

Nurturing Natural Resources

The Ecology of Interpersonal Relationships in Women Who Have Thrived Despite Childhood Maltreatment

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Childhood maltreatment and its consequences are a public health issue. There continues to be a need for improving the lives and life prospects for survivors of child abuse. The important role that positive interactions can play was evident in a large study of women who considered themselves successful despite maltreatment. Interactions of import ranged from brief encounters with strangers to enduring relationships. Two distinct motifs emerged: The “Saw something in me” and “No matter what” relationships. Findings will be discussed within the context of extant theories with possible implications for researchers, practitioners, and careful, caring adults in any setting. **Key words:** *childhood maltreatment, earned secure attachment, positive relationships, relational treatments, thriving, womens’ studies*

INTRODUCTION: THE PROBLEM

The United Nations, in conjunction with the World Health Organization, recently issued a joint report on the millions of children worldwide who are subjected to abuse and neglect.¹ In the United States, 3.3 million cases (involving 6 million children) were reported in 2006. It is estimated that twice as many cases go unreported.² Nearly 80% of the

perpetrators of childhood maltreatment (CM) are parents. As the UN report states, most violent acts against children are perpetrated by people they know and should be able to trust.

An ongoing group of US studies, collectively referred to as the Adverse Childhood Experiences (ACE) studies,^{3,4} found that more than 50% of a sample of 9500 adult members of a large health maintenance organization (HMO) answered “yes” on a questionnaire concerning childhood exposure to violence, abuse, or family dysfunction in the household. In the affected adults, the breadth of exposure to ACEs had a dose-dependent effect on multiple risk factors and health conditions in adulthood, in areas from smoking, substance abuse and depression, to obesity, and lung and heart disease.⁵ As in other studies, the ACE results showed that multiple forms of abuse and neglect were interrelated.^{6,7} Experts are recommending that neglect, physical, sexual, and emotional abuse be recognized as interrelated and studied as such under the heading of CM.⁸

The World Health Organization and the American Psychiatric Association⁹ have called

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for a public health approach in prevention and early intervention to minimize the effects of childhood violence and CM. This Herculean effort will require an involved citizenry as well as professionals and governmental agencies. Until prevention is reality, more information is needed about how survivors of CM can recover and how the community can make a difference. In our study we learned directly from adult females “what worked” (and did not work) in their being successful despite CM. The findings reported herein provide support for the important roles that everyday people can play in assisting child and adult survivors of CM, in this case, in women.

BACKGROUND FOR THE STUDY-AT-LARGE

Researchers have reported that at least 22% of CM survivors appear to emerge with positive lives and few aftereffects.^{10,11} Relatively few studies have focused on these persons; fewer focused on process or “what worked.” The concepts of resilience^{12,13} “thriving” or “posttraumatic growth”¹⁴ have each framed works describing successfully overcoming various traumatic life events. Resilience, originating from the child development literature, has been expanded to the lifespan and variously defined as a group of traits, a process, and an outcome.¹⁵ Thriving and posttraumatic growth are more recent concepts not specific to CM. Thriving, a theoretical framework representing exceptionally successful performance after adversity,^{16,17} was the concept used to frame this research. This narrative analytical study captured the stories of women who deemed themselves to be successful in their adult lives despite CM. *Childhood maltreatment* refers to self-reported neglect and/or verbal, physical, and sexual violence experienced by girls under 18. *Success* refers to relational satisfaction, a capacity for happiness, and work accomplishments.¹⁸ Specific aims were to (a) explore reported aftereffects of CM, (b) identify strengths and strategies used to overcome them, (c) define

interactions helpful in overcoming abusive experiences, and (d) understand social and political contexts of healing trajectories.¹⁸ This article will report on the subanalysis addressing the role and perceived importance of key interpersonal interactions and relationships in the journeys of these women. A brief description of the study at large follows.

THE STUDY AT LARGE

After receiving institutional review board approval and a National Institutes of Health certificate of confidentiality due to the sensitive nature of this work, a community-based sample was recruited through flyers, contacts, and in response to a newspaper interview wherein the principal investigator had described her research interest in “what worked” for women in becoming successful after CM. The majority of participants responded to the newspaper article. Women of color were oversampled through community contacts, to increase diversity from a predominantly white community. Exclusion/inclusion criteria were (a) self-identifying as a child abuse survivor; (b) comprehending English at the sixth-grade level; (c) not currently experiencing any psychotic symptoms, severe depression, or suicidality; (d) not currently experiencing interpersonal violence; (e) not currently abusing alcohol or other drugs; and (f) not having acute physical illness.

The sample comprised 33 Whites, 9 African Americans, and 2 Hispanic Americans, ranging in age from 22 to 79; the majority of those interviewed were in their 40's. All reported egregious childhood abuse, most (70.5%) having endured multiple types of maltreatment—up to attempted murder. The participants were relatively well educated; only 4 had no postsecondary education.

After a telephone prescreening, a potential participant met with an advanced practice psychiatric nurse interviewer at a setting of her choosing, such as home or university setting, where the informed consent preceded the first interview. A demographic

Table 1. Quantitative variables summary of demographic form data^a

	No. of those responding	Minimum	Maximum	<i>M</i>	<i>SD</i>
Income in thousands	20	6	90	48.70	31.37
Age, y	42	21	79	46.19	11.64
Marriages, total no.	40	0	4	1.38	0.74
Duration, (years)					
Marriage 1	27	2	40	13.85	9.85
Marriage 2	8	2	28	10	9.24
No. of children	42	0	6	2	1.3
Therapy duration	38	0	54	9.44	16.32
Abuse duration, y (includes adulthood)	20	2	50	18.35	13.71
No. of perpetrators	42	1	12	7.14	2.53
No. of aftereffects (see Fig 1 for types)	42	0	6	2.83	1.59

^aSome who responded may not be among the 34 who completed 2 to 3 interviews. Six types of abuse were listed in the form. Many checked all 6 types (physical, emotional verbal, sexual, neglect, other). Several had no sexual abuse. Nearly all had multiple types. Neglect was most frequent. Sexual abuse was always accompanied by another type(s).

form was completed after the first interview (Table 1 provides the summary of demographics). All interviewers were competent to assess distress, and clinical referral processes were in place if required. No such referrals were necessary. A few participants reported self-managed flashbacks and nightmares.

Interviews were audiotaped and transcribed by a professional who had completed a confidentiality agreement as had all research team members. Identifiers were removed from texts; a master list was separately secured. Study materials were kept under lock and digital files were password protected. Rapid turnaround allowed for ongoing review for security and content streams.

The plan was for participants to complete 3 face-to-face interviews over a period of 6 to 9 months. Twenty-seven participants completed all 3 interviews, 7 participants completed 2 interviews, and 10 participants completed only 1 interview. Reasons for not completing the interviews include not enough time and moving away, and story was completed after the first interview. Interview guides for each of the 3 interviews had been constructed, but most participants needed

few prompts, thus allowing each one's story to flow more naturally.

ANALYSIS METHODS

Narrative analysis studies stories that describe human experiences and actions.¹⁹ The participants' life stories were elicited, not just the meaning of the life story. Narrative analysis looks at multiple aspects of the story from themes and patterns to cohesiveness to use of language, metaphors, and contextual embeddedness.²⁰ An interdisciplinary research team consisted of doctorally prepared nurse scientists, 2 research psychologists, a psychiatrist, psychiatric nurse practitioners, and doctoral students. The first phase of analysis was reading the transcripts for key concepts. The team derived a master list of key concepts after 6 revisions. On the basis of this list, initial case presentations by individual team members, interview guides, and specific aims, a template of queries was developed. This template was used in a second reading to reduce each participant's accounts to a summative narrative assessment (SNA) of key themes, genres, and pivotal events and persons.¹⁸

The team functioned reflexively, questioning methodological decisions and findings from multiple perspectives (clinical, disciplinary, critical, feminist, and personal bias). Multiple interviews provided in-depth comparisons of repeated stories and credibility. Rigor was ensured by redundant reading of texts; interdisciplinary team interpretations; noting oppositional terms, patterns, and discontinuities; and recontextualizing quotations within accounts to confirm themes and raise new analytic questions.^{21,22} We recorded dialogue from each team meeting and retreat for later reference and validity check of our process. Validity was further strengthened in the 3-year duration of analyses.

Subgroups of the team engaged in focused microanalyses of (a) trajectories, (b) perceptual changes, (c) relationships, (d) strategies, (e) clinical treatment, and (f) demographic links with texts. These processes and findings were also brought to the entire team for scrutiny, validation, and refinement.

FINDINGS FROM THE STUDY AT LARGE

The core finding was a process termed *becoming resolute*, with nonstaged subdimensions of determined decisiveness, facing down death, counter-framing perceptions, redefining abusers and family of origin, quest for learning, and moving beyond. Becoming resolute is a transitional process demonstrating a steely will for decentering abuse in one's life trajectory and achieving success in work and relationships.

Ranging in age from 21 to 79, all but one participant reported having suffered from depression; the majority had battled suicidal thoughts and attempts, many had experienced some type of substance misuse and/or eating disorders (see Fig 1 for reported aftereffects). Current success or thriving was evident in most, but not all of the respondents. Those designated as "struggling successfully" had a quality of resoluteness about them—a determination not to return to that

past suffering. They were succeeding in love and/or work and/or motherhood. Many were in marriages of long duration. Although not free from strife and scars, the majority were managing to struggle successfully, because they had become resolute to do so. The women's individual perceptions of succeeding were subjective dynamic concepts, with little resemblance to the absence of disease or problems but rather of success in aspects of adult life and moving beyond the abuse. Their narratives were primarily based in the present. None were immune from struggling at times but were doing so successfully most of the time without returning to the past, denying it, or dwelling on it. Most are not free of all aftereffects but managing them through treatment or self-management. Their journeys were markedly dissimilar, but they share some commonalities in engagement, work, and adult relationship building.¹⁸

In their current lives, these women enjoy positive relationships that have been actively chosen, defined by boundaries, and have expectations of self and other that are realistic. These relationships provide growth, joy, or satisfaction but are not necessary for self-definition. Those "still struggling," currently had few positive current relationships, less evidence of success in career or overall self-confidence, and hope and positive self-concept. There was more content focused on the past and the abuse or continued involvement in unhealthy relationships with family perpetrators. Given that becoming resolute is not age specific, this designation is not prognostic and is simply reflective of current situations. (See reference 23 for detailed accounts of turning points and trajectories).

SUBANALYSIS OF HELPING RELATIONSHIPS

The role of key others in the journey toward success was a distinct aim of the study, as well as a data-rich area in the narratives. For participants, important relationships were not limited to the interpersonal

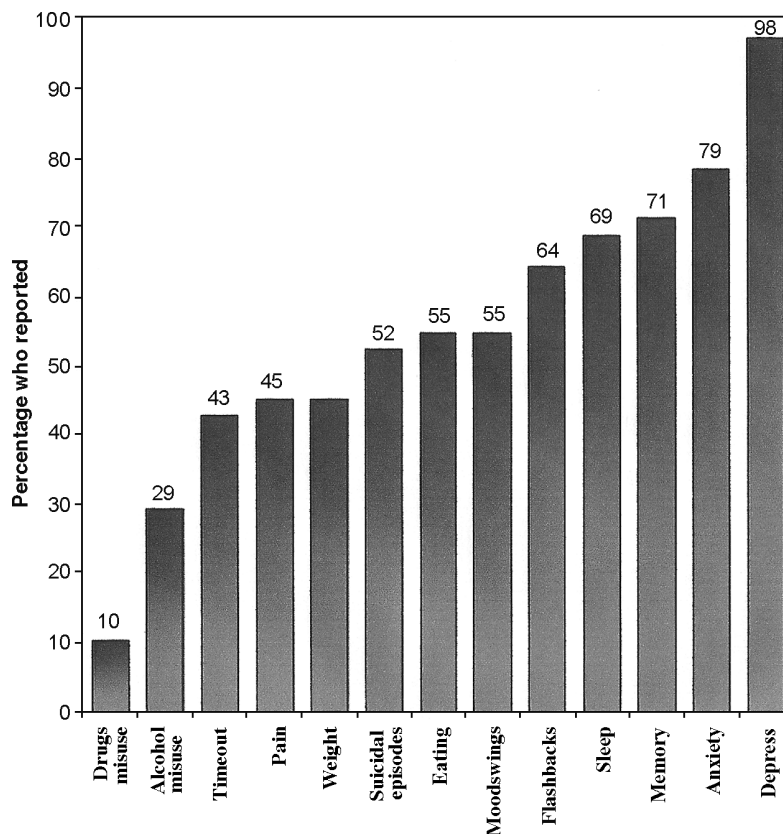


Figure 1. Reported aftereffects by category (%). Mean number of aftereffects for participants was 6. Several women reported 10 or more aftereffects. Participants did not continuously experience them. Narratives described how the women contained or otherwise self-managed aftereffects. Time-out refers to episodes of depersonalization or dissociation or suicidal thoughts or attempts.

realm but included relationships with self, a higher power, art, and literature. Our particular research focus, however, was the nature of key *interpersonal* relationships that were deemed to be helpful in mitigating abuse and promoting healthy, healing relationships at *any* stage of development.

METHOD FOR SUBANALYSIS

Key persons and interactions had been addressed specifically in the semistructured interview guides and reported by each interviewer in his or her preliminary SNAs. Our small 3-member team began with these summaries; our sample comprised all who had completed at least 2 of the 3 interviews ($n = 34$). (Although relational data were con-

tained across interviews, the semistructured interview guide for interview 2 contained prompts regarding key persons). These data were organized and displayed in several ways to discern the who, where, what, and how of key relationships, now defined as: any interpersonal interaction that related to/resonated with/influenced the participant's perception of her life or situation.

Initially, frequency counts of positive and negative characters were tallied from SNAs and direct statements from the narratives. Parents were the most frequently identified negative relationships, with the smallest representation on the positive tally. Husbands or partners, therapists, and teachers were the most frequent categories of positive persons. All 3 of these categories also appeared on the negative side, particularly former husbands.

Findings from frequency counts led us back to the texts for iterative close reading and pattern seeking within the passages, for the structure, heroes, and villains of the story.^{24,25} These participants described brief encounters, as well as prolonged relationships, in considerable detail, in both emotional and substantive language often providing thick description. Memories from childhood encounters remained vivid. Moreover, the location of passages of positive persons within the narrative was often directly or closely linked to statements concerning the narrator's own self-appraisal, suggesting the linkage and the power she was ascribing to these important, gratifying relationships. An example of such linkage comes from the opening pages of Elaine's first interview. She has been describing herself as a successful survivor of CM: "I've been able to cope better in the last few years. . . I'm not really sure what it is except my husband is a very solid person . . . he's helped me with my self-esteem issues." This leads to a long passage about other helpful persons, including an aunt who "just seemed the most normal person in the world . . . she hugged me" and then back to her husband and his stable family of origin.

The process and findings of our subanalysis were brought back to the full research team periodically for group discussion, critique rebuttal, or refinement as mentioned. Long quotes and phraseology as well as placement within the narrative all contributed to the final 2 essential motifs that characterized positive, growth-enhancing relationships.

FINDINGS ON RELATIONSHIPS

An apprehension of the dark reality of daily life for these girls is necessary; it provides a context for the positive relationships that stood in stark contrast—each defines the other, the voids and remedies, the light within the darkness. These households were headed by parents who were confusing figures, from threatening and dangerous to erratic to weak and not dependable for security or just emotionally absent. Neglect and physical abuse

were common. Abuse was almost always intrafamilial; if sexual abuse occurred, it was usually from fathers, uncle, or grandfather. Biological fathers were the most prevalent, far exceeding stepfathers or boyfriends of unmarried moms (Most respondents birth years were before 1960; the prevalence 2-biological parent families is reflective of the era).

Given that family members were most often the perpetrators, it is not surprising that parents were the most frequently identified negative relationship. However, despite the fathers' direct involvement, it was mothers—through abuse, emotional absence, and betrayal—who were more eloquently described in the negative and mourned the loss as compared with abusive male figure. From complacent to complicit, mothers were held to a higher standard, more culpable. Failure to protect and disbelief of the daughter's allegations was perceived as more egregious than the physical assaults. Two women who appeared to be still struggling had narratives that continued grief for her loss (not through death) of (archetypal) mother. Several others spoke of this loss as the recurrent content of her dreams—even now. Even the apparently successful, resolute survivors described mother loss vividly, but it was not dwelt upon. Several mothers were overtly emotionally abusive but most were guilty of lack of nurture (see reference 26 for a complete description of parental relationships). "Never protected me" was an often-repeated phrase. "She never intervened, she never defended me, she never protected me."

She was vicious and she was vile and she would say horrible things . . . He died and was an alcoholic—but he appears to have been a better deal than she was. Because even while being alcoholic, he was devoted to his children during that time. (Clare)*

I had access to anything I wanted as far as drugs, booze—um, really anything.

*All names are pseudonyms.

Nobody knew what was going on, nobody, there was nobody to know or to care. (Jade, who lived in a single parent/mother only home).

My mother put me in bed with my father. (Ethel)

Hanna describes the emotional bereavement of mother loss:

I always loved my mother, worshipped my mother. Her picking my father over us, was the hardest, the hardest thing . . . to have someone that you love but you don't have a relationship with, not because they died, but they choose not to . . . it would almost be better to have the death of a parent than it would be to have someone who chose to believe your father over you . . . the three daughters. (emphasis added).

Positive persons: Glimmers of a different reality

It is amazing how, when all possibilities seem to be taken away from you, the minutest opening can become a great freedom . . . entrance into the world of all the ordinary things that had been denied in life.²⁷(p28)

It was predominantly persons outside the household who offered a brighter perspective of a world outside. Grandparents, aunts, and siblings were mentioned in some cases; 1 set of grandparents took respondents into their home. Siblings occasionally actively protected, but they too were children (a brother was occasionally the perpetrator). Childhood friends are notable for their near absence; children of CM often self-isolate or are isolated by family secrecy. Nevertheless, a friend's home or neighbors could provide a different point of reference about the world: "It was a family crisis. But nobody was losing his or her cool, nobody was hitting anybody or cursing or screaming. They were handling it and I remember I was very impressed by that. . ." (Denise).

"An adult lady down the street when I was about 10 to 14 years, she was very nice to me. We would do crafts together and Christmas presents for my family. She was always very nice and kind" (Hannah).

"After speaking with my mother, she (the mother's 85 year old former teacher) turned

to me, talked to me (saying) 'What are my interests?' This person is (sic) indicating that I am an individual. . ." (Gwen).

Such simple encounters left long-standing memories. The most frequently reported positive relationships in childhood were with teachers and coaches, exceeding grandparents and other relatives combined. In adulthood, husbands were most frequently mentioned, therapists bosses and coworkers, and one's own children. Through further analysis it became evident that across stories, stages of life, and casts of characters, many positive relationships bore similar characteristics and could ultimately be characterized as 1 of 2 distinct motifs, we called "Saw something in me" or "No matter what" relationships. These 2 interpersonal motifs will be illustrated in the following section.

A third, less frequent type of relationship deserves mention. This relationship is better described as an *intrapersonal one*, a conversation within one's self, forming an "I'll show them" or "Who I am NOT" framework, shaped as rebuttal to the negative views, behaviors, or statements of parents or others. Often formed in youth, "I'll show them" counterframes negatives as challenge not prophecy; a promise to self that bolstered resoluteness. Several participants who grew to be successful in work, marriage, or parenting learned life lessons through paradox; they resolved to become the converse of negative appraisals or role models—"I will be the mother I did not have."

The "Saw something in me" relationship

A recurrent phrase in the narratives "Saw something in me" relationships and interactions provided the survivor with concrete positive feedback on specific skills and strengths observed in her by another. Attributes that she possesses in her own right (nonfamilial). Frequently occurring in the academic or workplace domain, the recognition event might be recounted in great detail. The feelings experienced at the moment are also recounted or a statement regarding how the narrator believes this event sometimes influenced her future sense of uniqueness or competence. Recognition could

include a push. Even loose ties provided such reinforcement. In childhood, teachers are the most frequent examples. Descriptions of them are among the most vivid and detailed.

One teacher in particular that stood out... for some reason, she took me under her wing. I was in her creative writing class and she let me do what I wanted to do. I was basically separate from the class. I got to write the kinds of things that I wanted to write. I didn't have to follow the pattern of the class and she made me feel like I was something special, that I could really accomplish great things. (Adele)

I've never forgotten her saying, you have the superior (singing) voice... To this day I have a really soft spot for teachers because I don't think that anyone understands their importance in the life of a child... Like with this teacher, I mean I've never done anything with music in my life, except sing in the church choir sometimes, but her impact in my life was phenomenal. I can see her in front of me right now, um, she was real tall and real gawky, a person that most people would consider ugly... none of her features matched and she was very gaunt kind of an Ichabod Crane type person, um—but to me—you know, she was just beautiful because she believed in me and she trusted me. She wasn't a mushy-gushy person either, she was real direct... she didn't pamper me or anything, but she knew I could do it, I can see her, I can hear those words, I can—I remember songs that I sang and how she looked. (Mae)

Denise told of a loose tie, a couple for whom she baby-sat. They never spoke of her strengths, but they made me feel like I was okay... that I could be loved.

In adulthood, as in childhood, even strangers could have an influence. Coworkers, friends, and bosses propelled through recognition.

I went in for an interview and he handed me the key—and, when he did that—this person is willing to give me a chance—he said “now that you are here you will go back to school and get your degree.” (Ruth)

She had me realize that sometimes I just worry about things that are ridiculous... One morning I suddenly had a meeting with some of my bosses... I said, oh, I guess I wasn't invited, I don't see my name tag. And she, one of my bosses came out and

said, ‘well your name tag is right there.’ I thought I was going to be—I was letting that snowball into—I'm going to be fired, because they think I'm an idiot. So, that was wrong—she let me see this. “No one is going to fire you because you can't see your name tag seven o'clock in the morning. Just helping me realize that, you know, people are more forgiving, understanding when you make a mistake. (June)

Jade (cited in the previous section regarding the lack of parental interest) was propelled to seek further education in nursing when her fellow nurse's aides liked her and thought she did good work. Cher's statement exemplifies this motif:

It was the first time that I realized that, someone saw me, you know, in a different light. Things he said about me were positive—gave confidence. Instead of feeling like a scared person with no self-esteem, I was a person—I can do this, and people are complimenting me on this.

The “No matter what” relationship

“No matter what” describes a relationship of enduring support that provides constancy, reliability, and acceptance. Most often these relationships are formed in adulthood, but not exclusively. Life partners (husbands, 2 long-term fiancés, and 1 same-sex life partner) and therapists were the most frequently cited persons to provide such long-term ballast, although occasionally it was a friend. “Just always knowing that they (sister and current husband) were constantly on my side, no matter what, no matter what I tell them... that they would love me and it didn't make a difference” (Hanna).

My therapist... he said to me at the very first session, “I will believe in even when you can't believe in yourself. I will support you no matter what, you can always count on me.” I'd had all these other therapists and never really—never really trusted them, but this guy, he, he meant it... He [gave me] his number to call, if something happened in the night, even when he was out of town... he'd call me back within 15 minutes, no matter where he was at [*sic*], no matter what time of night. Of course I very rarely called him, so, it wasn't like I

abused it . . . It helped me to have hope and, sometimes we can't believe in ourselves. (Candace)

Amy speaks of her fiancé of 9 years: All of a sudden [I would be] needing to let my anger out . . . just over something. I had a lot of anger issues and he was, easy prey, I guess. He would say, 'I'm not against you, I'm not your family' just over and over until I finally got it . . . (He has not pushed for marriage, but stayed with her).

"No matter what" people offer dependable, predictable support regardless of the affiliation. The parents of Denise's sixth-grade friend were long-term supporters. Their daughter no longer visited Denise's home after Denise's stepfather had inappropriately touched the friend. Nevertheless, Denise was still welcome in the friend's house.

Her parents . . . were just always kind. When I was coming over, her mom would have something special that I liked . . . some supper that she knew I really liked . . . [When] I was in high school, and I just couldn't stand the thought of going home . . . I just went over to my friend's house and spent the night. . . . She must have suspected that I didn't want to go home . . . I felt safe there. (Denise)

Current husbands and life partners often had characteristics of both typologies, recognizing strengths, as well as providing, no matter what, support. Some spouses have provided the woman with a whole family who have accepted her and role-modeled constancy and acceptance of each other.

Marrying my husband was the smartest thing I ever did . . . when I think of the people that I could've married, I probably would be very unhappy . . . I just got lucky (chuckle), because he is so stable and so positive and his family became my family really. (Elaine)

Several participants credited a previous husband—one not so unconditionally validating—with supporting her emerging strength. In early marriages, even very controlling husbands could be viewed as helpful in retrospect, by bolstering the woman's resolve to separate from family of origin. That same resolve ultimately helped the women leave such husbands.

DISCUSSION: STRENGTHS AND LIMITATIONS

These findings are based on interviews and the memories of the participants. Memory is known to be continually reconstructed, and narrative analysis is based on this tenet. Narrative is a story, and how it is told and the amount of detail in memories tell a great deal about memory consolidation. By collecting several interviews at intervals within a year and allowing for minimal structure, authenticity was maximized. Moreover, the amount of text provided multiple examples to support the presence of recurring motifs within and among participants.

This was not a random sample; most who volunteered were quite well educated. Given that the specific invitation was to those who believe they have been successful, this is not surprising. Nevertheless, they were quite divergent in ethnicity, age, and circumstances of their childhood. The role of relationships and validity of the motifs was scrutinized and supported by the interdisciplinary team at large. Findings are congruent with those of several studies as well as multiple theoretical perspectives within this very interdisciplinary area.

THEORETICAL CONTEXTS AND EMERGING RESEARCH

Recent research has supported the notion that when psychological abuse is involved²⁸ or multiple forms of CM co-occur, the mental health of the CM survivors tends to be much more vulnerable.⁵ Nevertheless, there is a growing body of work that supports the findings of our study regarding the power of positive relationships to mitigate, and even transform, the destructive sequelae of CM, in those who have suffered multiple forms of abuse including psychological abuse.²⁹ Studies related to attachment theory and styles in adult survivors of CM appear frequently in the CM literature.

Attachment theory³⁰ proposed that the successful formation and maintenance of

attachment bonds between infant and mother set the path for a child's views of self and other,³¹ providing a young child a sense of a secure base, from which to venture forth and discover the world and to return to when comfort or safety is threatened.³² Derived from ethological and human observational studies, Bowlby posited that early attachment experiences would be internalized as "working models" of self and of others the larger world, setting the stage for future relationships and security. Later researchers carried out extensive research with children, ultimately deriving a typology of insecure attachment styles.⁸ Bowlby's interests extended beyond early bond formation to how such bonds influence "the lifelong propensity to form intimate emotional bonds (that is) a basic component of human nature ... continuing to old age ... and promoting mental health."³³(pp120-121) He included a pathway model to his propositions that allowed for experiences and events to intervene into previously formed attachment bonds and working models of self and others, choosing the term *working model* because working connotes a nonstatic process.³⁴ Recent research has examined just how malleable or fixed early attachment styles and working models of self and the world may be. The malleability of attachment style in CM survivors in adolescence^{35,36} and in early adulthood^{28,37} has been supported, particularly through intimate adult relationships.³⁸

Developmentalists, including Bronfenbrenner,^{39,40} Sroufe, and others, have begun to expand the conceptualization of development as a lifelong phenomenon and the importance of contextual influences from micro to macro. Sroufe has expanded on Bowlby's pathways model, acknowledging that working models of self and other are subject to the complex transactional nature of development "always a joint product of developmental history and current circumstances."⁴¹(p1) His longitudinal study of at-risk children into adulthood⁴² has contributed to a new category of attachment style called "earned secure," wherein a positive

change of working model of self and other based has transpired through experiences beyond the early years.⁴³ This concept is quite salient to the stories of some of the participants.

As with most enduring theories, attachment has been interpreted, tested, stretched, and critiqued. Contratto⁴⁴ has voiced valid feminist concerns regarding the theory's bias to western middle-class populations and the possible distortion of Bowlby's statements to enhance ambivalence and guilt in mothers who work outside the home. Although it is fitting to decry the antifemale bias attributed to attachment theory, the ecological aspects of Bowlby's pathways concept of working models of self actually resonate with the relational theories of several feminist scholars, including the early and later works of Gilligan,^{45,46} and Jordan and Miller's relational cultural theory (formerly "self-in-relations" theory).⁴⁷ Few can argue against the importance of the ability to form and maintain intimate emotional bonds to both the development and maintenance of a sense of self and the world or what we call mental health. It is this aspect of the theory that resonates so clearly with the findings, particularly of the "no matter what" motif of relationships.

Findings of this study are congruent with nursing's "complex, philosophical commitment to holism and a humanistic approach."⁴⁸(p353) Utilizing Fawcett's categorization of nursing theories by worldview,⁴⁹ the grand theories of simultaneous action (Rogers, Parse, and Newman) have salience for the concept of persons as being constantly developing, influenced, and interacting (nonreciprocally) with their environment. Peplau's interpersonal theory⁵⁰ (as influenced by H.S. Sullivan) must also be included as relevant in any work on relationships. Doane and Varcoe have recently described the foundations and importance of relational nursing practice.⁵¹ Our findings of the value of positive relationships, to inform the sense of self and sense of other in childhood and beyond, fit well within both the disciplinary and interdisciplinary relational theoretical

prism. The construct of caring—as a transcendent human trait⁵²—is at the center of our findings and its possible implications.

IMPLICATIONS FOR RESEARCH AND PRACTICE

Life is lived in relationships, and the quality of those relationships has much to do with how life turns out. . . . (Lewis)^{53(p582)}

Additional research on the malleability of one's view of self after CM is necessary. Replication of the larger study with adult male CM survivors would be a next logical step and essential for comparison. Operationalization of the concept of resoluteness will be necessary for larger-scale studies and is in progress. The importance of time and timing of interventions must not be lost in the progression toward quantitative and translational work. Much work has already been done regarding the neurobiology of trauma and posttraumatic stress disorder in women,⁵⁴ but little to track plasticity with treatment. Studies that include multiple levels of analysis, integrating studies of neural plasticity, and interventional strategies⁵⁵ would aid in the pursuit of what works.

Clinically, psychotherapy appears to be more effective than pharmacotherapy when depression stems from childhood abuse.⁵⁶ The terms *complex trauma* and *complex posttraumatic stress disorder* are appearing in the mental health lexicon to more accurately describe the constellation of sequelae that can arise from trauma resulting from interpersonal exploitation and assaults, particularly when repetitive or incurred in the early years. The use of relational treatment has been suggested specifically for treatment of complex trauma.⁵⁷ Two relatively new psychotherapy techniques privilege therapeutic relationship and process as a transformative element. Relational Cultural Therapy,⁵⁸ derived from the theory, posits that we grow and heal in connections, not in isolation. McCulloch's evidence-based Cognitive-Behavioral Analysis System of Psychotherapy

hinges on the "Disciplined Personal Involvement" of the therapist.⁵⁹ The "No matter what" therapists practiced the art of personal involvement altruistic and less than conventional ways. Although most participants had had therapy of some type, it was the therapists whom they found memorable.

"Saw something in me" relational interactions were perceived by the women as bolstering self-esteem through a sense of competence and uniqueness. There is some evidence that a positive sense of self may be more protective than a positive view of the other.⁶⁰ Teachers, healthcare practitioners, and neighbors are now legally bound to report abuse, a positive change from the childhood years of most of the sample (1950–1980) to be sure. But the value of respectful, attentive interaction in one-to-one exchange must not be forgotten. As one participant stated:

None of those people told anybody I was being abused—but they told me they loved me. They told me I was alright and that message is probably what carried me through and allowed me to—not to succeed because, I struggled uh—for many years—but to—to have hope that I would get out of that environment at some point.

It seems that concerned citizens can contribute to the successful survival of maltreated children (and adults) in ways other than reporting by recognizing unique talents and value in the other. "Saw something in me" interactions originate in the viewer's really seeing the other and offering concrete observations on their strengths. One need not be a professional nor know of the abuse. Careful and caring observing, listening, and validation are naturally occurring therapies. The concept of universal precautions seems to apply—to treat all persons as if some recognition and support are in order.

SUMMARY

Positive key relationships and interactions were considered integral to this sample of women who are thriving despite CM. These

relationships offered validation, acceptance, and recognition. They did not betray. They opened doors to inside and outside worlds not defined by abuse. They served to affirm the survivor's very existence as a separate person, one worthy of respect, caring, or concern. These women attest that these actions aided in transformation of the self-image to one that is deserving of such respect and concern and who is resolute in that belief. These changes fostered the development of

abilities to form subsequent healthy relationships, thereby influencing success in career or parenting, and decreasing the possibility of abuse to their own children. Until prevention of CM is a reality, the actions of caring others may help ameliorate some of its effects or even contribute to its prevention. Positive, everyday interactions and relationships with caring, observant others are renewable natural resources for constructing positive lives.

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ERRATUM

In the online-only article by de Sales Turner that appeared in volume 30, number 3 of *Advances in Nursing Science*, three references were inadvertently left out of the article before it was published. They have been added to the corrected version of the article, which is available online at www.advancesinnursingscience.com.

The new references are 11 (cited on page E52), 18 (cited on page E54), and 38 (cited on page E58). The remaining references have been renumbered accordingly, and all references are cited in full at the end of the article.

Reference:

Turner dS. As the worm turns: hope as meaning construction in the wake of grief and loss. *Adv Nurs Sci* 2007;30(3):E50–E60.