

APPENDIX D



A Grounded Theory Study

Constructions of Survival and Coping by Women Who Have Survived Childhood Sexual Abuse

Susan L. Morrow
University of Utah

Mary Lee Smith
Arizona State University

This qualitative study investigated personal constructs of survival and coping by 11 women who have survived childhood sexual abuse. In-depth interviews, a 10-week focus group, documentary evidence, and follow-up participant checks and collaborative analysis were used. Over 160 individual strategies were coded and analyzed, and a theoretical model was developed describing (a) causal conditions that underlie the development of survival and coping strategies, (b) phenomena that arose from those causal conditions, (c) context that influenced strategy development, (d) intervening conditions that influenced strategy development, (e) actual survival and coping strategies, and (f) consequences of those strategies. Subcategories of each component of the theoretical model were identified and are illustrated by narrative data. Implications for counseling psychology research and practice are addressed.

The sexual abuse of children appears to exist at epidemic levels, with estimates that 20%-45% of women and 10%-18% of men in the United States and Canada have been sexually abused as children;

SOURCE: The material in this appendix is reprinted from Morrow, S. L., & Smith, M. L. (1995). Constructions of survival and coping by women who have survived childhood sexual abuse. *Journal of Counseling Psychology, 42*, 24-33. Copyright 1995, American Psychological Association. Used by permission.

experts agree that these figures are underestimates (Geffner, 1992; Wyatt & Newcomb, 1990). Approximately one third of students seeking counseling in one university counseling center reported having been sexually abused as children (Stinson & Hendrick, 1992). Because of the breadth and severity of psychological and physical symptoms consequent to childhood sexual abuse, the confusion surrounding treatment methods, and the large number of "normal" individuals seeking counseling who display severe psychological symptoms (Courtois, 1988; Geffner, 1992; Lundberg-Love, Marmion, Ford, Geffner, & Peacock, 1992; Russell, 1986), a theoretical framework is needed to better understand the consequences of childhood sexual abuse.

Two primary modes of understanding and responding to consequences of childhood sexual abuse are symptom and construct approaches (Briere, 1989). Researchers and practitioners alike have adopted a symptom-oriented approach to childhood sexual abuse. It is characteristic of both academic and lay literatures to portray consequences of sexual abuse in lengthy lists of symptoms (Courtois, 1988; Russell, 1986). Briere (1989), however, encouraged a broader perspective, advocating the identification of overarching constructs and core effects—as opposed to symptoms—of sexual victimization.

Mahoney (1991) explicated core ordering processes—tacit, deep-structural processes of valence, reality, identity, and power—that underlie personal meanings or constructions of reality. He emphasized the importance of understanding tacit theories of self and world that guide the development of patterns of affect, thinking, and behavior. A construct-oriented approach to the study of survival and coping offers the possibility of developing a conceptual framework that will bring order into the chaos of symptomatology that currently characterizes the field, as well as relating those symptoms to core ordering processes.

A number of authors (Johnson & Kenkel, 1991; Long & Jackson, 1993; Roth & Cohen, 1986) have related coping theories (Horowitz, 1979; Lazarus & Folkman, 1984) to sexual-abuse trauma. However,

AUTHORS' NOTE: We thank Arlene Metha, Gail Hackett, Carole Edelsky, B. J. Moore, Lucille Pope, Helga Kansy, and the research collaborators for their valuable input related to the structure and process of this research. Susan L. Morrow conducted the research for this article while at Arizona State University, and the design and analysis were the collaborative activities of both Susan L. Morrow and Mary Lee Smith. Correspondence concerning this article should be addressed to Susan L. Morrow, Department of Educational Psychology, 327 Milton Bennion Hall, University of Utah, Salt Lake City, Utah 84112.

traditional coping theories have tended to problematize emotion-focused and avoidant coping styles commonly used by women and abuse survivors (Banyard & Graham-Bermann, 1993). Strickland (1978) stressed the importance of practitioners accurately assessing individuals' life situations in determining the efficacy of certain coping strategies. Banyard and Graham-Bermann (1993) emphasized the need to examine power as a mediator in the coping process. The child who is a victim of sexual abuse is inherently powerless; therefore, particular attention must be paid to a reexamination of coping strategies with this population.

The purpose of the present research was to understand the lived experiences of women who had been sexually abused as children and to generate a theoretical model for the ways in which they survived and coped with their abuse. As Hoshmand (1989) noted, qualitative research strategies are particularly appropriate to address meanings and perspectives of participants. In addition, she suggested that naturalistic methods offer the researcher access to deep-structural processes.

Considerable attention has been given to the truthfulness of claims of childhood sexual abuse, particularly when alleged victims have forgotten or repressed all or part of their abuse experiences. Loftus (1993) outlined the difficulties inherent in determining the veridicality of retrieved memories, urging caution on the part of psychologists working in the area of sexual abuse and calling for ongoing research into the nature of true repressed memories. While acknowledging the importance of Loftus's concerns, a constructivist approach orients toward "assessing the viability (utility) as opposed to the validity (truth) of an individual's unique worldview" (Neimeyer & Neimeyer, 1993, p. 2). In accordance with this view, each volunteer's self-identification as an abuse survivor was the criterion for inclusion in the present investigation and her definition of survival and coping the starting point for the investigation. We accepted the stories of participants at face value as their phenomenological realities.

The primary method of investigating those realities was grounded theory (Glaser & Strauss, 1967), a qualitative research method designed to aid in the systematic collection and analysis of data and the construction of a theoretical model. The data analysis was based on transcriptions of semistructured, in-depth interviews; videotapes of a 10-week group that focused on what survival and coping meant to the research participants; documentary evidence, including participants' journals and other relevant writings; and Susan L. Morrow's field notes and journals.

Method

Qualitative research methods are particularly suited to uncovering meanings people assign to their experiences (Hoshmand, 1989; Polkinghorne, 1991). Chosen to clarify participants' understandings of their abuse experiences, the methods used involved (a) developing codes, categories, and themes inductively rather than imposing predetermined classifications on the data (Glaser, 1978), (b) generating working hypotheses or assertions (Erickson, 1986) from the data, and (c) analyzing narratives of participants' experiences of abuse, survival, and coping.

Participants

Research participants were 11 women, with ages ranging from 25 to 72, who had been sexually abused as children. One woman was African American, 1 was West Indian, and the remainder were Caucasian. Three were lesbians, 1 was bisexual, and 7 were heterosexual. Three women were physically disabled. Participants' educational levels ranged from completion of the Graduate Equivalency Degree to having a master's degree. Abuse experiences varied from a single incident of molestation by a family friend to 18 years of ongoing sadistic abuse by multiple perpetrators. Age of initial abuse ranged from infancy to 12 years of age; abuse continued as late as age 19. All participants had been in counseling or recovery processes lasting from one 12-step meeting to years of psychotherapy.

Procedure

Entry into the field. Research participants were recruited in a large southwestern metropolitan area through therapists known for expertise in their work with the survivors of sexual abuse. Each therapist was sent a letter describing the study in detail; a similar letter was enclosed to give to clients who might benefit from or be interested in participating in the study. Interested clients, in turn, called Susan L. Morrow, the investigator. Of the 12 respondents, 11 became research participants. The 12th declined to participate for personal reasons.

When prospective participants contacted Morrow, the purpose and scope of the study were reviewed and an appointment was made for an initial interview. Informed consent was discussed in detail at the beginning of the interview, with an emphasis on confidentiality and

the potential emotional consequences of participation. After a participant signed the consent, audio- or videotaping commenced. Each participant chose her own pseudonym for the research and was promised the opportunity to review quotes and other information about her before publication.

Data sources. Each of the 11 survivors of sexual abuse participated in a 60- to 90-min in-depth, open-ended interview, during which two questions were asked: "Tell me, as much as you are comfortable sharing with me right now, what happened to you when you were sexually abused," and "What are the primary ways in which you survived?" Morrow's responses included active listening, empathic reflection, and minimal encouragers.

After the initial interviews, 7 of the 11 interviewees became focus-group participants. Four were excluded from the group: 2 who were interviewed after the group had started and 2 who had other commitments. The group provided an interactive environment (Morgan, 1988) that focused on survival and coping. In the initial meeting, participants brainstormed about the words *victim*, *survivor*, and *coping*. Subsequent group sessions built on the first, with participants exploring emerging categories from the data analysis and their own research questions, which had been invited by Morrow. Morrow took a participant-observer role, moving from less active involvement in the beginning to a more fully participatory role toward the end (Adler & Adler, 1987).

A central feature of the analysis was Morrow's self-reflectivity (Peshkin, 1988; Strauss, 1987). Morrow's own subjective experiences were logged, examined for tacit biases and assumptions, and subsequently analyzed.

Documentary evidence completed the data set. These data consisted of participants' journals, kept both in conjunction with and independent of the project, artistic productions, and personal writings from earlier periods of participants' lives.

Data collection, analysis, and writing. A central concern for rigor in qualitative research is evidentiary adequacy—that is, sufficient time in the field and extensiveness of the body of evidence used as data (Erickson, 1986). The data consisted of over 220 hr of audio- and videotapes, which documented more than 165 hr of interviews, 24 hr of group sessions, and 25 hr of follow-up interactions with participants over a period of more than 16 months. All of the audiotapes and a portion of the videotapes were transcribed verbatim by Morrow. In addition, there were over 16 hr of audiotaped field notes and

reflections. The data corpus consisted of over 2,000 pages of transcriptions, field notes, and documents shared by participants.

The analytic process was based on immersion in the data and repeated sortings, codings, and comparisons that characterize the grounded theory approach. Analysis began with open coding, which is the examination of minute sections of text made up of individual words, phrases, and sentences. Strauss and Corbin (1990) described open coding as that which "fractures the data and allows one to identify some categories, their properties and dimensional locations" (p. 97). The language of the participants guided the development of code and category labels, which were identified with short descriptors, known as *in vivo codes*, for survival and coping strategies. These codes and categories were systematically compared and contrasted, yielding increasingly complex and inclusive categories.

Morrow also wrote analytic and self-reflective memos to document and enrich the analytic process, to make implicit thoughts explicit, and to expand the data corpus. Analytic memos consisted of questions, musings, and speculations about the data and emerging theory. Self-reflective memos documented Morrow's personal reactions to participants' narratives. Both types of memos were included in the data corpus for analysis. Analytic memos were compiled and an analytic journal was kept for cross-referencing codes and emerging categories. Large poster boards with movable tags were used to facilitate the arranging and rearranging of codes within categories.

Open coding was followed by axial coding, which puts data "back together in new ways by *making connections between a category and its subcategories*" (italics in original, Strauss & Corbin, 1990, p. 97). From this process, categories emerged and were assigned *in vivo* category labels. Finally, selective coding ensued. Selective coding was the integrative process of "selecting the core category, systematically relating it to other categories, validating those relationships [by searching for confirming and disconfirming examples], and filling in categories that need[ed] further refinement and development" (Strauss & Corbin, 1990, p. 116).

Codes and categories were sorted, compared, and contrasted until saturated—that is, until analysis produced no new codes or categories and when all of the data were accounted for in the core categories of the grounded theory paradigm model. Criteria for core status were (a) a category's centrality in relation to other categories, (b) frequency of a category's occurrence in the data, (c) its inclusiveness and the ease with which it related to other categories, (d) clarity of its implications for a more general theory, (e) its movement toward theoretical power

as details of the category were worked out, and (f) its allowance for maximum variation in terms of dimensions, properties, conditions, consequences, and strategies (Strauss, 1987).

In keeping with Fine's (1992) recommendations that researchers move beyond the stances of ventriloquists or mere vehicles for the voices of those being researched, we sought to engage the participants as critical members of the research team. Consequently, after completion of the group, the 7 group members were invited to become coanalysts of data from the focus group. Four elected to do so. Not choosing to extend their original commitment, 2 terminated their participation at that point; a 3rd declined because of physical problems. The 4 coanalysts (termed *participant-coresearchers*) continued to meet with Morrow for more than a year. They acted as the primary source of participant verification, analyzing videotapes of the group sessions in which they had participated, suggesting categories, and revising the emerging theory and model. Participant-coresearchers used their natural intuitive analytic skills as well as grounded theory principles and procedures that had been taught to them by Morrow to collaborate in the data analysis.

Morrow met weekly with an interdisciplinary qualitative research collective throughout the data gathering, analysis, and writing of the research account. The group provided peer examination of the analysis and writing, as recommended by LeCompte and Goetz (1982), thereby enhancing researcher and theoretical sensitivity, overcoming selective inattention, and enhancing receptiveness to the setting (Glaser, 1978; Lincoln & Guba, 1985).

Accountability was achieved through ongoing consultations with participants and colleagues and by maintaining an audit trail that outlined the research process and the evolution of codes, categories, and theory (Miles & Huberman, 1984). The audit trail consisted of chronological narrative entries of research activities, including pre-entry conceptualizations, entry into the field, interviews, group activities, transcription, initial coding efforts, analytic activities, and the evolution of the survival and coping theoretical model. The audit trail also included a complete list of the 166 *in vivo* codes that formed the basis for the analysis.

Because of the human cognitive bias toward confirmation (Mahoney, 1991), an active search for disconfirming evidence was essential to achieving rigor (Erickson, 1986). Data were combed to disconfirm various assertions made as a result of the analysis. Discrepant case analysis, also advised by Erickson (1986), was conducted, and participants were consulted to determine reasons for discrepancies.

Results

The grounded theory model for surviving and coping with childhood sexual abuse, evolving from Strauss and Corbin's (1990) framework and developed from the present investigation, is present in Figure 1.

Causal Conditions of Phenomena Related to Sexual Abuse

Two types of causal conditions emerged from the data, which ultimately led to certain phenomenological experiences related to sexual abuse. These causal conditions were (a) cultural norms and (b) forms of sexual abuse. Cultural norms of dominance and submission, violence, maltreatment of women, denial of abuse, and powerlessness of children formed the bedrock on which sexual abuse was perpetrated. Paula's (all names used are pseudonyms) experiences reflected a number of these norms: Her father enforced his dominance by physically and sexually abusing Paula's mother and calling Paula and her mother "cunt," "whore," and "fat pig." He was an avid reader of pornography and regularly invited Paula into the bathroom, where he showed her pictures from his magazines. He took photographs of her in the bathtub or sunbathing by the pool. She stated that most of his abuse of her was "... real, real physical. [He] beat the shit out of us." His sexual abuse of her was "covert." Audre commented the following after disclosing that her sexual abuser had beaten her "only" once: "You know, he never whipped me like that again. Never again. And he never had to. . . . Whenever I would resist him at any point, he'd just look at me." Dominance, violence, and the powerlessness of children converged in Audre's life to set the stage for her abuse, as did the denial of abuse or the potential for abuse by significant people in her life and in the lives of other victims. After being sexually abused by an elderly neighbor, Liz brought home a picture he had taken to show her parents. Liz reported, "My mother got right down in my face and said, 'He didn't do anything to you, did he?'" Frightened, Liz replied, "No, he didn't do anything to me."

The second causal condition consisted of the various forms of sexual abuse that had been perpetrated. Abuses ranged from innuendos and violations of privacy to rape and vaginal penetration with loaded guns. These forms of abuse were classified through the data analysis into five categories: (a) nonphysical sexual abuses, (b) physi-

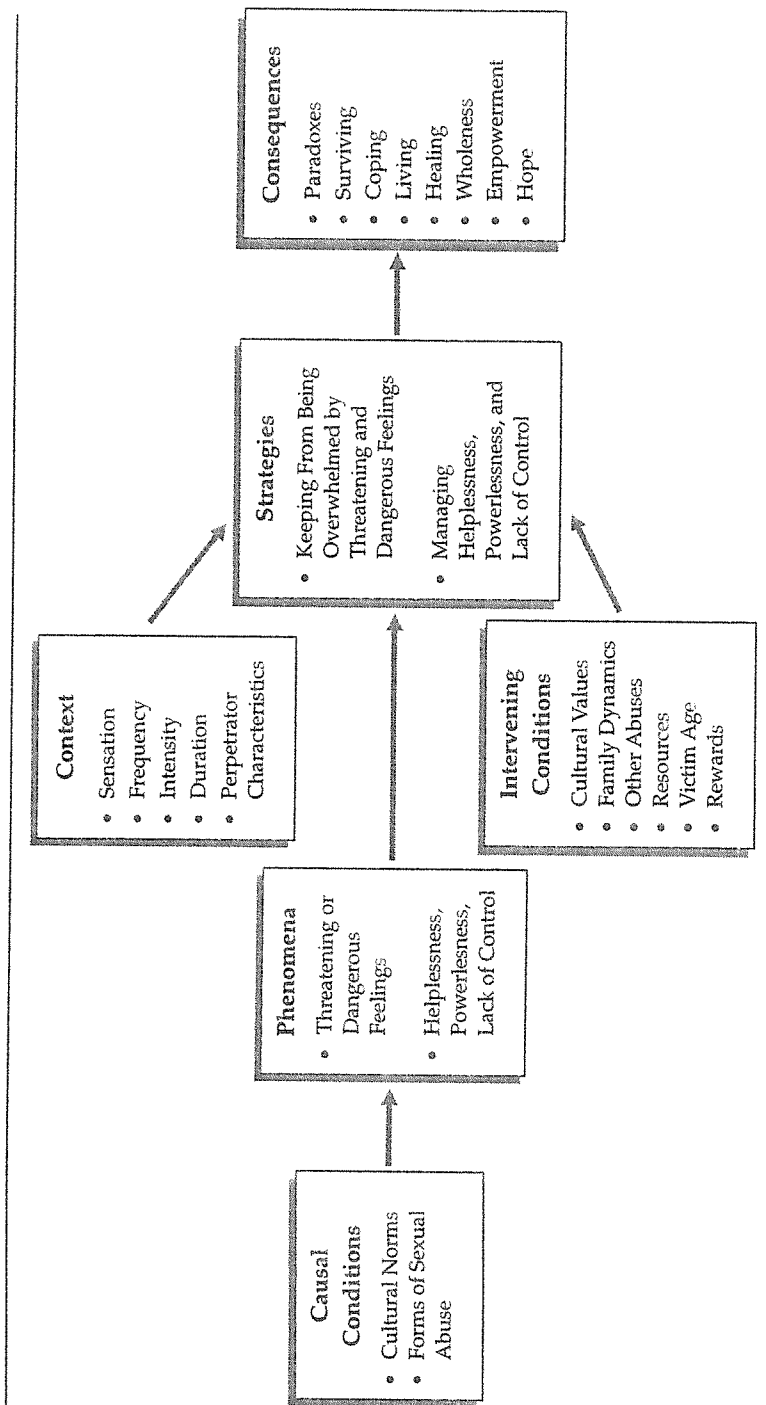


Figure 1. Theoretical model for surviving and coping with childhood sexual abuse.

cal molestation, (c) being forced to perform sexual acts, (d) penetration, and (e) sexual torture. Nonphysical sexual abuses, perpetrated on all of the victims, consisted of perpetrators engaging in sexual talk, photographing the child in sexual poses or nude, exposing the genitals to the child, engaging in sexual teasing and jokes, performing sexual activities in front of the child, and inviting the child to participate in sexual activity. Physical molestation, also experienced by all of the participants, included sexual touching, pinching, poking, tickling, and stroking the child with objects; removing the child's covers or clothes; holding the child in such a way that sexual contact was made; masturbating the child; washing and examining the child's genitals in excess of actions necessary for health and cleanliness; and performing cunnilingus on the child. Of the participants, 7 had been forced to perform sexual acts, such as masturbation, fellatio, or cunnilingus. At least 5 of the victims had been penetrated vaginally, orally, or anally with fingers, hands, penises, guns, knives, or other implements; four others were uncertain about penetration because of amnesic episodes. Six remembered being subjected to sexual tortures of a sadistic nature beyond those already described.

Phenomena Resulting From Cultural Norms and Forms of Sexual Abuse

Causal conditions—cultural norms and the forms of sexual abuse to which victims were subjected—resulted in two core categories of subjective phenomena as reported by participants: (a) being overwhelmed by feelings victims experienced as threatening or dangerous and (b) experiencing helplessness, powerlessness, and lack of control. These categories support and extend Herman's (1992) description of traumatic reactions, in which she found that "the salient characteristic of the traumatic event is its power to inspire helplessness and terror" (p. 34). This research indicates that terror is but one of the overwhelming emotions characteristic of trauma experienced by survivors of sexual abuse. Most, but not all, of the survivors in the study experienced terror; all experienced overwhelming emotions of fear, pain, or rage.

Meghan foreshadowed one of these phenomena the first night of the group, when she said, "To keep from feeling my feelings, I have become a very skilled helper of other people." Throughout the data, others echoed her words. The analytic moment in which this category

emerged is illustrated in the following analytic memo written by Morrow (in vivo codes are in italics):

I'm reaching a higher level of abstraction. Is the overarching category protection from feelings? Many categories are subsumed under it: One talks to get out the stories; the feelings are less intense. Fake orgasm (sex) because you don't have any physical feelings. Art was used to deal with feelings, express anger, release the pressure of the feelings, use chemicals to deal with feelings (and a whole complex interaction here) . . .

Existing and emergent codes and categories were compared and contrasted with this category; the category was modified to accommodate the data, producing the phenomenon that was labeled *being overwhelmed by threatening or dangerous feelings*—feelings that participants described as subjectively threatening or dangerous.

In addition to being overwhelmed by feelings, participants experienced what was termed *helplessness, powerlessness, and lack of control*. Lauren provided an exemplar of the second category, illustrating the pervasiveness of her perpetrator's power:

He stands there. A silhouette at first and then his face and body come into view. He is small, but the backlighting intensifies his figure and he seems huge, like a prison guard. He is not always there but it feels like he might as well be. When he's not there, I search the distance for him and he appears. He seems to be standing there for hours. As if he's saying, you are weak, I am in control.

Not only did Lauren experience powerlessness during her abuse, but her lack of control invaded her dreams and her moments alone.

Context in Which Survival and Coping Strategies Developed

Strategies for survival and coping were developed in response to being overwhelmed by threatening or dangerous feelings and experiencing helplessness, powerlessness, and lack of control. These strategies were influenced by particular contextual markers related to both the causal conditions—particularly the forms of sexual abuse—and the resultant phenomena. These contextual markers included (a) sensations, (b) frequency, (c) intensity, (d) duration, and (e) perpetrator characteristics.

Sensations experienced by victims during sexual abuse ranged from arousal to pain, varying from mild to severe intensity. The frequency and duration of sexual abuse ranged from a single instance to years of ongoing sexual abuse, which occurred as often as daily or

as infrequently as once every summer. Perpetrator characteristics varied from one to multiple perpetrators of both genders, who were always older and larger than their victims and ranged in relationship from blood relatives to strangers. The phenomena—being overwhelmed by threatening or dangerous feelings and experiencing helplessness, powerlessness, and lack of control—also varied as to types of physical and emotional sensations; ranged in intensity, frequency, and duration; and frequently continued for years after the original abuse had ended.

Intervening Conditions Influencing Survival and Coping Strategies

In addition to context, there were also intervening conditions, which were broad, general conditions that influenced participants' choices of survival and coping strategies. Intervening conditions included (a) cultural values, (b) family attitudes, values, beliefs, and dynamics, (c) other abuses present, (d) age of the victim, (e) rewards that accompanied the abuse, and (f) outside resources. Cultural values that were particularly influential were those of a religious nature related to sex and sexual abuse: "Guilt, I believe, is the driving force in Catholicism. . . . I felt guilt after I was molested. . . . I see the Catholic stuff as running in tandem with the issues of being a sexual-abuse survivor." One woman uncovered a family norm that condoned incest when her uncle bragged, "We were one big fuckin' family. . . . Everybody screwed everybody." Alcohol and alcoholic dynamics were part of almost every family, and it was rare that emotional or physical abuse was not an accompaniment of sexual violation. When perpetrators provided rewards or favors to their victims, victims were more likely to cooperate but expressed more confusion than did those who were not rewarded.

The ages at which participants had been abused ranged from infancy through 19 years of age. The data analysis revealed only one pattern related to the age of the victim when she was abused. In keeping with the literature on dissociation (Kluft, 1985), all of the participants who had developed severe dissociative patterns had been sexually abused in infancy or early childhood.

Only one participant experienced outside intervention in her abuse, although all had since turned to and found emotional support from friends, partners, or therapists. As in Liz's case ("He didn't do anything to you, did he?"), potential helpers were unwilling or unable to see that abuse was happening. However, in one case, a grand-

mother—who knew of and was powerless to stop the abuse—provided the support that the survivor now believes saved her life and sanity.

Strategies for Surviving and Coping With Childhood Sexual Abuse

In the presence of the context and intervening conditions described above, two overarching phenomena led to the development of two parallel core strategies for survival and coping: (a) keeping from being overwhelmed by threatening or dangerous feelings and (b) managing helplessness, powerlessness, and lack of control. Because so few resources were available for help, most of the strategies described by participants were internally oriented and emotion focused. The strategies within each core category are illustrated in Figure 2.

Keeping from being overwhelmed by threatening or dangerous feelings. Being sexually abused produced confusing and intense emotions in the child victims. Lacking the cognitive skills to process overwhelming feelings of grief, pain, and rage, these children developed strategies to keep from being overwhelmed. These strategies were (a) reducing the intensity of troubling feelings, (b) avoiding or escaping feelings, (c) exchanging the overwhelming feelings for other, less threatening ones, (d) discharging or releasing feelings, (e) not knowing or remembering experiences that generated threatening feelings, and (f) dividing overwhelming feelings into manageable parts.

The first strategy used by participants in this research was reducing the intensity of the feelings. Participants used various methods to reframe their abuse so that their resultant feelings were less intense; to dull, numb, or not experience negative feelings that emerged or threatened to emerge; or to comfort themselves. By mentally or verbally reframing their abuse, victims found ways to excuse their perpetrators or to minimize the importance of the trauma. Lisa reported, "I never, never blamed him. . . . He was just a boy. . . . He didn't know any better." To modify the intense feelings that arose, participants dulled and numbed those feelings with substances such as alcohol, drugs, cigarettes, and food and by sleeping or becoming depressed. Liz became depressed to tone down the rage she did not allow herself to feel. Participants kept feelings from emerging in a number of ways. Paula commented, "The feelings are in the words"; thus, one strategy for not feeling was not to talk. Meghan analyzed her experiences instead: "I lived in my head." As these emotions emerged, participants

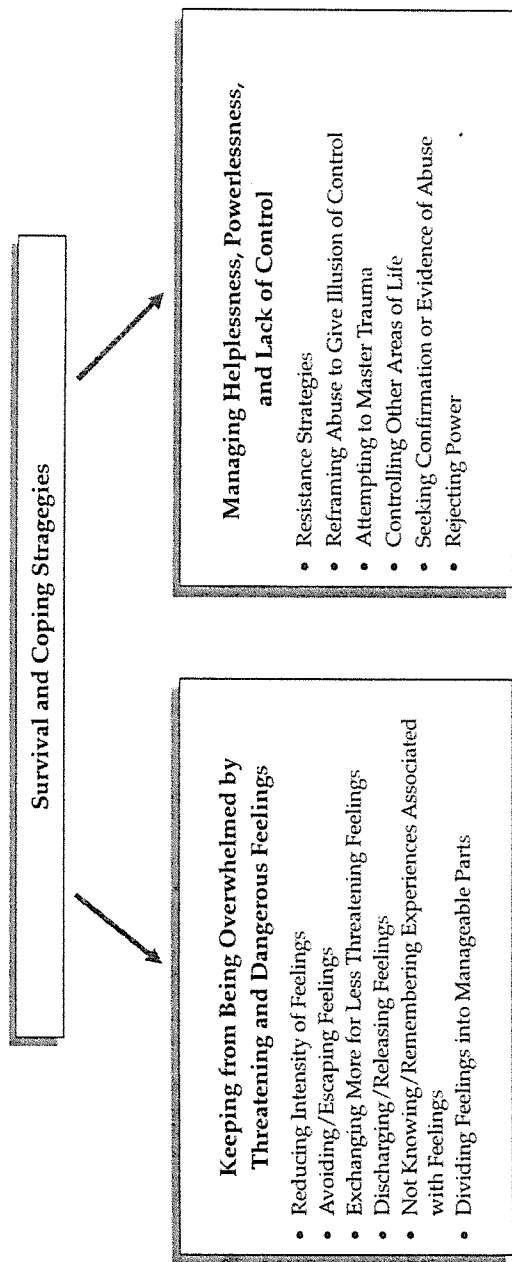


Figure 2. Survival and coping strategies of women who have survived childhood sexual abuse.

“stuffed” or consciously repressed them. Liz said, “I didn’t mind how much it bothered me, I learned to repress the emotions,” while Lisa swallowed her feelings with cinnamon rolls. Participants used a variety of ways to find comfort. Amaya found comfort outside herself: “The grandmother, she was a very spiritual woman. . . . She used to rock and sing to us.” Others, unable to find comfort from outside, nurtured themselves with animals or dolls: “I used to play with paper dolls. . . . They were my friends. They could never hurt me.” Participants used a variety of means to meet unmet emotional needs: “I used sex for validation ‘cause that makes me pretty and that means you love me.” Meghan became “mother hen” from the time she was little, receiving approval, attention, and appreciation from her family. Participants coped spiritually in a number of ways, some finding spiritual solace or relief by praying to or raging against God, while others rejected religious systems that they saw as being supportive of their abuse. Some sought alternative spiritual paths. Kitty believed that God would not give her any more than she could handle.

The second strategy for keeping from being overwhelmed was avoiding or escaping the threatening or dangerous feelings. In many instances, similar substrategies (e.g., drugs or alcohol) facilitated different processes. In a previous example, alcohol was used to dull and numb feelings as one way to reduce the intensity of those feelings. In some of the examples that follow, alcohol was used to escape. Strategies for escaping and leaving took both problem- and emotion-focused directions (Folkman & Lazarus, 1980, 1985) and included attempts to physically avoid or escape abuse, ignore the abuse, escape its reality, or leave mentally or emotionally. In their attempts to physically escape abuse, participants went to their rooms, ran away, moved out, married young, or separated themselves from others: “I isolated forever.” When physical escape seemed impossible, some victims thought of dying or actually attempted suicide when they were children or adolescents in an effort to escape their abuse. To prevent either sexual abuse or related physical abuse, participants attempted to distract their perpetrators, tried talking them out of abusing them, or told them to stop. Velvia remembered, “I kept wanting it to be like it was and I kept asking him, ‘Let’s just read.’ . . .” They also reported having developed heightened intuition about danger or having lied to others about their abuse to avoid being punished or further abused. Participants attempted to escape their abuse by hiding, both literally and figuratively. Ananda found refuge in a canyon, while Meghan strove for invisibility by being very, very good. Danu’s conflict revealed itself in her poetry: “I didn’t want to be/ ‘miss smarty pants.’/ I tried to be quieter/ more secret and

private./ I knew it would be safer/ if no one noticed me." Lauren and Kitty hid their bodies with oversized clothes. To ignore or escape the reality of their abuse, participants wished, fantasized, denied, avoided, and minimized: "I avoid things . . . the other side of denial. I won't look at it." Lauren "left the story behind," and the abuse gradually became less and less real in her mind until it was forgotten. Sometimes victims simply left mentally or emotionally. Kitty said, "Mind, take me outa there!" and it did. Some experienced tunnel vision, floating, "spacing out," or separating from their bodies or other people. Ananda described "a kind of spiritual leaving this planet."

Another way that the research participants avoided being overwhelmed was to exchange threatening or dangerous feelings for other, less distressing ones. Overwhelming feelings could be exchanged by overriding the feelings with other, more intense feelings; replacing them with less threatening, substitute feelings; or distracting themselves with activities that produced innocuous feelings. Participants overrode dirty feelings by physically scrubbing them away. Some used self-induced physical pain, such as self-mutilation, to override emotional pain. Kitty commented, "Physical pain keeps me from feeling my feelings. That's where my anorexia came from. . . . The physical pain of not eating. I can't feel things when I'm in pain." The women who experienced feelings of pain and grief as dangerous developed an ability to switch immediately to anger or rage, substituting the latter emotions for the pain that threatened to overwhelm them. Others bypassed the more threatening feelings of anger or rape, switching to tears: "I have [anger] for about two seconds, then I cry; it turns into sadness." Participants also distracted themselves from their feelings by turning to activities that produced innocuous or pleasant feelings: "The crunching kind of distracts me from the pain inside"; "I looked at other things."

The fourth strategy for keeping from being overwhelmed was discharging or releasing feelings. Verbal activities included writing in journals or talking to "get the feelings out." The use of humor was especially effective. Mimicking her usual 12-step meeting greeting ("My name is Paula, and I'm an alcoholic"), one participant declared, "Hello, I'm Paula, and I'm sorry!" They also shouted or screamed to release tension. Paula, a highly competitive athlete, used physical strategies that ranged from athletics to self-harm. She cut crosses in her skin and vomited to release her feelings: "I'll go purge and, uh, I'll feel elated, and better, and I also got rid of some of the feelings as a way of letting go." Artistic endeavors also facilitated release: "To this

day, if I get those feelings, I can draw, and not necessarily feel better, but less pressure."

Not knowing or remembering experiences associated with threatening or dangerous feelings was the fifth strategy—a complex category involving head memories, head knowledge, clues or evidence, bodily sensations, intuition, and feelings or emotions. Head memories were one of the most haunting and difficult aspects of having been sexually abused. Virtually every participant had experienced some degree of memory loss surrounding her abuse, as illustrated by Velvia's comments: "There are some things that I remember, but only up to a certain point, and I don't know what happened next. . . . [T]he place where it stops sticks in my head. . . ." Some participants depended on head knowledge to know that they had been sexually abused. Audre disclosed, "The only reason I know about [the abuse] is because my abuser called me about a year ago to tell me." Detective work was rampant in survivors' searches for outside evidence or clues of their abuse. Some sought verification from siblings or nonoffending parents. Others depended on feelings about places or photographs to cue them about when their abuse had occurred: "We moved to a big huge house when I was 11. And that's when I think that it started, 'cause I don't remember anything in the old house." Survivors experienced "body memories," or physical sensations, frequently in the absence of head memories or knowledge. Kitty suffered intense pelvic pain whenever she talked about abuse: "Somebody'd be talking about being attacked, and I would experience all this pain in my stomach and in my female part of me." Others experienced nausea, trembling, and abreactions as a result of talking about sexual abuse. Intuition also contributed to a survivor's knowledge that she had been abused. Participants reported that intuition—in the form of a sudden awareness or hunch—was a powerful source of knowing at the moment of insight but that it could quickly fade to disbelief. Feelings or emotions were experienced as the least trustworthy of all evidence, particularly if unaccompanied by other forms of knowing. Despite the intensity of feelings of terror, deep sadness, and shame, women in the study were far more likely to believe they were "crazy" than to trust their feelings or emotions as evidence of sexual abuse: "I'm having all these feelings and all these symptoms . . . but maybe it has to with my mother dropped me on my head or she dressed me funny. . . ."

Dividing overwhelming feelings into manageable parts was a complex process of partitioning emotions into different compartments or separating them from cognitions, sensations, behaviors, or intuitions. Dividing was one of the ways in which memories were lost and knowing was jeopardized. Participants exercised three forms of divid-

ing: "disassociating," dividing up overwhelming emotions, and dividing up cognitive functions. Participants typically used the lay term *disassociate* rather than *dissociate* to explain the process of altering consciousness. Although disassociation was used to escape feelings, it also provided the gateway for dividing. Dividing up overwhelming emotions took place as overwhelming or disparate emotional states were compartmentalized in order to make them more manageable. On one end of a continuum were facades or masks that hid the more vulnerable aspects of self. Participants had also developed different parts of themselves. The more rigid divisions were characterized by some degree of amnesia or distortion of behavior, motor coordination, self-perception, or time characteristic of dissociative disorders (Braun, 1986):

I'm not sure that I really thought that I did survive . . . going away and seeing myself laying there on the bed—I can see my face, I can see the little girl laying there with her head kind of turned, her eyes closed, sweat or something, you know. She's—her head's wet—me—I guess it must be me.

In addition to dividing emotional states, participants separated cognitive functions such as actions, emotions, thoughts, bodily sensations, and intuitions, congruent with Braun's (1988) BASK (behavior, affect, sensation, knowledge) model of dissociation. Kitty learned to crawl out of her body: "I could see me screaming, but I couldn't hear." She "was actually frozen and could do nothing. . . . I wondered at the time why couldn't I do something? Why couldn't I move?"

Managing helplessness, powerlessness, and lack of control. In addition to developing strategies to keep from being overwhelmed by emotions, participants had developed strategies for managing powerlessness in the face of their abuse. Six categories of survival and coping strategies were used to manage helplessness, powerlessness, and lack of control: (a) creating resistance strategies, (b) reframing abuse to create an illusion of control or power, (c) attempting to master the trauma, (d) attempting to control other areas of life besides the abuse, (e) seeking confirmation or evidence from others, and (f) rejecting power.

One way in which participants managed their lack of power was to resist or rebel. Meghan refused to eat. Kitty spoke of her resistance: "Those fuckers aren't gonna get me. I'm not gonna kill myself. . . . [T]hat's when they win." Some reframed the abuse to create an illusion of control or power. Meghan believed that she could control her abuse: "If somehow I could be good enough and do things right enough, she

wouldn't be like that anymore." Survivors attempted to master the trauma, at times recapitulating their abuse: "If I can create pain that I can feel, and I'm in control, it's different. It's totally different." Others turned to helping abused people. Participants frequently tried to control other areas of life besides the abuse. Barbara became " . . . a savior. I ride a white horse, rescue." Meghan stated, "I couldn't manage the abuse, but I could manage the household." All of the participants sought confirmation or evidence from others in order to control their own perceived reality. Only Liz rejected power: "I don't want to be like her. . . . She was very powerful. . . . I'm afraid of power in myself, even."

Consequences of Strategies for Survival and Coping

The strategies used by participants were not without consequences. In every case, those strategies succeeded in keeping them from being overwhelmed by feelings or aided them in managing helplessness, powerlessness, and lack of control. However, while their strategies for survival and coping were successful, that success was also costly.

Two women saw the creation of alter personalities—their primary survival and coping strategy—as a sane alternative to psychosis, or "going crazy." However, they both paid the price of living fragmented lives.

When asked what being overwhelmed by feelings meant to her, Meghan responded, "Screaming metal . . . pain and anguish that goes on and on and on and never stops." She has continued to spiral back through depression, pain, and anguish that, at times, feel as if they will never end. Paradoxically, her strategies worked to keep overwhelming feelings at bay until she actively began the therapy process. As she has faced the emotions she buried, she has been overwhelmed many times.

Participants had fears, wishes, or dreams of dying, yet all are alive today. But while all still live, they did not feel they survived intact; as Barbara disclosed, "I'm not sure I survived," and as Liz said, "Part of me died."

Another paradox arose during the examination of the consequences of the strategy to manage helplessness, powerlessness, and lack of control. Often, the very strategies adopted by participants to exercise power or control backfired, ultimately taking control of the survivors. One woman, whose childhood refusal to eat resulted in her doctor prescribing crackers and cream cheese for breakfast (the only

food she would eat), found in adulthood that she turned repeatedly—and sometimes compulsively—to these same foods.

Many times, participants commented that they were barely surviving—that they were in pain, exhausted, or overwhelmed. However, surviving and coping [were] what participants did best. Liz declared, “My will to survive is strong, stronger than I realized.” In a conversation among the participant-coresearchers, Meghan said angrily, “I don’t want to be surviving. I want to be living. I want to have some fun. I want to be happy. And that’s what’s not happening right now.” Liz responded, “First you have to survive. You have to survive it. And that’s where I’m getting to, is the realization that I’m surviving this stuff again.”

Each of the survivors echoed Meghan’s feelings. Four had become drug- and alcohol-free in their efforts to move beyond mere survival to healing, wholeness, and empowerment. Paula disclosed, “I’m just startin’ to realize that this is worth it. [My drawings are] more elaborate, they’re bigger, I’m using more mediums, they’re more detailed.” Velvia used the word “empowerment” to describe a process that went beyond survival. Amaya wrote,

Today I got in touch with *mi otro yo* [my other me]. . . .
She is so powerful, so sure of herself, so strong, so real, so alive.
I did not die like I thought I would when I felt her.
Instead, I got in touch with the missing part of my inner power and wholeness.

The pain, grief, and terror that the survivors had experienced and continued to wrestle with are very real, and the healing process is long and arduous. However, throughout the research, participants expressed hope. Despite her terror and pain, Kitty reflected, “I have hope in my life. . . . There’s just a little bit of sunlight coming in. There’s a little bit of heaven up there that comes inside of my soul and heals.”

Discussion

Although the counseling literature is rich with descriptions of specific outcomes of childhood sexual abuse, this study is distinctive in its systematic examination of the survival and coping strategies from the perspectives of women who were sexually abused as children. A theoretical model of the survival and coping strategies of 11 participants was constructed through qualitative data analysis, which

included engaging participants in the analytic process in order to ensure that the model reflected their personal constructs. This model establishes, from a multitude of strategies and symptoms, a coherent, construct-focused framework for understanding the often-confusing constellation of behavior patterns of the survivors of abuse.

Cultural norms set the stage for sexual abuse. As Banyard and Graham-Bermann (1993) emphasized, it is important for researchers and practitioners to examine the social milieu in which particular stressors are experienced. In relation to childhood sexual abuse, an examination of social forces helps to shift the focus of coping from a purely individual analysis to an individual-in-context analysis, thereby normalizing the victim’s experience and reducing self-blame.

The powerlessness of girls, which can be attributed to the societal positioning of women and children, to their physical size, and to undependable resources for intervention available to abuse victims, explains the overwhelming predominance of emotion-focused over problem-focused coping strategies used by the participants in this study. In addition, the context of denial and secrecy surrounding sexual abuse in the lives of girls and women may further exacerbate a preference for emotion-focused coping.

The present analysis is congruent with Long and Jackson’s (1993) findings that victims of childhood sexual abuse attempted to have an impact on the actual abuse situation by using problem-focused strategies, while they managed their distress through emotion-focused coping. The two core strategies—keeping from being overwhelmed by threatening and dangerous feelings and managing helplessness, powerlessness, and lack of control—parallel Long and Jackson’s emotion-focused and problem-focused strategies. Long and Jackson found that few victims attempted problem-focused strategies and speculated that resources may not have been available, either in fact or in the cognitive appraisals of victims. The present research demonstrated that options for problem-focused coping were, in fact, not readily available. In addition, specific cultural and family norms served to convince children of the limited efficacy of problem-focused solutions.

Researchers and practitioners may need to think beyond the categories of emotion- and problem-focused coping strategies (Banyard & Graham-Bermann, 1993). L. Benishek proposed that certain so-called emotion-focused strategies, such as dissociation, may, in fact, be problem focused (personal communication, December 1, 1993). Indeed, according to Banyard and Graham-Bermann (1993), “There are times when emotion-focused strategies may be used as problem-

focused solutions to a stressful dilemma" (p. 132). Additional qualitative research in this area may prove fruitful.

Mahoney (1991) described core ordering processes as deep-structure processes that "lie at the core of every person's lifelong efforts to organize and reorganize their experience" (p. 179). Of his four proposed core ordering processes (valence, reality, identity, and power), the present analysis yielded two: valence, which encompasses processes of motivation and emotion, and power, which is characterized by processes of control and ability. These two processes correspond, respectively, to the core strategies found in this research related to participants' keeping from being overwhelmed with feelings and managing helplessness, powerlessness, and lack of control. Because this research was pursued inductively without imposing preexisting categories on the data, the core ordering processes of identity and reality did not emerge. However, it would be appropriate to reanalyze the data with these categories in mind. The process of identity, for example, can be seen in Liz's statement about seeing herself lying on the bed during her abuse: "She . . . I guess it must be me." Although the present research did not address identity or reality, it provided a more detailed understanding of the processes of valence and power, particularly as they were experienced by the survivors of sexual abuse in this investigation.

The emergent theoretical model of survival and coping was, in effect, Morrow's interpretation of 11 participants' constructions of their survival and coping. As is frequently the case in qualitative research, the results of this analysis are unique to the particular investigator, participants, and context of this study. The transferability of this theoretical model for survival and coping takes place as the reader examines these results in the context of specific circumstances of interest.

Feminist researchers have expressed concern about the potential for the exploitation of women and other marginalized groups in academic research and have urged investigators to examine closely what participants receive in exchange for their contributions (Landrone, Klonoff, & Brown-Collins, 1992). Their recommendations have influenced the present investigation in two ways. First, the categories that emerged from this research made sense to and were useful, in a practical sense, to the participants themselves. When the developing model for survival and coping was presented to the participant-coresearchers, one woman took the information home to her husband, with whom she had experienced painful and confusing dynamics surrounding her abuse. Her response endorsed the applicability of this model in practice, not only for spouses or partners, but for families

and the therapeutic relationship as well: ". . . [I]t felt like months and months . . . of stuff that just felt so hard . . . trudging through this sludge—it was like the clarity! It was just unbelievable . . . the closeness between us." It appears that presenting this model to clients and significant others has potential, as a psychoeducational tool, to ease the difficult and perilous journey that individuals must travel as they work through abuse trauma and its consequences.

In addition, the collaborative research process itself has implications for research with the survivors of sexual abuse. Participant-coresearchers described their experiences of collaborative meaning-making as "important" and "empowered." Coparticipatory data analysis therefore holds promise as an empowering model for researchers and participants alike.

Finally, from a standpoint of the "psychology of human effectiveness" (Gelso & Fassinger, 1992, p. 293), the resilience and resourcefulness of the participants in this investigation cannot be overstated. What appears at first glance to be a profusion of dysfunctional symptoms becomes, upon closer examination, rational and reasonable coping strategies given the extremity of the stressors to which these women, as children, were subjected. For example, dividing various aspects of the self into alter personalities enabled victims to disperse trauma among various parts of the self, thereby decreasing the potential for being overwhelmed. In addition, multiplicity provided for self-nurturing and furnished a cognitive structure in which valuable functions and personality characteristics were preserved until they could be safely reintegrated. This investigation focused on the strengths of the survivors of sexual abuse and encourages practitioners to view clients who have been sexually abused in light of those strengths, rather than from a perspective that emphasizes pathology (Adams & Betz, 1993; Hill, 1993; Howard, 1992). Given the prevalence of sexual abuse, adaptation to childhood trauma must be considered a part of the process of normal development for a large number of individuals. The present findings may facilitate a reevaluation of that adaptation and offer clients and their therapists a conceptual framework to facilitate healing.

References

- Adams, E. M., & Betz, N. E. (1993). Gender differences in counselors' attitudes toward and attributions about incest. *Journal of Counseling Psychology, 40*, 210-216.
- Adler, P. A., & Adler, P. (1987). *Membership roles in field research*. Newbury Park, CA: Sage.

- Banyard, V. L., & Graham-Bermann, S. A. (1993). Can women cope? A gender analysis of theories of coping with stress. *Psychology of Women Quarterly, 17*, 303-318.
- Braun, B. G. (1986). Issues in the psychotherapy of multiple personality disorder. In B. G. Braun (Ed.), *Treatment of multiple personality disorder* (pp. 3-28). Washington, DC: American Psychiatric Press.
- Braun, B. G. (1988). The BASK (behavior, affect, sensation, knowledge) model of dissociation. *Dissociation, 1*, 4-23.
- Briere, J. (1989). *Therapy for adults molested as children: Beyond survival*. New York: Springer.
- Courtois, C. A. (1988). *Healing the incest wound: Adult survivors in therapy*. New York: Norton.
- Erickson, F. (1986). Qualitative methods in research on teaching. In M. C. Wittrock (Ed.), *Handbook of research on teaching* (3rd ed., pp. 119-161). New York: Macmillan.
- Fine, M. (1992). *Disruptive voices: The possibilities of feminist research*. Ann Arbor: University of Michigan Press.
- Folkman, S., & Lazarus, R. S. (1980). An analysis of coping in a middle-aged community sample. *Journal of Health and Social Behavior, 21*, 219-239.
- Folkman, S., & Lazarus, R. S. (1985). If it changes it must be a process: Study of emotion and coping during three stages of a college examination. *Journal of Personality and Social Psychology, 48*, 150-170.
- Geffner, R. (1992). Current issues and future directions in child sexual abuse. *Journal of Child Sexual Abuse, 1*(1), 1-13.
- Gelso, C. J., & Fassinger, R. E. (1992). Personality, development, and counseling psychology: Depth, ambivalence, and actualization. *Journal of Counseling Psychology, 39*, 275-298.
- Glaser, B. G. (1978). *Theoretical sensitivity*. Mill Valley, CA: Sociology Press.
- Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: Strategies for qualitative research*. Hawthorne, NY: Aldine.
- Herman, J. L. (1992). *Trauma and recovery: The aftermath of violence: From domestic abuse to political terror*. New York: Basic Books.
- Hill, C. E. (1993). Editorial. *Journal of Counseling Psychology, 40*, 252-256.
- Horowitz, M. (1979). Psychological response to serious life events. In V. Hamilton & D. M. Warburton (Eds.), *Human stress and cognition: An information processing approach* (pp. 237-265). Chichester, England: Wiley.
- Hoshmand, L.L.S. (1989). Alternate research paradigms: A review and teaching proposal. *The Counseling Psychologist, 17*, 3-79.
- Howard, G. S. (1992). Behold our creation! What counseling psychology has become and might yet become. *Journal of Counseling Psychology, 39*, 419-442.
- Johnson, B. K., & Kenkel, M. B. (1991). Stress, coping, and adjustment in female adolescent incest victims. *Child Abuse & Neglect, 15*, 293-305.
- Kluft, R. P. (Ed.). (1985). *Childhood antecedents of multiple personality*. Washington, DC: American Psychiatric Press.
- Landrine, H., Kionoff, E. A., & Brown-Collins, A. (1992). Cultural diversity and methodology in feminist psychology. *Psychology of Women Quarterly, 16*, 145-163.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer.
- LeCompte, M. D., & Goetz, J. P. (1982). Problems of reliability and validity in ethnographic research. *Review of Educational Research, 52*, 31-60.

- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage.
- Loftus, E. F. (1993). The reality of repressed memories. *American Psychologist, 48*, 518-537.
- Long, P. J., & Jackson, J. L. (1993). Childhood coping strategies and the adult adjustment of female sexual abuse victims. *Journal of Child Sexual Abuse, 2*(2), 23-39.
- Lundberg-Love, P. K., Marmion, S., Ford, K., Geffner, R., & Peacock, L. (1992). The long-term consequences of childhood incestuous victimization upon adult women's psychological symptomatology. *Journal of Child Sexual Abuse, 1*(1), 81-102.
- Mahoney, M. J. (1991). *Human change processes: The scientific foundations of psychotherapy*. New York: Basic Books.
- Miles, M. B., & Huberman, A. M. (1984). *Qualitative data analysis: A sourcebook of new methods*. Beverly Hills, CA: Sage.
- Morgan, D. L. (1988). *Focus groups as qualitative research*. Newbury Park, CA: Sage.
- Neimeyer, G. J., & Neimeyer, R. A. (1993). Defining the boundaries of constructivist assessment. In G. J. Neimeyer (Ed.), *Constructivist assessment: A casebook* (pp. 1-30). Newbury Park, CA: Sage.
- Peshkin, A. (1988). In search of subjectivity: One's own. *Educational Researcher, 17*, 17-21.
- Polkinghorne, D. E. (1991). Two conflicting calls for methodological reform. *The Counseling Psychologist, 19*, 13-114.
- Roth, S., & Cohen, L. J. (1986). Approach, avoidance, and coping with stress. *American Psychologist, 41*, 813-819.
- Russell, D. E. H. (1986). *The secret trauma: Incest in the lives of girls and women*. New York: Basic Books.
- Stinson, M. H., & Hendrick, S. S. (1992). Reported childhood sexual abuse in university counseling center clients. *Journal of Counseling Psychology, 39*, 370-371.
- Strauss, A. L. (1987). *Qualitative analysis for social scientists*. Cambridge, England: Cambridge University Press.
- Strauss, A., & Corbin, J. (1990). *Basics of qualitative research: Grounded theory procedures and techniques*. Newbury Park, CA: Sage.
- Strickland, B. R. (1978). Internal-external expectancies and health-related behaviors. *Journal of Consulting and Clinical Psychology, 46*, 1192-1211.
- Wyatt, G. E., & Newcomb, M. (1990). Internal and external mediators of women's sexual abuse in childhood. *Journal of Consulting and Clinical Psychology, 58*, 758-767.

**QUALITATIVE
INQUIRY
AND
RESEARCH
DESIGN**

**Choosing
Among**

Five
Traditions



JOHN W. CRESWELL



SAGE Publications

Copyright © 1998 by Sage Publications, Inc.

All rights reserved. No part of this book may be reproduced or utilized in any form or by any means, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without permission in writing from the publisher.

For information:



SAGE Publications, Inc.
2455 Teller Road
Thousand Oaks, California 91320
E-mail: order@sagepub.com

SAGE Publications Ltd.
6 Bonhill Street
London EC2A 4PU
United Kingdom

SAGE Publications India Pvt. Ltd.
M-32 Market
Greater Kailash I
New Delhi 110 048 India

Printed in the United States of America

Library of Congress Cataloging-in-Publication Data

Creswell, John W.

Qualitative inquiry and research design: Choosing among five traditions / by John W. Creswell.

p. cm.

Includes bibliographical references and index.

ISBN 0-7619-0143-4 (cloth: acid-free paper). —

ISBN 0-7619-0144-2 (pbk.: acid-free paper)

1. Social sciences—Methodology. I. Title.

H61.C73 1997

300'.72—dc21

97-4820

This book is printed on acid-free paper.

03 04 20 19 18 17 16 15 14 13 12

Acquiring Editor: C. Deborah Laughton
Editorial Assistant: Eileen Carr
Production Editor: Diana E. Axelsen
Production Assistant: Denise Santoyo
Typesetter/Designer: Janelle LeMaster
Cover Designer: Ravi Balasuriya
Print Buyer: Anna Chin



Contents

Preface	xv
1. Introduction	1
Purpose	2
Rationale for This Book	3
Selection of the Five Traditions	4
Limits and Situatedness	8
Audience	10
Organization	10
2. Designing a Qualitative Study	13
Defining Qualitative Research	14
Reasons for Conducting Qualitative Research	16
Phases in the Design of a Study	18
Format for Planning a Study	22
Summary	24
▼ Additional Readings	24
▼ Exercises	26