely be better assessed within the context of a strong, secure connection within the therapeutic relationship. A therapist who has knowledge of the various nuances of experience with those who are of dismissing, secure, or preoccupied attachment styles, will also have a stronger sense of what their clients may or may not find particularly helpful.

As previously noted, some of the women found healing and release by 'listening' to their bodies, and various body-oriented therapies may be useful to incorporate into treatment plans for trauma (Rothschild, 2002).Recently, the application of eastern movements such as yoga have been applied to the treatment of trauma, with much success in grounding and lowering of physiological arousal levels (van der Kolk, 2007). While preoccupied women may find body therapies helpful, such interventions may initially be too intense or simply perceived as ridiculous for those who are predominantly dismissive in their relationships, which is why attachment considerations may be important in appropriately navigating therapy with clients.

With regard to the lack of support and issues of trust that emerged in this thesis, it may be useful for clinicians to consider addressing and exploring their clients' social skills. For instance, while the securely attached individuals seemed able to discern who was and was not trustworthy, and thereby sought help from more supportive individuals, the insecure women did not seem to have this ability. Simultaneously working on

building trust while working on issues of social support and discernment may be beneficial for clients who present as insecurely attached.

Socially-focused interventions tie further into possible individual- or group-interventions for preoccupied women. In addition, the prominent finding of social avoidance due to shame and fear with preoccupied women could be effectively addressed by establishing trust and connection within the therapeutic relationship, as well as building social competence and confidence. Group interventions may be particularly useful for addressing issues of shame in light of how the women in this study experienced hearing other women's experiences with sexual assault.

As described earlier, many of the preoccupied women had difficulties with their own emotional experiences, and often looked to external sources for validation and interpretation of their experiences. This may be rooted in early attachment experiences during which attachment figures failed to properly mirror affective states (Fonagy, et al., 2004), thereby causing disorientation and ambivalence toward others. It may be useful for therapists to engage in intentional mirroring throughout the course of therapy with these women, an ongoing therapeutic approach called "mentalization", described in great detail by Bateman and Fonagy (2005). Mentalization is defined as "the mental process by which an individual implicitly and explicitly interprets the actions of himself and others as meaningful on the basis of intentional mental states such as personal desires, needs, feelings, beliefs, and reasons" (Bateman & Fonagy, 2005, p.xxi). One can see from this definition that helping the client to build her ability to mentalize would be incredibly valuable for therapy, especially with preoccupied individuals who may need additional

development in understanding their own emotional experience while interpreting interactions with others.

Secure women, on the other hand, may need fewer of these interventions. The secure women in this study found empathy and acceptance to be very effective support and seemed to be able to direct their own paths toward healing once that safety had been established. These kinds of clients may benefit more from Rogerian-style psychotherapy than from the more active strategies that I have suggested for clients with other attachment styles.

The coping strategies of substance misuse and social activities as distractions rather than interactions that were particularly prominent in the dismissively attached women's interviews suggesting that therapists may find it useful to routinely assess for substance abuse issues with this kind of client. Obviously, if substance use is an issue, then that should be taken into account in treatment. Encouraging and working with dismissive women in establishing deeper, more meaningful, social connections may also be valuable.

Finally, also important for clinical consideration, are the differences in dissociation experienced by the insecure women in this study. Dismissively attached women had more blocking and numbing of emotions and memories, while preoccupied women experienced a separation and numbing from their emotions. These differences in experiencing dissociation may be of use for clinicians when formulating attachment-specific interventions for addressing dissociative issues.

The therapeutic relationship provides an opportunity for unconditional support, especially when considering the specialized needs of women struggling with

posttraumatic symptoms after sexual traumas. Having an awareness of support issues and concerns around power dynamics can assist the therapist in better understanding the client's needs. Additionally, it may be useful to consider attachment styles or the possibility of substance issues. Having greater understanding of trauma and coping can enable the therapist to help create a safer, more empathetic and empowering environment for his or her clients.

Implications for Future Research

One major characteristic of this study is the specific focus on women. Men's experiences of coping with trauma may be substantially different, so it is recommended that a similar study be conducted with male participants. This direction is particularly important, given previous research suggesting that men who survive sexual assault experience even greater symptom severity than do women survivors (Elliott, et. al, 2004; Walker, Archer, & Davies, 2005). If researchers are to pursue this direction, it should be recognized that alternative methods of data collection and analysis may be more appropriate; the *Listening Guide* was designed primarily for research on women's experiences (Gilligan et al., 2003), and may not be the best way to capture men's experiences.

Secondly, research has shown that memories of sexual assault are significantly more disorganized than other trauma-related or unpleasant memories (Tromp, Moss, Figueredo, & Tharan, 1995; Halligan, Michael, Clark, & Ehlers, 2003). I wonder if societal ambivalence toward sexual assault contributes to this disorientation. Throughout the process of working on this project, many people who had asked me what I was working on would then promptly state, "That's horrible … but how do you know they

were really assaulted? A lot of women lie about that, you know." One study on Israeli war veterans examined the maladaptive coping strategies of combat stress reaction casualties, compared to veterans honoured with medals for bravery (who were more high-functioning with fewer posttraumatic symptoms) and suggested "the long-term vulnerability of these veterans may be due to the psychiatric label accompanying the breakdown … in Israeli society where masculine identity is associated with military service, breakdown in combat is associated with blame" (Dekel, Solomon, Ginzburg, & Neria, 2004, p.148). This is not unlike female victims of sexual assault in North America, whose experiences may be questioned by the very people from whom they are seeking support. It has been recommended that, as society emerges out of a culture of silence, it moves toward "a culture of protection" (Fabiano, Perkins, Berkowitz, Linkenbach, & Stark, 2003). Further research, focused not only on the survivor's utilization of social support but also on how others react to her when support is sought, is necessary to explore this issue. After doing so, it may be possible to address the consequences of societal ambivalence to women who report being sexually assaulted.

The norm for insecure attachment in the general population is estimated to be 42%, with the remaining 58% being secure (vanIjzendoorn & Bakermans-Kranenburg, 1996). In this study, however, the percentage of insecure individuals was closer to 80%. It is also likely that, given the dismissively attached women's tendencies to minimize, dismissive individuals may be underrepresented within the study. Additionally, those who are in the estimated 50% of sexual assault survivors who recover from post-traumatic symptoms after one year post-assault were excluded from this study. Extending

the research to these other kinds of women provides another possible consideration for future research.

Lastly, it has been noted throughout the findings and discussion of coping in relation to attachment style that, while some experiences of coping were similar among the women, subtle but noteworthy differences emerged that seemed to be related to particular attachment styles. For example both dismissive and secure women described engaging in substance use. However, securely attached women used substances to calm and numb themselves in the absence of both dissociation and supportive individuals while dismissively attached women used substances on top of socializing (as a distraction) and dissociation. Further research would be useful to confirm the possibility that different women may engage in the same coping behaviours for very different reasons, and to explore what those different motivations are: addressing the question of *why* people with different attachment styles engage in the coping strategies that they do.

The women who took part in this study provided me, as the listener, and hopefully others, as readers, with keen insight into their experiences with the after-effects of sexual assault, as well as what it has been like for them to live with those effects. Each woman's story seemed, by the very nature of their telling it, to defy some of the most debilitating aspects of PTSD and their less adaptive responses to it— some broke their silence, while others emerged from self-imposed isolation. Those who stated that they were doing anything but coping showed their hope by their very presence; all put voice to what they had been through and what they were living. Reading the women's words, we all become listeners. It is my hope that they have been heard.

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APPENDIX A

Additional Participant Demographic Information

Alice

Alice was mid-40s during the study and married to a very supportive man whose care for her still seemed to shock her at times. She had survived one assault, a gang rape at a party, at the age of 19 and continued to suffer posttraumatic symptoms as a result despite her best efforts to keep them at bay. Her Adult Attachment Interview indicated that Alice had a dismissive attachment style.

Astrid

Astrid was in her early 30s and single. She had experienced one assault at age 17 by a fellow member of cadets and still struggled with her posttraumatic symptoms and how to deal with them. The Adult Attachment Interview indicated that Astrid had a dismissive attachment style. She described dealing with the PTSD symptoms by pushing them away or staying busy. She identified her closest friends as being women who had survived similar experiences.

Bethany

Bethany was in her mid-50s and got married during the course of the study. She had survived two assaults, one at age 5 by a family friend and the other at age 13 by a relative. The Adult Attachment Interview indicated Bethany was not only securely attached, but prototypically secure. In my interactions with her, I observed that she exhibited high levels of hope and resilience.

Berlin

Berlin was in her early 20s, single and working toward a university degree at the time of the study. She had survived two assaults, one at the age of 14 and the other at age 8, both at the hands of her cousin, and struggled with severe depression and posttraumatic symptoms as a result. The Adult Attachment Interview indicated that Berlin had a preoccupied attachment style. She was extremely articulate around her experiences and emotions, so much so that the transcriber—having no information on Berlin beyond the interview content—commented on her obvious intelligence.

Blanche

Blanche was in her early 60s and single. She had been assaulted in her late teens by two men and continued to struggle with posttraumatic symptoms and issues of trust. In the Adult Attachment Interview, it was indicated that she had a preoccupied attachment style and it was obvious during her interview that she remained ambivalent about whether or not she wanted others to know her story. (That said, in the AAI, when asked to describe

where she grew up, she launched into a detailed, 40 minute description of her assault experience.) Blanche only participated in the first interview.

Celie

Celie was in her late 30s and separated from her husband. In her mid-30s, she had survived a drug-assisted assault by an acquaintance. Since then, she has struggled with both posttraumatic symptoms and binge drinking in order to deal with those symptoms. The Adult Attachment Interview indicated that Celie has a dismissive attachment style.

Constance

Constance was in her late 40s and divorced, although her ex-husband was still her best friend and a strong support for her. She had survived an assault in her mid-40s by an uncle. When she disclosed to her family, the greater majority of them sided with her uncle, betrayals that only furthered the trauma. Constance described chronic pain issues and struggles with bulimia (the eating disorder pre-existed the assault). The Adult Attachment Interview indicated she had a preoccupied attachment style. In our time together, Constance came across as very sweet, mild-mannered, and extremely sensitive. Having someone hear her experience seemed to be quite valuable to her.

Eve

Eve was in her early 50s and married at the time of the study. She had survived one assault at the age of 14 by her then-boyfriend. This assault resulted in a pregnancy and after giving birth she gave the child up to be adopted. That same year, her mother died and being the oldest child, she assumed the majority of household responsibilities. Eve reported having few posttraumatic symptoms until she reunited with her son decades later. Upon meeting him, everything came flooding back and the posttraumatic reactions constantly overwhelmed her. The Adult Attachment Interview indicated that Eve had a secure attachment style with dismissive traits.

Gayle

Gayle was in her mid-50s and in a common law marriage that she identified as being her main supportive relationship. She had experienced one assault in her late 40s by a chiropractor and suffered chronic pain that she identified as being a result of this trauma. The Adult Attachment Interview indicated that Gayle had a preoccupied attachment style.

Grace

At the time of the study, Grace was in her late 40s and married. She had survived two assaults in her lifetime, both having taken place decades prior to her participation in the study. The first assault she experienced was at the hands of several perpetrators in a gang rape; the second was at the hands of a family member. While she remembered the assault by her family member, she had blocked the gang rape for many years before the

memories came back to her. She reported suffering from chronic pain that she felt was a symptom of her posttraumatic stress. The Adult Attachment Interview indicated Grace had a preoccupied attachment style. Grace was only able to participate in the first interview.

Jane

Jane was in her early 40s and divorced at the time of the study. She had survived one assault several years prior to participating in the study and experienced intense shame as a result (her descriptions of shame-feelings were some of the most staggering in their depth and poignancy). The Adult Attachment Interview indicated that Jane had a preoccupied attachment style. She only participated in the initial interview.

Jenna

Jenna was in her early 30s and married. She had a large family, due to having both her own children and being a foster parent to her sibling's children. She had survived on assault when she was 20 years old by a male friend. She suffers intense posttraumatic symptoms, especially in her relationship with her husband, and struggles with issues of shame as a result of both the assault and her upbringing. The Adult Attachment Interview indicated that Jenna had a preoccupied attachment style.

Jennifer

Jennifer was in her early 50s and divorced at the time of the study. She had survived two assaults, one when she was in her mid-30s and the other when she was in her early 40s. The Adult Attachment Interview indicated that Jennifer had a preoccupied attachment style. Out of all of the participants, she seemed to have the most pervasive issues with shame. Jennifer only participated in the first interview.

Julie

Julie was in her mid-40s and single at the time of the study. She had survived two assaults that took place on the same night—the first by a stranger who had offered her a ride, the second by her then-boyfriend when she sought his support after the first assault. She was 17 at the time. The Adult Attachment Interview indicated that Julie was dismissively attached. She also had difficulty in various life situations, still living with her parents and finding it difficult to maintain a job.

Kayleigh

Kayleigh was in her early 40s and single. She had survived one assault in her late 30s by an old high school acquaintance (with whom she had reconnected weeks prior to the assault). She reported struggling with intense hyper-arousal and flooding, as well as struggling with lack of support in friendships following the assault. The Adult Attachment Interview indicated that Kayleigh had a preoccupied attachment style.

Lauren

Lauren was in her early 30s and single. She had survived a drug-assisted assault by an acquaintance two years earlier and was extremely active and vocal in her community around raising awareness on drug facilitated assault. The Adult Attachment Interview indicated that Lauren had a dismissive attachment style.

Lewellen

Lewellen was in her early 40s and separated from her husband. She had experienced one assault at the age of 25 by a friend of a friend. She coped with her posttraumatic symptoms by both binge drinking and overeating. The Adult Attachment Interview indicated that Lewellen could not be classified into a particular attachment style.

Madeleine

Madeleine was in her late 60s and divorced. She had experienced one assault at 16 years of age by her youth leader. Madeleine described the intense shame and difficulties with boundaries she experienced as a result of both the assault and her relationship with her mother. (She felt the assault had confirmed the negative messages her mother had directed toward her.) The Adult Attachment Interview indicated that Madeleine had a preoccupied attachment style.

Margaux

Margaux was in her mid-50s and had been widowed for one year at the start of the study. She had survived one assault by a college acquaintance when she was 17 and still felt plagued by memories and posttraumatic symptoms. She also noted that she suffered from chronic pain. Her Adult Attachment Interview indicated that Margaux had a preoccupied attachment style.

Maya

Maya was in her early 50s and divorced at the time of the study. She had been sexually assaulted by her ex-husband during an argument after they had already separated (she was in her late 30s at the time). The Adult Attachment Interview indicated that Maya had a secure attachment style.

Neila

Neila was in her mid-40s and divorced at the time of the study. She had been sexually assaulted twice (on the same day) at the age of 13 by a relative. The Adult Attachment Interview indicated that Neila had a preoccupied attachment style. Neila participated in the initial interview, but not the follow-up interview.

Nina

Nina was in her late 30s and had been married but was currently separated (and previously widowed). She had survived an assault at the age of 16 by a youth pastor and continued to struggle with posttraumatic symptoms, especially when she returned to her country of origin (where the assault had taken place). The Adult Attachment Interview indicated she had a secure attachment, which is further confirmed in her description of how supportive her family is when she returns to her country of origin. For the first interview, Nina was interviewed in her home at her request.

Patricia

Patricia was in her early 30s and in a common law relationship. She had survived two assaults, one when she was in her early teens by her father, and one during her later teens by her step-father. Her family never formally acknowledged the incident or made any effort to protect her from either male relative. The Adult Attachment Interview indicated that Patricia could not be classified into any particular attachment style. She did not participate in the follow-up interview.

Rae

Rae was in her early 20s and single. She had experienced one assault at the age of 14 by her then-boyfriend. She noted that she lives in a smaller town and still runs into the perpetrator which would cause her to collapse into severe posttraumatic reactions and subsequent self-damaging behaviour. The Adult Attachment Interview indicated that Rae was dismissively attached, and like some of the other dismissive participants, she was able to hold everything together and push everything down until something triggered the memories. Then she would engage in self-damaging behaviour like cutting and drug-use to cope with her emotions.

Rosario

Rosario was in her mid-40s and divorced at the time of the study. She had survived one assault at the age of 17 by a school photographer who had asked her to go to his studio for retakes. Rosario found that going to trial for both this and another issue was equally as traumatic in the betrayal and extreme duress the system caused. She reported struggling with chronic pain as a result of both stress and a car accident. The Adult Attachment Interview indicated Rosario had a preoccupied attachment style.

Sera

Sera was in her mid-40s, single and retired from the police force. She survived an especially violent assault at the hands of a fellow officer in her early 40s and struggled with addictions to both painkillers and diet pills as a result. (At the time of the study, she

had been clean for over a year.) The Adult Attachment Interview indicated that Sera was prototypically secure and her obvious resilience and responsiveness supported this.

Shannon

Shannon was in her early 30s and single. She had been gang raped while on vacation in another country two years prior to participating in the study. She had strong ambivalence around support—dismissing friends' efforts to support her while feeling upset that medical staff were not comforting. She had similar ambivalence toward her posttraumatic symptoms and distraction from them. The Adult Attachment Interview indicated that Shannon had a dismissive attachment style.

Simone

Simone was in her late 20s and only participated in the first interview. She was assaulted in her mid-20s by someone who she had considered a friend. When she disclosed to a mutual friend of both herself and the perpetrator, the friend sided with the perpetrator. (This discouraged Simone from disclosing to anyone again until taking part in the study.) She reported suffering from chronic digestive issues and it was unclear if this was linked to posttraumatic symptoms. The Adult Attachment Interview indicated that Simone was securely attached. Sadly, while knowing that her family would be supportive of and comforting to her with regard to her traumatic experience, she did not disclose to them in the fear of causing them too much pain. Simone did not participate in the second interview.

Tamar

Tamar was in her early 30s and single at the time of the study. She had survived one alcohol-assisted assault by her then-boyfriend when she was 15 years old. She described having chronic issues with men, her sexuality and drugs following the assault, although she said she no longer coped with drugs. The Adult Attachment Interview indicated that Tamar had a dismissive attachment style.

Teena

Teena was in her early 40s and single (she attributed her being single to her posttraumatic struggles). She had survived one assault by her brother-in-law that took place when she was 14 years old and babysitting. She suffered from chronic pain that she attributed mainly to a car accident that had also caused brain damage. It was difficult in the interview to identify what was possible brain-related trauma and what was dissociation (either way, she often had difficulty focusing). The Adult Attachment Interview indicated that Teena had a dismissive attachment style.

Teresa

Teresa was in her late 30s and married. She experienced one assault in her mid-30s by two friends from her small community (Teresa was originally from a southeast asian country and continued to be part of the community here in British Columbia). She remained in contact with one of the perpetrators and struggled with his denying that the assault took place on top of her posttraumatic reactions. The Adult Attachment Interview indicated that Teresa had a dismissive attachment style.

Tori

Tori was in her early 40s and single during her participation in the study. She had experienced one drug-assisted sexual assault at the age of 19 by an acquaintance. She struggled with her posttraumatic symptoms and would often use substances to regulate her emotions. Her Adult Attachment Interview indicated that she was securely attached and she identified a close group of friends with whom she spent much of her time. Throughout our interviews, she often gave the *appearance* of being happy, laughing often even when describing incredibly difficult experiences (this would likely indicate some dismissive tendencies).

Violet

Violet was in her late 30s at the time of the study and married. She had experienced one assault when she was 20 by an acquaintance after a party. She reports struggling with chronic pain since the assault. She struggles with self-blame in that she didn't trust either her intuition or others trying to warn her, and engaged in overeating as she felt the weight was protective. The Adult Attachment Interview indicates that Violet had a preoccupied attachment style.

APPENDIX B

A Comparative Experimental Treatment Outcome Study of Sexual Assault Recovery in Women with PTSD & Depression

An Overview Prepared by Dr. Rick Bradshaw, Principal Investigator

Abstract

Two active treatments for PTSD and a control condition will be compared for relative efficacy in 42 women who have experienced sexual assault. One of the treatments is a cognitive therapy - a variant of Cognitive Processing Therapy (CPT) (Resick) and the other is a less verbal, neurologically-based therapy similar to Eye Movement Desensitization & Reprocessing (EMDR), called One Eye Integration (OEI) (Cook & Bradshaw). The control condition will be a combination of Breathing, Relaxation, Autogenics, Imagery and Grounding exercises (B.R.A.I.N.). Following a 6-month follow-up of the first round of treatments, participants in the OEI group will receive CPT, those from the CPT group will receive OEI, and those in the BRAIN group will receive the therapy found to provide the greatest reduction in symptoms during the first round of treatment (either CPT or OEI). Dependent measures include (a) QEEG assessments at 4 regions of the scalp (frontal, medial, parietal and occipital surfaces), (b) PTSD symptom assessments (Clinician Administered PTSD Scale (CAPS) & Impact of Events Scale – Revised (IES-R)), (c) depression and guilt assessments (Beck Depression Inventory (BDI II) & Trauma-Related Guilt Inventory (TRGI), respectively); and (d) multi-sensory evaluations of script-driven trauma recollections (Traumatic Memory Inventory – Post-Script Version (TMI-PS)). In addition, qualitative evaluations of participants'

experiences will include structured interviews and journal entries. Script-driven symptom provocation (Pittman et al.) will be used on 5 occasions: prior to treatment, following treatment, at 3- and 6-month follow-up assessments, and during a final post-treatment evaluation. Participants will be positively screened for PTSD symptoms (CAPS score greater than 50) and negatively screened for dissociation (Dissociative Experiences Scale (DES II) lower than 40) and Excessive Childhood Trauma (Traumatic Antecedents Questionnaire (TAQ)). In addition, participants must not have experienced more than 2 sexual assaults, must be at least one year post-assault, and need to be free of substance abuse and addictions for at least one year prior to commencing the study. Finally, correlations between current dissociation (DES II) and dissociation at the time of the assault(s) will be examined using the Peritraumatic Dissociative Experiences Questionnaire (PDEQ).

APPENDIX C

Sexual Assault and PTSD in Women: A Comparative Experimental Study of Treatment Approaches

Listing of Recruitment Efforts

1. Lists of Agencies & Women's Shelters
2. NowTV (multiple TV shows)
3. Newspaper Articles & Adds
4. Classroom Presentations
    a. Trinity Western University
    b. Kwantlen University College
5. Advertisements on Praise Bethany, 106.5 (radio station)
6. Women's Health Fair
7. Sexual Assault Nurse Examiner (S.A.N.E.) Locations: Surrey Memorial, Abbotsford, Chilliwack)
8. Fort Langley Natural Clinic
9. Wellness Center at Trinity Western University
10. Victim Services (RCMP program)
11. UVic Sexual Assault Program
12. Tear off posters at:
    a. Trinity Western University
    b. Kwantlen University College – Langley Campus
    c. Simon Fraser University
    d. University College of the Fraser Valley UCFV – Mission, Abbotsford, Chilliwack

13. Women's Resource Centers at Simon Fraser University & University of British Columbia
14. Gay, Lesbian, Bisexual Center at Simon Fraser University
15. Doctor's Office in Guilford
16. Passed out over web to Mary Kay representative/friends
17. Jesus is Lord Church
18. Union Gospel Mission
19. Physicians throughout the lower mainland, British Columbia
20. Langley Public Library
21. Women's Hospital: Sexual Assault Program
22. Salvation Army Family Services

APPENDIX D

Did you know that … …

1 in 5 Canadian women has experienced *Sexual Assault*

50% of those women will experience Posttraumatic Stress Disorder *(PTSD)*

Symptoms:

- **Flashbacks or Re-experiencing of Event**
- **Agitation, Sleep Difficulty, Irritability, Intense Startle Reflex**
- **Emotional Numbing and/or Avoidance**

If you, or someone you know, has experienced this, please

(604) 513-2164

Confidential Voice-Mail. Call will be returned by female research associate 24-48 hrs

Free Trauma Therapy
FOR RAPE & SEXUAL ASSAULT:
An Experimental Comparison of Three Treatments for Posttraumatic Stress Disorder

A number of recent studies have documented neurological changes in the brain as a result of exposure to traumatic events. Three therapies have been found to be effective in reducing the symptoms of Posttraumatic Stress Disorder (PTSD) when compared with no-treatment control groups. One treatment is called "One Eye Integration" (OEI) another is called "Cognitive Processing Therapy" (CPT) and a third "Grounding & Relaxation Techniques" (GRT). These approaches need to be compared with each other, and assessed more formally through observation of brainwave patterns prior to, and following, application of these techniques.

An experimental comparative study is proposed, and 40 adult research subjects are needed. Since both the study and the duration of treatment to be provided are short-term, we are seeking individuals who have been (and are currently) experiencing the symptoms of Posttraumatic Stress Disorder listed below, but did *not* experience *significant ongoing* trauma (including continuous abuse or neglect) in childhood or adolescent years. Research participants will receive at least 3 free sessions of psychotherapy (1 hour each) from an experienced masters level counsellor (that would normally cost $150). Ideally, participants should be at least 1 year post-rape/sexual assault, have had no more than 2 rape incidents, and be free of substance (alcohol or drug) abuse for at least one year.

Symptoms of PTSD

A. Exposed to traumatic event involving both of the following:

(1) Experienced, witnessed or confronted with an event that involved actual or threatened death or serious injury or threat to the physical integrity of self or others;

(2) Your response involved intense fear, helplessness or horror.

B. The traumatic event is reexperienced in a distressing manner;

C. You are persistently avoiding reminders of the event;

D. You have persistent symptoms like sleep disturbance; irritability or anger, intensified startle response or difficulty concentrating;

E. You have had the symptoms for longer than 1 month; and

F. The disturbance causes clinically significant distress and/or impairment in social, occupational or other areas of functioning.

If you believe you meet these criteria and you are interested in participating in the study,

please contact Heather Bowden or Wendy Dobson at (604) 513-2164

Appendix E

Participant Selection Process for Larger Study

Initial screening for participants within the larger trauma study was first conducted over the phone. Respondents with experiences of prolonged and/or severe childhood abuse were excluded in the study. Specifically, the presence of abuse prior to 12 years of age, particularly under the age of 6 years. That said, some women were admitted because they had sufficient “resilience” factors including experiences of safety and competence in the first 6 years of life, based on the instruments used by the larger study. Women were also required to have had no substance abuse for at least a year.

Second screening sessions involved assessing whether or not the women had diagnosable levels of PTSD. Levels of depression, dissociation, and substance abuse were also measured. Those with excessive levels of dissociation and/or substance abuse were excluded from the study.

Out of 137 respondents, 72 did not meet the exclusion criteria for the initial screening and 32 did not make the second screening session or chose to remove themselves from the study. Six of the women who went through the first interview and AAI did not stay in the larger study, and therefore did not go through the second interview for the purposes of this study.

APPENDIX F

Attachment Styles

Dismissive	**Secure**	**Preoccupied**	**Cannot Classify**
Alice (104) Astrid (114) Celie (124) Julie (130) Lauren (122) Rae (129) Shannon (121) Tamar (136) Teena (108) Teresa (119)	Bethany (106) Eve (112) Maya (123) Nina (118) Sera (115) Simone (117) Tori (128)	Berlin (113) Blanche (127) Constance (116) Grace (101) Gayle (102) Jane (126) Jenna (109) Jennifer (134) Kayleigh (120) Madeleine (110) Margaux (103) Neila (105) Rosario (107) Violet (125)	Lewellen (133) Patricia (132)

	Dismissive	**Secure**	**Preoccupied**
Support Seeking & Resilience	Support needs unacknowledged Inadequate support received	Shame inhibited support-seeking Genuine support received	Experiences of betrayal occurred Inadequate support received
Avoidance	Numbing through substance misuse Building up a wall High dissociation	Numbing through substance misuse Building up a wall Low dissociation	Building up a wall High dissociation
Positive Cognitive Restructuring		Working through experiences Hope for healing	Listening to the body Increased empathy
Rumination focus	"Figuring out"/ preventing the assault	Self-blame	Relational betrayals and shame
Shame	High self-blame Shame led to non-disclosure	High self-blame Receptive to other perspectives	Internalized shame Deriving identity from externals
Distrust of Others	Relational distrust Societal distrust	Some societal distrust	Relational distrust Societal distrust
Emotional Reactivity	High distraction Alternately hyper- and dysregulated	Less distraction Regulated	High distraction Dysregulated

APPENDIX G

Bracketing

The research process was rewarding, frustrating, draining, educating, inspiring, emotional and intensive. It is difficult to map all of the ups and downs, although it is safe to say while there were few, if any, dramatic shifts in my perspective of the women, their narratives, or the themes held within those narratives, there was a deepening and intensifying that sometimes left me overwhelmed.

Over the course of my research, particularly my transcribing, interviewing, and analyzing, I began to note definite trends in my reactions to particular narratives. Surprising or not, once I had separated the transcripts by attachment style, I began to see that my reactions had largely been determined by women in certain attachment groups. For example, I often found myself feeling frustrated, overwhelmed and exhausted going through the narratives of preoccupied women. (This may or may not have to do with the fact that one preoccupied woman's narrative was often close, if not greater, in length than all of the dismissive women's narratives *combined*. It took some time before I made this connection, and when I did it gave me more empathy for the women. If I felt the way I did simply reading through and analyzing their words, how much more overwhelmed did they feel in their actual experiences?

Also wearying at times was the influence of my own experiences with PTSD and how I have coped, especially in those instances when I could not only identify themes within the narratives, but identify *with* them. This was not always the case by any means, but giving myself space to process my own reactions while also reflecting on what the

women themselves had described helped me to stay focused and grounded and was a healing process overall.

Working my way through this study was a consistent process of growth for me, and in retrospect, I can see how the more I came to understand and empathize with the women, the more calm, focused, grounded and thorough I became in my analysis. Despite my no longer sitting across from the women themselves, I felt as though I was connecting with their stories more and more with each listening.

My own reactions sometimes startled me. Each narrative brought back the memories of each woman, of interactions that stretched beyond recording. The following is one journal entry after attempting to go through one woman's narrative:

Her words always get to me. I remember sitting outside with her on the warm grass in the summer light. She'd wanted a cigarette break and we talked about normal stuff. She was a year younger than me, she went to the same concerts as me--we talked music and laughed and I remember how precious it felt to see her like that. Momentarily happy. For a moment, seeming to be with herself.

It hurt. I hurt for her. Her I-poem said:

I became more cynical.

I saw

I saw myself

I wasn't even there

I just wasn't worth it.

I saw her. And I saw such a genuinely lovely person.

While it was easy at times to push away the reality and the weight of the topic I'm exploring, these memories, these amazing women, would often bring it rushing back, and with it a flood of emotion. While some of my reactions were rooted in having identified with what the women described, so much of it was feeling helpless in my desire to do more for them; to somehow make the world listen to them with empathy.

APPENDIX H

Additional Examples of the Themes

Part I: Chapter 4: Findings Related to Post-Assault Experience

Due to the sheer volume of interview data and resulting quotations, additional support for themes are included below and remain illustrative, not exhaustive, in their inclusion.

1. Changes in Emotional Responses and Reactivity

The following quotations are examples that often fit into all three sub-categories of *a. Startle reaction*, *b. Increased anxiety and panic*, and *c. Trauma triggers*. For that reason, this section will not be divided into three separate parts do to the comprehensive, overlapping nature of the quotations.

If you feel a need or a reason to be fearful, they're there. I become very, very…out of it when it comes to stuff like that. {laughs} I get very…yeah. I try and distance myself from any type of problem. Or something, if I see a trigger that might, uh, that might give me a trigger, well then I feel there's a reason why I'm feeling these feelings, so I try and maybe separate myself from whatever it is, because it could be something as simple as a sentence coming from a man that was, that just doesn't sound right, or it's not right, something's wrong here. They might not have given me any special signs or anything, but I'm just, sometimes the way they talk, personality, yeah. Yeah. So it's like, 'Okay, well, I don't really want to know you.' {Laughs}. You know what I mean? So, stuff like that. [Teena, 108.]

One woman described the strength of male-related triggers, even when she knew rationally that the men she felt reactive toward were nothing like the perpetrator of her assault:

Well if somebody looks like the particular guy, I don't want to have anything to do with them…kind of I guess branding other people with this guy that they look like him…Yeah, which is, you know, unfortunate but that's what happens… it's like anybody who looks like him in the slightest way is just bad news no matter if they're the nicest person on the earth. [Julie, 130.]

The following description demonstrates how another woman, whose assault resulted in a pregnancy (she gave her son up for adoption), experienced a drastic increase in post-traumatic responses after reuniting with her son:

Um, when I first, um, the first week or few weeks following when I saw my son again, he was, um, the result of the sexual assault so, um, when I found him and getting to know him in that few weeks, I was really just thrown back into that time again and I just had that, um, those feelings of panic and fear and all of that and I, I recognized, I didn't the first couple of times it happened but then I began to see what was happening to me that it wasn't, um, I was having like a panic attack but it wasn't for anything that was happening right now. It was from before. So I have had those things and it seemed like since I recognized what was happening it hasn't really happened anymore. It can be triggered, um, and I hope I'm particularly as good at that by in any way being controlling of me or yeah controlling. [Eve, 112.]

Alice, who had noted ‘aggressive’ behaviour and acting tough in her interactions with men earlier described an entirely different reaction to crowds. For her, a simple trip to the mall could result in her feeling out-of-control and overwhelmed.

Now that I think about it, I don’t like crowded malls. I don’t like to feel out of control. Um, I don’t like, again like I said almost goes back to the claustrophobic. Um, if I have to go into a mall I will go in on Monday mornings when nobody was there. The, or even a grocery store. I love going to a grocery store on Monday mornings. The shelves are all stocked and nobody’s in there. And, uh, I have had anxiety attacks around being in a busy mall. Um, and I remember the first one in particular that I really sort of identified with … I was in, um, the Mall on [Vancouver Island] with my sister. And, uh, I just started getting really, you know, you feel sort of like the wide eye cat stare, you know, like oh God, you know. And I would say to my sister, you know, I’ve got to get out of here and she would take me by the arm and we’d just get out. But yeah, I won’t go to busy malls. Unless it’s unavoidable but I will avoid it. {laughs}

So it’s almost that out of control feeling that –

Almost, yeah, yeah. And I hadn’t put the two and two together. I’d been discussing that recently and wondering why but possibly that’s it. You know, I just, I just don’t like feeling crowded. Um, yeah I avoid the malls that I go in at times when I think it’s more handleable, appropriate, whatever. Um, but it does happen occasionally. I’ll just sort of get lost and in my shopping or whatever, not, I’ll again I’m just thinking about it now, I hate grocery shopping. Up until this moment I hadn’t known why, I just hate it … that

feeling crowded sort of an element of being out of control in one way. [Alice, 104.]

Some of the women also found that even violence and abusive power dynamics toward women portrayed in the media could be anxiety-inducing and overwhelming.

I think it makes, it's made me, more passionate about, um, like I get really, for instance I was watching a movie with my son and for some reason it just brought back so many memories and things and I was just really angry about the movie because I thought, you know, they're portraying this guy to be like to the kids, he's like all that great guy but all he's doing is abusing and, um, treating women bad and so I've, I was really mad and I was like saying things through the whole movie and just kind of yelling at the TV. Um, and then I, when I thought about it afterwards I thought I could probably, I might want to watch it again with him and talk about the different stuff that's going on in the show rather than just being angry at it. So but I haven't got to that point yet where I could watch it again cause it just was such a horrible show. And don't ever rent it. I can't remember the name of it but, don't rent it {laughs} I don't know how that helps but don't rent it…Um, yeah so whenever I see shows like that or see shows, um, I watched a movie with a girlfriend, um, where these guys were abusive and stuff and sometimes it just really scares me and it makes me just kind of want to hide. [Violet, 125.]

One woman, [Teena, 108], immediately prior to beginning the recording of her second interview, had noted that the week before, she had been driving in the area where she had been assaulted decades before. She described how suddenly she remembered how she had run barefoot away from the house, down the street, and without thinking, she ended

up driving down that same street, becoming so disoriented she ended up driving around, lost, for 3 hours before 'snapping out of it'.

There is a certain road that I'll avoid going down and that's the road where the church is and the bakery was that we used to go to and where their house or his house or their family house is right in behind the church and it's just all in that, on that one road and I know that I'll drive, you know, around, I'll just avoid it…Like even if I've, when I come back, like when somebody's picked me up from the airport, um, like cause even my family knows not to drive down that road. Like I remember once somebody else had to pick me up and they drove down that road and it was really icy, I had a panic attack. [Nina, 118.]

Uh, yeah, I have flashbacks sometimes, driving, um, like I was raped in a house in North Vancouver that kind of overlooked the ocean, so sometimes when I'm driving and I see a nice view I think of the rape and what happened. And um…yeah, I guess…I don't, sometimes I, when I'm kind of depressed I'll think about it as well…um, and so, yeah, I do kind of have intrusive thoughts sometimes. [Astrid, 114.]

Um, the time when I really feel that intrusion is over the same time of the year that it happened which was between September and November. So over that time period, um, every year I have, um, I noticed more flashbacks and more memories and more sort of irritated, angry, frustrated feelings that are related directly to the incident than I do at the other times of the year. [Nina, 118.]

Probably about 14 or 15 months after it happened, um, I thought that, you know, that once the year past, you know, after the first anniversary, that it was going to be okay but it all, i-wi-the anniversary part brought it all back and it took a while to work through that. [Constance, 116.]

2. Changes in Aspects of the Self

The following are additional examples of how the women found they had changed in various aspects of who they were and the shifts in self-image that resulted from the assault:

Um, I get, I find I get quite worn out, you know, from being around other people. Um, I think I find that I'm, for some reason I'm trying a lot harder to be accepted by them because I mean I think, I don't think as much of myself as I used to. So there's always that need like, um, like I have to have, um, you know, their acceptance or whatever, you know, or just be told that I'm doing a really great job at something. And, uh, yeah I just, uh, I find it really hard to get past a certain point with a lot of my friends that feel, um, whereas before I would, you know, I would pour my heart on my sleeves most of the time. So yeah, I'm quite guarded…I'm still single and, uh, I don't feel like I have someone else that's looking out for me so sometimes I, you know, I'm feeling like, like I've got to protect myself. [Simone, 117.]

I get, I got, I, I got hit lots around the table for being a mouthpiece, so I mean, I was very, very high spirited and very and you know, had lots to say. But now I would say I'm more complacent. [Rosario, 107.]

a. Self-doubt. The following is another example of the increase in self-doubt as a direct result of the assault:

I think I'm definitely more cautious and guarded and um, I think I put more limits on myself and I question myself and my behaviour, well, I've always been analytical but I, I think um, it's definitely like, and, I, I think things that are um, not even really that realistic, they're not really, um, that appropriate sometimes I-I'll change my actions even though it doesn't make sense to. So I think that's something that I'm trying to work through…that's, not trying to not limit because of the experience. Yeah. [Shannon, 121.]

b. Virginity and self-worth. The following are additional descriptions on how some of the women's beliefs around virginity created another dimension with regard to how the assault affected their feelings of worth:

Well, I was saving myself for marriage, and it was a really great thing, like that was my gift to my husband, and I had feelings, 'cause I went out with guys and there was feelings there. Just totally normal, feel-good feelings. And then when that was taken away, there was nothing else to give … 20 years old, I mean I knew I wasn't going to amount to anything. We were all raised to be, you know, go-nowhere people. And that's something I had to offer. ..I mean, when that was gone, there was nothing left of me. What did I have of worth now? . . .Cope? Coping, I'm not coping, I'm not coping with

that. It's very emotional and overwhelming. I figure if I could cope with it, I'd be better off by now, at some point, improving. But some months it's worse than before and it's, I mean right now I'm in total avoidance of it, completely. Like we have the couch and the loveseat, and we like to lie and watch TV together, and I have to be on the other couch. The closest I get is to sit on the floor by his feet. He can't touch me. I've just got…so maybe if I was coping, it would be better. I'm not coping with it at all. No skills there. And I don't know anybody out there who knows what to do to help. How do you cope with something if you don't have the skills for? I feel like I'm beyond hope and this is the way I'll be the rest of my life, I'll be a bitter old lady. I'm afraid of…I'd totally understand if he'd just give up and walk away. That's it, I don't know. I just want to feel again. [Jenna, 109.]

I guess part of it is wondering if, um, if some of the things that happened in or collectively are tied to that event and the, like sort of the, um, the devaluing of, um, it's sort of like, uh, I guess because my virginity was stolen from me, I didn't give it away. Uh, so there's resentment around that. [Blanche, 127.]

3. Interpersonal and societal changes

d. Sexual intimacy. The following is an additional example of difficulties with sexual intimacy, constant throughout various life changes:

I guess when I was younger, um, I would just kind of have sex with whoever, because I felt that that's what guys--that was love or whatever, g-guys wanted stuff and so that's what I'd give them, but now that I'm older and I have the two kids now and obviously I have a lot more work at home to do but I don't, I don't want it anymore, and my

boyfriend thinks I'm weird and he says is that because of what happened to me? And I just think he's gross and weird for always wanting it. So, that's how it's changed (laughs). [Patricia, 132]

Part II: Chapter 2: Findings Related to Coping

1. Support Seeking and Resilience

a. Inadequate support. The following are additional examples of how the women often experienced little support or inadequate support from others:

I'd shared, I'd told him years ago what had happened, but he was like, he didn't want to hear that and he was would just forget it, he wouldn't remember, and then I'd have to tell him like 5 years later because he just didn't want to hear it. But I don't want to bring this up every time something happens. And I'm just hoping I cannot do that anymore. The pain, I don't want the pain anymore. [Margaux, 103.]

I was always really secretive for a long time, especially with my dad because of the reaction I got from everyone else, so I didn't need that when I got home, so I didn't tell anybody. And. . .

That's a lot to hold on to.

I was always really angry, after that, I guess, but my reaction to it, mostly, I think, is that I lashed out at everybody. And so that sort of ruined everything. At home. {laughs}. Yeah.

But it sounds like you kind of, your first experience was that people wouldn't support you.

Yeah. {pause}. Yeah. And I just expected that to come from my house. I was scared. [Rae, 129.]

I see that all the pain in my marriage, you know, all the pain, all the pain, I mean I never ever asked for help. I never trusted anybody to ask them to help me … I've always been so tolerant of everybody and so understanding and so empathy for people and so much of giving of me to everybody that you just get tapped out when nobody gives anything back. But they probably wouldn't have known what to give back because I never asked for anything, you know. I gave up asking. I felt that if they couldn't give it to me freely on their own then I wasn't asking for it. I guess I just didn't want to deal with the, maybe the fact that if I asked they wouldn't deliver anyways. So it's just easier not to ask and then you didn't have to worry about that disappointment. [Rosario, 107.]

I didn't return phone calls very well during that time. But, um, yeah, you know, it was, it seemed like such a big decision I had to make right then and there of who am I gonna tell and who am I not gonna tell and I just like feeling really dissatisfied and maybe it's just that you're {unclear} factor but I was just feeling really dissatisfied with, um, like I don't think there could have been a perfect person to perfectly respond because I think my expectations were too high somehow. Like I, um, you know, like I was almost annoyed with two of my best friends for calling me as much as they did, yet I was annoyed at my sister for not really taking it seriously or she was probably doing the avoid and not talking about it and there just seemed like this big elephant clomping around in our relationship …I mean at no time did I really want people physically around me but I guess there were times when I wanted to yeah, talk to people on the

phone I guess or I guess more I wanted answers of like how to make it better for myself and what would make it better by talking about it more or would that be driving myself crazy with it, do I need to, you know, like I just, I was just so frustrated in not knowing how to deal with it and not really feeling like I had answers anywhere and then sort of feeling guilty about like burdening my friends [Shannon, 121.]

b. Genuine support. The following are additional examples of how the women experienced genuine support:

But, uh, with this husband that I'm with now, he's very supportive and, um, we've been together for six years. We'll have been married a year in May and, um, there have been times laying in bed on Sunday morning after a sexual session, I'll just lay down and cry and I guess it was just he was getting levels that no one else had gotten to and, uh, I guess we achieved a level of trust …

How has this support been able to reach you?

Um, just, um, I mean we both drive trucks, you know, another truck driver. Um, and, um, he would phone me, we've both got our cell phones, we'd both be working at night and he'll phone me and say just out of the blue have I told you that I loved you today. Or, um, I remember just after we started seeing each other, he'd phone me up and say, "Is this the love of my life?" And, you know, just like stuff, just makes me feel good. Making me nuts too, but don't they all. But yeah, it's good, he's very supportive. Um, he's always there if I really need a good cry or something like that or just, um, he's also very tolerant of me sometimes. [Alice, 104.]

The first time I went to see [my doctor] it was, you know, at work my friend kept

saying, just go see him and I kept I don't want to see him. Um, he certified me, he took one look at me and that saved my life I'm sure. But, uh, he's totally non judgmental. Like, you know, he knows everything that happened to me, he knows I was an addict, he knows I, you know, everything I've done but you would think I was his best friend the way he treats you and he's an addictionologist but he's also very much chief of medicine but he, everybody he treats like that who's his patient. It's like, and he's so positive like about when he sees me about how, I don't see the improvements most of the time, you know, but he'll say that and he also won't let me beat myself up cause that's an addict's favourite thing to do, eh. But he just, there's something about him, he just makes you feel, um, he gives you confidence that, you know, cause everything he {unclear} and he's just so, and he knows addictions so well, like you know, he knows exactly, like he'll say to me one day, uh, something like about, uh, "so what are you doing for fun?" Like most doctors wouldn't but that's, and sure enough, you know, I hadn't been doing anything or when I started to volunteer, you know, he kind of identified one of the jobs that I picked was gonna be hired and he just is somebody you trust. When I relapsed I had no hesitation about telling him cause I knew I wouldn't get shit. He just is, is just so non-judgmental, a lot like my mother, you know. [Sera, 115.]

Um, well probably one of the best things that I did was after it happened, like right after it happened, I phoned the crisis line. Because, um, the first thing, actually, that popped my mind was to overdose on my anti-depressants. And then I kind of, I just told myself, 'No, I can't do that', and then, I have an eating disorder, too, I'm bulimic, on top of everything else, and so then the, the second thought that came into my mind was 'I'll

binge, and then purge', right? But it turned out I didn't have any of my binge food in the cupboard, so that {laughs} so that wouldn't work out, either. So I, I remembered that I had the number to the crisis line and I phoned and I, and that was probably the best thing I could have done. And just the reinforcement from, from that lady and um, Victim-link, um, and Victim's assistance, and eventually the cops, because I did report—I didn't charge my uncle, but I did report it. It just, like it just, it was really positive. [Constance, 116.]

The following passage provides a striking contrast between one woman's frustrating experiences with lack of support, and the exception to these experiences that took the form of a letter she received, a letter through which she found a surprising amount of healing.

Some of the organizations I've had to deal with, like for example like Victim Assistance, I've had to deal with them and they're, they're just so impersonal. I mean to them everybody's a number, they don't care, um, so when you get something like that dealing with that paper work, because in their own sense they're degrading me as an individual and making me feel completely worthless and it makes me angry because I mean as a government organization I mean we all know how they work and they're just, I mean you are, you're a number to them. But when I receive on the other hand, I receive a really nice letter from the House of Commons from one of the MPs, you know, expressing, you know, it's a really good letter of encouragement and, um, hope and inspiration type of idea but also with the ideas that yes, the justice system failed me and

other systems have failed me. And it's really nice to have that acknowledgement because the whole thing is so frustrating.

And it sounds like, that that kind of response has been validating.

Yeah. Yeah, it does validate my frustration and um, I mean for example the letter, at least from the Member of Parliament, he has done, him and his secretary, have done quite a bit of research and have talked to different women so they obviously know the impact of this entire thing like years down the road. It's not just a one-night thing. And I mean the validation is astronomical. I mean it just, sometimes it's just the biggest load off the way you feel for like a couple of days. It can absolutely change your entire life in like a couple of days or for a couple of days, anyways. Um, because people are listening, they're paying attention and they're believing you which is one of the hardest things. [Celie, 124.]

I've gotten a lot more empowered from the experience, due to some really great people who have worked really hard with me, including my drug and alcohol people who have helped me a lot, because I, I, I had been almost sober for two years when this happened, and I wasn't about to lose any sobriety over…a turkey. Um, and during that time there were a couple of really strong AA women who worked really strongly by my side to keep me, to keep saying, you know, 'You can do this, you can do this', there's nothing in this world you can't get through, and get to the other side, you don't need to drink or drug over it, so that was a good thing for me. [Gayle, 102.]

Friends, I find other friends who've gone through this because even if I don't want to I find out later a lot of times that a lot of my friends have and I think we kind of have a radar for each other. Like it's just like we, somehow we just know. We can pick it up off of other people somehow. Cause it, there's so much you don't have to get through in terms of the friendship and explanation if that's already there if you already understand what that's like because everyone I know who's been through sexual assault or abuse has a pretty similar category of experiences, feelings and things associated with it. …you don't have to go through the entire process of educating someone as to how to support you. So with friends that, that definitely affects the friends I choose and the friends that are really important to me and I don't mean I don't have friends who haven't been assaulted, it just means that they're, um, there's not, they're not quite on the same level. They're not on the same level of understanding and mutuality. [Berlin, 113.]

c. Problem-solving/Resiliency. The following passage is from a woman who has remained secretive with regard to her trauma, but was still able to find a safe medium through which to connect with someone else's similar experience.

Um, someone who's been there. And I just found a book, about a book about a woman who writes about this very thing so I'm waiting to get my hands on it.

What's the book's name?

Um, I think it's Every Woman's Battle by Eldridge, Shannon Eldridge…because she was sexually assaulted and I just, you know, wanted to find someone who understood the feelings and, um, the actual assault is, I feel that that was but the subsequent behaviour

hasn't totally been dealt with. So that's still ongoing.

Subsequent behaviour in what way?

Um, the, um, not caring about myself and by getting into drugs and, um, sexual behaviour. You know, just, uh, I guess total forgiveness for that is still, it's still there, you know, it's like I still need to work on it. [Margaux, 103.]

I, um, there aren't a lot of, I mean goodness me, the waiting list here for any kind of counselling, especially for women is very long. So by the time I get in I, you know, they usually, yeah I know my name has come up a couple of times but usually, um, we just happened to have moved or I've changed my phone number or something so they can't get a hold of us or we've just never gotten that call to say "oh your name has come up, come in." So yeah, I usually just kind of cope, yeah, yeah. [Nina, 118.]

2. Avoidance

The following are additional quotations with regard to the experience of avoidance in the women's lives. Due to the overlap between the sub-categories within Avoidance, this section is not divided according to those categories. Rather, as one reads, it becomes obvious that the quotations comprehensively describe the experiences of *a. Building up a wall, b. Numbing through substance misuse,* and *c. Dissociation* (including *i. Blanking and zoning out* and *ii. Lack of awareness of feelings*).

I mean it's difficult for people, um, other than surface things for me to relate. I, I know that, that quite often because, w-with business and everything and you're dealing

with so many people, and there's so many people that are so at ease and I'm always, "How can they do that?!" That you can say one word to them and they can carry on a whole conversation from that one sentence, you know, I go "How do they do that?!" {laughs} You know, quite often after a couple sentences I think, you know, okay, I've had enough. Don't want to get any closer so this is it. That's interesting to me. I-I suppose that does…have…a lot to do with it. Yeah. [Bethany, 106.]

I just tuck them [feelings] away somewhere. Of course, they don't go away but they're tucked away and that's how I do it mostly. So I have to dig them out I guess, not that I like the idea of doing that. I suppose that's the only way to get rid of them. [Madeleine, 110.]

I don't even know why, it's been, it's certainly prevalent a little more than it was before, it's, um, the 'I want to run away' symptom, is happening. I don't want to be here anymore, I want to go away, I don't want to live here anymore, I want to quit. You know, all those little temper tantrum thoughts have been happening a little bit…I had a spell of it last year, for a little while, it's, it's, it's um, I went through it last year, I go through it probably every winter, a little bit, right? And of course the assault was in December. [Gayle, 102.]

Um, I've really felt that emotional numbing with, um, with, uh, like in new relationships. If I've tried to start seeing a guy, um, I want to see how I felt when I was with my first boyfriend and I, you know, I felt like I had no reason to hold anything back but, um, you know, even when that other person will say the way they're feeling and, you

know, all these thoughts or feelings they're having, I'm frustrated because I, I just don't feel anything and I think as much as I, you know, that I, like the pylons around my heart to guard me and getting hurt it all starts these feelings, you know, anything really deep, um, –

Is it like there's kind of a wall there?

Yeah. And I just, I don't know how to break it down. And, uh, it's, sometimes it's just easier, you know, to, uh, get into the habit of just, uh, letting your relationship go so far and, you know, and not, not testing it, you know, any further. As soon as I get uncomfortable it's easier to leave. [Simone, 117.]

I know how to do it [avoiding] and I'm very capable of doing it and if I decide, um, that I'm not going to let those things affect my life and I'm gonna just move forward and not think about them, I'm very capable of doing that and I can and I sometimes think I should just carry on doing that because I like it better that way.

And how have you, um, how have you found the avoidance has affected your everyday life since the assault?

Um, I think it makes me appear or actually be, um, a little bit aloof or unapproachable. Those things, I've been called those things and I think it's probably because I cut off a part of myself sometimes, you know, put it over there. And that's got a price and I think the result of doing that to myself makes me, um, a less approachable kind of person. [Eve, 112.]

I had, I was numb, I was numb…uh, it didn't hit me till afterwards like six months later that oh, you know, he took advantage of me cause you, how can I say that. You

don't want to think about it at that time that someone has done this to you. Like you just sort said oh well, you know, whatever…. I wouldn't, I didn't continue to emotionally or somehow tried to, uh, deal with it. Like I just sort of avoided it and I just didn't feel anything and but later, the longer it gets the more it's made me think oh, you know, well you know you did that, right. And what was I before and how did it change my life? Like I do see those things. [Teresa, 119.]

There's, um, a point of, um, mmm, ... {7 seconds} not remembering, um, enough of it and wondering why. And whether some of my behaviour now or some of my feelings now are tied to that because I haven't remembered it and I don't know if there's value in that or not.

Mmm. So there's some confusion and maybe some ambivalence towards finding those answers?

Absolutely. Absolutely. That's, that's my whole thing. Do I leave it? You know, I mean it's basically buried, but is it? [Blanche, 127.]

I don't know, I just don't, people say well how do you feel and I mean I don't know because I never trained myself or nobody trained me or whatever it is. […] I don't know. It's confusing to think that you don't know how you feel but you just don't have any real, I can't assess it, you know, very well.

And in some ways it became more in your, um, other people to kind of reassure you that you were valuable.

Yes. Yes. [Madeleine, 110.]

The following quote is interesting in that the woman was describing an experience where someone else revealed her secret—and it is noteworthy that there seems to be an omission of her own reaction to others knowing about her experience. Instead, she continued to talk as though isolated and separate from others, focusing intensely on her avoidance.

Well again I'd have to say since remembering cause that's when it came. Yeah, one friend I've had since high school is actually my sister's friend and then we became friends too and I didn't tell her anything and she was one of the people who she's the wall between me and my family. And then it was, it turned out that my husband who, he would not have done this if the context for it wasn't very strong, but he told her husband that I had been sexually abused and didn't tell her that the gang rape, but told him about the in-family trauma and she was stunned, she said 'I had no idea'. But I know I've cut people off, I've cut them out and I've really had to limit their access to me because I just can't, I just have to avoid things and not talk about things and it can be very stressful, especially you find yourself in a situation with people who don't know and then you feel can't know because it wouldn't be smart and you find yourself in a situation that really triggers you. It can be very, very stressful. So I tend to do everything in my power to stay away from those situations. [Grace, 101.]

3. Positive Cognitive Restructuring

The following are additional examples of how the women used Positive Cognitive Restructuring in order to cope:

What I really want more than anything else is to one day and I'm, you know, I don't know if it'll happen or not, but one day be able to live my life and it will be like it never happened and it will be, there'll be no memories, there'll be no effects, there'll be no, it'll just be as though, like and to me that's like, that would be like total healing and restoration. Um, and even if a memory comes up, it just won't, it, like it just won't have that effect anymore. Like it won't hurt anymore, it won't, it'll be like, um, well I'm not sure what it'll be like cause I haven't, well I've, thinking of other things where there's been healing but I guess they haven't been as traumatic so it's hard to, um, yeah I guess, I guess I take encouragement from my pastor who has said, who has shared with me that that is actually her experience now which is actually very encouraging. So I kind of think that maybe, maybe one day that will be my experience. Hopefully I'd like it to be, yeah. I'd like the pain and the hurt to go away and I don't want to, you know, yeah it'd be nice to be free of that stuff, yeah. So yeah, there you go. {Laughs} [Nina, 118.]

I just started going to a dance class, you know, for dancers and artists, and um, that's always been a pull for me, dancing, it makes so much sense as a healing thing, for me right now. So I'm feeling a lot, a lot more proud of my body now, today, than I was when I saw you last. I don't have as much shame. And uh, I don't feel as ugly…, I'm feeling a lot better about myself and starting to get in touch with some inner beauty that I feel and can recognize and be happy about, again. For the first time since the incident. [Kayleigh, 120.]

But um, yeah, funny how when you go through something like that and then you get to talk about it with other people and I guess, that was one of the healing things for me is that I did take it to court even though I didn't win. It left me with enough dignity I

guess to at least talk about it, because I guess if I had never taken it to court, I probably never would have, I would have just felt the terrible shame and the terrible guilt that you feel. [Rosario, 107.]

I've got a few friends that I've really been able to talk about it with. Not family but friends, girlfriends that, you know, they've allowed me to just share and share the pain and I think that's helped, you know, like being able to talk about it and rather than just, you know, forcing it away or whatever. [Jane, 126.]

Similar experiences are evident in other women's interviews as well:

Um, one thing, that's probably a positive thing out of it, I-I understand more what women go through when it happens, like I, I really couldn't imagine it before. Um, and I get really angry with people if, if they hear about a woman who was raped and they blame them as if, I guess, {starting to cry} maybe she shouldn't have been walking down that street or maybe she shouldn't have been wearing those clothes I mean, it makes me angry …

It's almost like your experience has helped you to feel protective of them in that way, even though in a lot of ways you feel less protected?

Yeah. {laughs} It's kind of weird, but yeah. That explains it well.[Constance, 116.]

Maybe in some small ways it's made me stronger cause I know like I've got lots to apply, like (unclear) this stuff is really personally relevant for me and so I have the ability. Like I've done a lot of volunteer work in, um, in emotional healing ways with other people and a friend of mine runs the company and has done lots of, gone through

stuff with him and I know I have the ability to be quite empathetic with other people who have gone through similar things. But mostly I would say it's restricted my ability to be in the presence of the world. [Grace, 101.]

5. Shame

Shame was a dominant experience for many of the women. The following are additional examples:

I was making lots of mistakes, I had no self-esteem, I, um, struggled, with every part of my life. Um, I was fortunate enough that I could hold down a job, but, you know, but for the grace of God, I could've ended up on the streets, I was doing drugs, I was living, uh, a promiscuous lifestyle, I was not a happy person. I was an unhappy person. I thought about committing suicide a lot, I was dep- in and out of depression, I didn't get any help from anybody. [Margaux, 103.]

I don't do well with the shame and guilt yet, but I still suffer through, uh, 'cause I give some pretty negative self-talk to myself sometimes. I know I'm doing that, but I haven't really been able to get out of it yet. Uh, but, um, definitely um, my gut instincts I learned to listen to a little better than I used to, and I don't figure I ever plan on that I'm going to be a victim to anybody ever again. [Gayle, 102.]

I, as far as the assault went, I just never told anyone, uh, because it was someone that I knew but it was my first boyfriend and I knew there was a lot of stuff leading up to that and before the assault or we had broken up but he was very abusive and it was my first relationship, I thought this was what was supposed to be going on, but it was my

fault anyways and then, um, […] and then when all this happened too at the same time too I was just really {unclear} and didn't know really what to do or who to go to or anything so I didn't want to tell anyone. So I kept a lot of things secret and I held a lot of things in. [Tamar, 136]

But I don't, I, um, what I'm trying to say is that, um, I put myself in that situation too. Like I was, you know, drunk and I wanted to have fun and all that. Like I probably gave him the impression so I'm not blaming myself, I'm just, I don't even know. {laughs} I'm just thinking that if I, um, what was the question again? [Teresa, 119.]

6. Distrust of Others

Distrust of others was a prominent theme for the majority of the women. The following are additional examples:

Um, it's made my relationships harder to, harder to, um, have and to trust it. Sometimes I think I've sabotaged some relationships just because, you know, you get too close or before you start getting close to somebody and then it's like no I'd better get rid of this cause, you know, that's gonna happen or this is gonna happen, um, basing, based on the past. [Violet, 125.]

Uh, I've never exactly been a social butterfly before, but it's gotten worse now, like I-and—I don't push myself to go out as, as much as I used to, and, be-because I don't feel, um, I don't know if safe is the word, I don't feel comfortable, um, in social situations. Like even less so than I did before, I guess before it was more to do with my shyness; where now it's, um, I guess kind of a fear. Just feeling anxious, around people,

moreso…um, exposed, not knowing what they're going to do, um, another word popped into my head just as you were asking that, but now I can't remember what it was. Um…um…just kind of…um—oh, I can't remember. {laughs} I really can't remember…maybe, um, just kind of feeling, unsafe I guess. And, and, um, smothered? Like kind of crowded. [Constance, 116.]

You really have to get to know people before you can trust anybody and it makes it hard to trust too. Especially when you do and then you have something bad happen. It's hard to be, it's really hard to be vulnerable for quite a long time because you don't know if you're gonna come back. You might go there and be vulnerable and be stuck and not be able to come back to now or reality or a positive outlook on life because it's so suffocating. So I just find that you really have to look at yourself and look at others from the outside or from somewhere else because you have to be careful. [Berlin, 113.]

I think, I look through the world through a completely different set of eyes now. I see men very differently, um, I see women very differently too, because a woman put me into the hands of the rapist. So I trust virtually no one anymore, um… Um, uh, it has made some very positive changes, it has well, it's made good changes as well because it's changed my personality to the fact that I don't trust anybody anymore. [Celie, 124.]

Yeah. Yeah, injustice. I mean, it feels like there's no justice whatsoever, and every time you listen to the radio or the T.V., you know, nothing logical happens, it's everything illogical, I mean, there are crooks everywhere. It's just a sick society, and it just really

leaves you feeling, kind of like "what's the point?" You know? It's like, hard to drive forward at times when you feel so…there's no chance of winning. No chance at all, of winning. It leaves you really negative…there's no security in life. None. None whatsoever. [Rosario, 107.]

Um, yeah and also I'm afraid to trust people and stuff…And, uh, uh, it's like you should be able to be free but then again in this day and age you can't. So it's sort of weird. [Julie, 130]

7. Emotional Reactivity

Included in this section are additional examples of emotional reactivity:

Um. . .I. . .I considered myself to be a very calm prior to that. Uh. . .I don't believe that I, that I've been as calm since that time. My mind has become a lot busier, um, maybe it was busy before but I just had different coping mechanisms. But um, sometimes I've had a hard time shutting off my mind. Re, relentless. Relentless tape, nagging. [Maya, 123.]

I've noticed patterns when I have two or three things going at the same time, I know my friend says, "I know, when you get two or three things going on in your mind at the same time, you get really agitated" and I said, "I do, I don't, I do, don't I?" I never realized that before, but, yeah, I don't know if it's become more predominant as I'm getting older because my memory seems to be getting so short that it just is, you know, so hard to focus sometimes, on what you're trying to do, but…and it feels like there's so

much pressure on you. There's always so much pressure on you to do everything, all the time. And I just, God it'd be nice to have help. It would be so nice to have somebody at your side wouldn't it? You know? I mean, it's nice to be independent and stuff but I've been doing this a long time and you know I'm getting kind of tired and your body wears out and you're not as able. [Rosario, 107.]