CHILDHOOD MALTREATMENT AND POST-TRAUMATIC GROWTH:

SHIFTING PERCEPTION OF ADVERSITY FROM THE PAST

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Abstract

The purpose of this phenomenological study is to better understand the transformational experience from identifying as a victim of childhood maltreatment (CM) to self-perceived post-traumatic growth (PTG). Some adults who were abused and/or neglected in childhood report continued struggles in adulthood that they perceive to be directly related to the maltreatment they experienced, while other adults have found beneficial aspects, such as positive psychological change, from past adverse experience(s). Identifying the constructs that differentiate these two outcomes, either feeling "stuck" in one's past or self-perceived growth, are essential to further establish the relevance of PTG in trauma-related research. PTG, a fairly new construct in scientific literature, has not been examined in volume, most notably within the context of childhood maltreatment being the identified traumatic exposure of focus. To explore these phenomena, this researcher will collect rich, descriptive narratives from individuals that claim both CM and PTG to better understand what facilitated a change in perception of being a trauma-exposed youth. Several theories build a conceptual framework for this study to better understand what makes some individuals more capable of adaptation and positive change after abusive and/or neglectful treatment. Focusing on the shift of perception of past adversity, an emphasis on the key role that cognitive re-processing plays in finding new meaning of one's circumstances will be explored. Other key factors of theoretical reference are associated with emotion regulation abilities, human development, and the need for attachment in relationships. A goal of this study is to bridge the research gap in PTG literature that lacks first-hand accounts of what facilitates PTG for someone who was abused and/or neglected as a child.

Keywords: trauma, childhood maltreatment, post-traumatic growth, adversity

Dedication

To my children, William Aiden and Abigail Grace . . . I am better, stronger, and wiser because of you two. Being your mom has been my most favorite journey of this life experience. I wouldn't be here in this moment and have come this far without you two. I love you both and this manuscript is dedicated to you.

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To my parents, Leander and Linda, my five siblings, Jessica, Anthony, Andre, Jacob, Isaac, and my sister-in-law, Brooke. Walking this life journey together has brought many challenges for our family system. The way we have endured and overcome was at the root of inspiration for this dissertation. Rest in peace, Anthony Jevon, my brother and childhood best friend. Being a sibling survivor is the most difficult role I've ever had to endure but has served as the catalyst for significant change and growth in my life. I hope to use the outcomes of our family grief experience to be of service to others who endure similar struggles. I love you all.

To April, one of the strongest women I've ever met. Thank you for encouraging me to follow my dreams. I will always share in sisterhood with you, no matter where life takes us. I love you and thank you.

I don't know where I would be without my friends. Like anchors, they keep me grounded, but they also remind me to fly sometimes too. Some people say that guardian angels show up in human form when we need them the most. I'd have to agree with that. To Sallie, Julia, and Kym, thank you for years of friendship, laughter, and love – our time together and life experiences have been a highlight of joy and healing in my life. Forever my sisters.

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List of Abbreviations

Childhood Maltreatment (CM)

Early Maladaptive Schemas (EMS)

Emotional Intelligence (EI)

Hypothalamic-pituitary-adrenal (HPA)

Post-traumatic Growth (PTG)

Post-traumatic Stress Disorder (PTSD)

Post-traumatic Stress Symptoms (PTSS)

CHAPTER ONE: INTRODUCTION

Overview

Trauma-related research is a necessity in scientific literature, as a significant number of trauma-exposed individuals will suffer lasting psychological distress as a result of their experiences (Briere & Scott, 2015). Childhood maltreatment (CM) is often linked to negative outcomes that can be best understood through the context of human relationships and how abusive and neglectful treatment can interfere with regulation and developmental processes, such as distorting the body's natural coping and protective systems or challenging mood stability (Werkerle et al., 2018). CM can have a profound effect on child victims who are not able to understand, work through, or gain any valuable meaning from being abused and/or neglected by trusted caregivers or other adults. While negative outcomes such as mental health problems are often linked to traumatic exposure in childhood and have historically surfaced in trauma-related literature, the more recent phenomenon, PTG, focuses on positive psychological adjustment after adversity and discovering beneficial aspects that contributed to a shift in perspective after emotional and/or physical suffering. Experiences of adaptation and positive change are demonstrated by an ability to move forward. Tedeschi et al. (2018) described this process for individuals as provoking "new ways of thinking, feeling, and behaving, because the events they have experienced do not permit a return to baseline functioning" (p. 5). Throughout the PTG process, individuals find meaning from the traumatic experience(s) and integrate this meaning into working models of self, others, and the world, permitting positive appraisals of adversity (Calhoun & Tedeschi, 2006; Kilmer & Gil-Rivas, 2010).

Many post-trauma adaptations that have been associated with PTG have articulated a coping success that ignited the transformational experience, such as an individual's ability to

begin regulating their emotions more effectively, and how this skill can serve as a mechanism to protect young children from extreme trauma reactions (DeYoung et al., 2011). While the different theories of PTG vary in contextual framework, the theories imply that positive psychological changes can occur as trauma survivors come to terms with the overwhelming nature of adverse experiences (Tedeschi & Calhoun, 2004). One such model by Jayawickreme and Blackie (2014) theorizes that PTG is associated with a positive personality change, solidified by five distinct life domains in which PTG can provide a new sense of wisdom about oneself and the world, including "experiencing a greater appreciation for life, more intimate social relationships, heightened feelings of personal strength, greater engagement with spiritual questions, and the recognition of new possibilities for their lives" (p. 313). To better understand the underlying mechanisms that lead to such drastic life changes, it is beneficial to collect and analyze detailed trauma narratives directly from the source of experience. Such documentation is lacking in volume in historical and current PTG literature, as most of the available research was being acquired through quantitative measurements that document specific, predetermined features of the PTG experience. Going beyond documenting affirmations that positive change occurred in post-trauma life, this researcher aims to inquire about the perception of specifics within the psychological adjustment experience. Narratives of the lived experience of CM from participants who reveal stories of survival, growth, and lessons learned from adverse experience may help identify what facilitated the perception of self-perceived growth, the new, enhanced perspective, and personal benefits that changed what could have been negative life-altering outcomes for these participants.

Background

Trauma-related literature is flooded with research findings that demonstrate the difficulties individuals can face in experiencing psychological distress, both during and after trauma exposure, and the commonly reported problems with developing healthy stress management strategies or coping mechanisms. Freyd (1994) explained that the degree to which a trauma involves a sense of having been fundamentally cheated or betrayed may significantly influence the individual's cognitive encoding of the trauma experience, the degree to which the event is accessible to awareness, and the psychological and behavioral responses. CM is a prime example of a trauma of betrayal, perpetrators often being a parent, both parents, another caregiver, or family friend. Existing PTG theories note that a traumatic event of little severity cannot elicit change (Andrades et al., 2020), while the contrary, an overexposure to complex trauma, may result in only negative effects (Laufer & Solomon, 2006). This researcher believes exploring CM may provide a good middle ground for PTG research, as CM experiences typically vary in severity, and participants' perceptions of how different experiences elicited PTG may be useful for future research efforts. Historically, research has shown that symptoms of trauma exposure have been attributed to depression, separation anxiety, attention-deficit/hyperactivity disorder, oppositional defiant disorder or other developmental crises (American Psychiatric Association, 2013). While external factors, such as the quality of the familial environment, are commonly linked to trauma-related outcomes, it is also important to attain an in-depth understanding of how trauma can disrupt internal working systems and how dysregulation caused by post-traumatic stress symptoms (PTSS) can contribute to overall difficulties that may arise while processing psychological distress. For individuals who feel they have achieved some level of PTG, exploring the particulars of the personal growth process can be useful in

understanding how it is possible to both endure and overcome negative post-traumatic outcomes to advance what we already know about the phenomenon.

Experiencing CM is more complex than simple exposure to emotionally charged or distressing situations, which ignites this researcher's interest in why some people are unable to adapt psychologically, while others who encounter similar experiences can both endure hardship and later embrace post-trauma change to move forward. Teicher et al. (2012) described the complexity of exposure to maltreatment and the impact to the hippocampal neurons, which alter the brain and contribute to potential developmental delays. Because severity of trauma is a consistently acknowledged aspect of post-traumatic health, researchers have examined the association between PTSS and PTG extensively (Andrades et al., 2020). It is to be further explored how some people who experience PTSS can work through those symptoms on their own and experience beneficial change or more positive post-trauma outcomes, such as PTG (Cordova & Andrykowski, 2003). These outcomes can offer more complex benefits that previous studies have left unexplored (Helgeson et al., 2006), something that more qualitative inquiries may be able to demonstrate. It is argued that the shift of perception of one's life narrative serves as a catalyst of making sense of a traumatic event, and the resulting cognitive and behavioral changes constitute PTG (Pals & McAdams, 2004). This researcher believes that the particulars of these changes may be revealed in the descriptive narratives from participants who feel they have personally experienced PTG as a result of being an abused and/or neglected child. As human beings, we have an innate desire to make sense of our experiences, assigning purpose as to why things occur and how we may have personally contributed to the occurrence of events. It is possible for an initial negative perspective to shift and more deliberate efforts to engage in the meaning-making process to take place.

Research findings regarding CM are profound but appear to be voluminous in the one-sided perspective that focuses on how traumatic pain can lead to poor mental health outcomes proceeding the exposure. One example by Daruy-Filhol et al., (2011) reported data that suggests childhood abuse and neglect are risk factors associated with worsening clinical course of bipolar disorder. Childhood physical and sexual abuse have also been reported to be positively associated with suicidality, polypharmacy, worse response to treatment, hallucinations, depression severity, conduct disorder, substance abuse, and trauma-related disorders (McIntyre et al., 2008, Macguire et al., 2008; Hammersley et al., 2003; Grandin et al., 2007; Romero et al., 2009; Goldberg & Garno, 2005; Marchand et al., 2005). Related studies have also demonstrated that a history of abuse was associated with higher frequency of comorbidities, such as post-traumatic stress disorder (PTSD), panic disorder, alcohol abuse, hospitalizations, and combined forms of abuse as strong predictors of low quality of life with patients with bipolar disorder (Brown et al., 2005). Historical and current retrospective reporting of CM has also been problematic for trauma-related research efforts; longitudinal studies have documented that child abuse reports, including childhood sexual abuse, are unstable over time (Williams, 1994; Widom & Morris, 1997; Widom & Shepard, 1996; Fergusson et al., 2000). Even with study limitations, post-trauma psychological adjustment is a rich topic of scientific value, and exploring the constructs, both CM and PTG as a perceived relational outcome, can help conceptualize the different ways in which post-trauma transformation can occur.

This research effort is significant because it can contribute to existing PTG research that lacks in acknowledging growth associated specifically with childhood traumatic exposure. This qualitative inquiry will attempt to document the specific forms of maltreatment that occurred and explore personal perceptions of what underlying mechanisms of abusive and/or neglectful

treatment affected the individual's overall life experience. CM does not discriminate, affecting all races and ethnic backgrounds, religious populations, and socioeconomic status groups which demonstrates its relevance for further research efforts. Although validity issues can surface in working from subjective perceptions of adverse experience, professionals can benefit from research that explores real-life accounts of CM narratives, or more specifically those that document positive outcomes after adversity are possible. This documentation is not as prevalent in currently available literature. PTG-related studies are progressing and are relevant in discovering ways in which professionals can provide trauma-informed therapeutic services for individuals who struggle with long-lasting effects directly associated with past abuse and/or neglect. Individuals vary immensely in life circumstances, such as the structure of the family system, personality, developmental capabilities, etc., and identifying how these factors can either contribute to or deter from a growth experience can be useful to therapeutic professionals.

Individual characteristics and capabilities are highly relevant for documentation to better determine in what ways a person may have been supported in healthy post-trauma life and how individuals can be better assisted in actively engaging in a more fruitful, transitional experience of change. The problem is there is a need for more research that explores what facilitates the transformational experience for someone who has overcome adversity, as this researcher believes this process of change does not just occur but must include personal engagement and intentional practices that promote the transformation. Applicable insight regarding the transformational experience does exist, such as that provided by Aspelmeier et al. (2007) which reported that well-established, secure parent-child relationships are likely to provide protection from negative effects of trauma experienced by young children. This research finding is valuable because it indicates that a child trauma survivor with an insecure attachment to parents or caregivers may

be at an increased risk for difficulties in how traumatic experiences have been managed and integrated into current-day life. It is important to continue building in this area of knowledge, documenting in what ways individuals believe to be contributing factors relevant to PTG, building upon theory of PTG and the variety of ways in which growth processes can occur.

Many theoretical frameworks for PTG have been built upon conceptualizations related to both cognitive and emotional processes and human development. It is difficult to prove with certainty what areas of development for each trauma-exposed individual have been impacted. Examining reported outcomes of self-perceived growth can be applied in many contexts, understanding how growth processes vary in time frame, internal and external factors, and the particulars of what facilitated a change from emotional and cognitive distress to reappraisal and acceptance. A thorough review of CM-related literature reveals an acknowledgment of the strong connection between an increase in psychological distress and PTSS after traumatic exposure. Wheaton (2007) explained that psychological distress can cause emotional disturbances that can affect social functioning and overall day-to-day life. Glaser et al. (2006) reported findings that suggested an association between trauma and increased stress reactivity. It is undeniable that children who are operating from hypervigilant stress systems will not experience reality in the same ways as children who feel safe and secure in loving environments. Historically, questionnaires and other survey methods were used to collect retrospective reports of CM and PTG as a main source of data collection. These studies are valuable, but lack in providing firsthand descriptive accounts of psychological distress and coping efforts. Although useful, retrospective reports must be examined with caution due to limitations with accuracy of recollection and memory functioning. Studies have shown that retrospective self-reports of childhood trauma in both healthy subjects and psychiatric patients are more likely to be an

underestimation of the true prevalence of CM (because of forgetting or unwillingness to report the maltreatment) than an overestimation (Lardinois et al., 2011; Larkin & Read, 2008; Ferguson et al., 2000; Hardt & Rutter, 2004).

Initial perceptions of CM will vary per individual, as PTG is a complicated construct to understand from either a child or an adult's perspective, and perceptions will change over time if an individual is engaged in a personal growth process. Children are dependent on the adults in their lives to provide basic survival needs. Children who are protected and feel cared for are able to endure great hardship, but when hardship is the product of caretakers, it creates a stressor with ramifications (Teicher & Samson, 2013). The confusion or push and pull dynamic to be both close to and to stay guarded from a caretaker can increase daily distress for maltreated youth. Relational dynamics must be considered from a culturally aware position, as cultural influence contributes to the foundation of relationships in such aspects as how the family structure and parental discipline styles are established. This is relevant to CM research in many ways; for example, physical punishment by an adult for child misconduct may be deemed an appropriate disciplinary action for some cultural groups, while scientific literature may consider certain levels of severity of force to be abusive. The association between the PTG and the severity of the traumatic event(s) may play a role in how the experience(s) is perceived.

Blix et al. (2013) explained that the harder trauma strikes, the more one has to restore a sense of meaning and alleviate distress. As trauma is experienced differently, the aftermath of the experience will also vary. Although an individual may report PTG, it is important to note that a PTG journey is not a straightforward road to positive change. Encapsulated in the growth process is both the experiencing of negative post-trauma outcomes and progressing through internal and external challenges. The neurological effects of trauma will vary per individual, but its continued

study is relevant in the literature and its inclusion in this conceptualization provides insight as to how peritraumatic stress can be internally experienced and outwardly expressed. "Peritraumatic stress is the emotional and physiological distress an individual experienced during and/or immediately after a traumatic event and is associated with the development and severity of PTSD and other related psychological difficulties" (Bunnell et al., 2018, p. 8). Buss et al. (2015) found that historically, researchers have spent little time studying trauma exposure outcomes in early childhood years, but today it is acknowledged that children have the capacity to both perceive and remember traumatic experiences. Now that traumatic impact on children is viewed differently in scientific research, more focus on these constructs is needed to enhance theories regarding associated outcomes.

The framework for this research effort will be grounded in multiple theories and comprehensive knowledge about trauma that coincide to encapsulate what is known about the human experience of traumatic exposure and transformation after life-altering events. At the root of all the available PTG models is a well-documented connection between cognitive and emotional processes and how they coincide to either deter progress or initiate a shifting of perspective of traumatic exposure. Comprehensive knowledge of the neurobiological aspects of traumatic exposure conceptualizes that the extent to which the central nervous system has been altered can contribute to either resolved or prolonged PTSS. How one processes internal PTSS will influence individual outcomes of traumatic exposure. References to the neurological aspects of traumatic exposure and the potential to develop PTSD from unresolved challenges associated with CM will be made due to the extremely relevant nature to the mind-body connection and the ways in which individuals move forward after adversity. Findings from a study by Ray and Vanstone (2009) reported that two of the main symptoms of PTSD, emotional numbing and

anger, negatively impacted familial relationships, and emotional withdrawal from family support creates a struggle with healing from trauma. In a study conducted by Weinfield et al. (2000) a high-risk sample provided evidence that attachment continuity was jeopardized by child maltreatment, maternal depression, and family functioning in early adolescence. Studies conducted by Allanson and Astbury (2001) and Anderson and Alexander (1996) reported that of female childhood sexual assault survivors and women who attended a clinic for early pregnancy termination, findings indicated a secure attachment style to be associated with decreased number of PTSD symptoms and insecure attachment styles to be associated with enhanced number of PTSD symptoms when exposed to traumatic events. Basic needs for emotional security and relationships with other human beings have both established an essential role in current and future trauma-related research.

Karatzias et al. (2016) recognized that the relationship between psychological trauma and early maladaptive schemas (EMS) is a well-established concept in the literature and proposed that EMS can develop as a result of traumatic interpersonal experiences. Cognitive theories provide valuable insight as to how thinking patterns are responsible for determining how new information is filtered in meaning or significance, and either "assimilated into existing knowledge structures and the schema remains the same or the schema changes and is reconstructed" (Sherman & Morley, 2015, p. 164). The activation of schema is highly relevant in how trauma information is processed, determining how an individual makes sense of what has happened. Cognitive processes, such as ruminative thinking, provide a conceptualization of what active processes take place in the mind after psychologically distressing or challenging experiences. Cognitive functions will inevitably coincide with emotional functioning to determine how emotions are managed and whether psychological distress is being resolved or

amplified to a dysfunctional state. Emotional regulation strategies can be either adaptive or maladaptive, and emotion dysregulation, can be caused by either emotional regulation failures, not engaging in the regulation of emotions, or emotion-misregulation, implementing a form of emotional regulation that is poorly matched to the particular situation (Gross, 2013). Research has shown that an increased ability to regulate emotions effectively may promote emotional intelligence, increasing cognitive abilities to promote the re-examining of the traumatic event(s). Lower-level capabilities, or ineffective attempts to regulate emotions, may be contributed to problematic emotional intensity, either hyperactivity or overreaction, demonstrating impairment in the ability to differentiate and process emotional intensity, duration, frequency, or type (Sherman & Morley, 2015). If a person claims PTG, most available PTG theories support that a consistent resolution of emotional intensity has taken place, setting the individual apart from those who still struggle from adversity of the past.

Theory and the principles associated with having basic human needs met and healthy attachment to others is relevant to better understanding the way trauma affects the relationships individuals have with themselves and the relationships they have with others. For example, a child who is both physically abused and emotionally neglected by a caregiver may internalize this treatment as a defect of self and lose a sense of self-worth. The relationship individuals have with themselves will be a contributing factor in the types of relationships they engage in with others. Safe relationships are at the core of recovery from traumatic exposure and significant in the capacity of which an individual is supported through connection with others. In comparison to suffering in isolation, there is power in numbers, community, and fellowship to better serve a hurting heart. God's Word says to ". . . rejoice in our sufferings, knowing that suffering produces endurance, and endurance produces character, and character produces hope" (English Standard

Version Bible, 2001, Romans 5:3-4). Attachment theory explains the productive aspects of a healthy attachment style and the difficulties associated with acquiring an insecure attachment style, determining the dynamics of how a person relates to others and is either able or unable to sustain healthy, supportive relationships. The quality of attachments in younger years can be affected by childhood trauma and when misattunement occurs, trust issues develop or abandonment happens, and attachment problems may soon follow.

Reactions to past traumatic events can be experienced at a certain point in time, and then later reexperienced by both children and adults. It is normal to feel triggered by reminders of past traumatic events, often defined as reliving or flashbacks, with commonly associated symptoms including hyperarousal, increased irritability, disturbed sleep, a constant state of alertness, difficulty concentrating, exaggerated startle responses, increased physical aggression and increased activity levels (DeYoung et al., 2011). Gorman et al. (2016) explained that extreme environmental events can provoke complex responses, and this has been demonstrated in many research studies that reported a strong association between peritraumatic fear and post-traumatic stress disorder symptomology (e.g., Breslau & Kessler, 2001; Creamer et al, 2005). The management of PTSS is both a cognitive and emotional task. What the body experiences will affect the quality of one's cognitive function. It is proposed in this study that individuals who experience PTG were validated in their CM experiences by either the self or a trusted other, to further promote the push to adapt, accept, and move forward. Trauma experiences that are invalidated can potentially manifest in self-destruction behaviors; Ferentz (2015) suggested that a survivor may be more vulnerable to seeing the self as damaged and hurting one's own body. This researcher further suggests that a person can, at one point in time, engage in self-destructive behaviors, and throughout the PTG process, disengage from such acts. Both positive and

negative features of traumatic exposure can coexist, and such disclosures are welcomed within this in-depth interview process to better understand the overall experience of transformation.

After reviewing many theoretical concepts associated with PTG, it appears that there is typically a meaning-making process involved in the overall transformational experience. Park (2016) explained that humans have a need for a functional meaning system and when the world does not make sense, an individual may be confused about their identity and lack purpose or clarity regarding life goals, which can lead to profound distress due to a poorly functioning meaning system. Traumatic exposure violently shakes people out of their comfort zones, evokes existential questions about life, violates our assumptions about life, and challenges the formulation of new meanings about life (Altmaier, 2017). Further exploration of how individuals apply meaning to traumatic exposure is important because while childhood adversity has long been recognized as a risk factor for psychiatric disorder, it is also clear that not all abused children will have psychological sequelae (Boyce & Harris, 2011). Maltreated children have experienced harmful disruption in routine and with limited acquired cognitive and emotional functioning skills must assign meaning to new distressing thoughts and emotional reactions related to their experiences. In later years, these same children who are now adults may continue to struggle with the meaning-making process of their traumatic pasts, demonstrated by rationalizing or denying their traumatic interactions, not framing their experiences as traumatic or their caregivers as abusive or neglectful due to a sense of allegiance and desired connection within the family system (Ferentz, 2015). This increases interest for this researcher regarding the time frame that PTG occurs for an individual. Varied time frames for PTG are possible, according to the model of growth for this study (Tedeschi et al., 2018), which conceptualizes that PTG happens at whatever stage that a coping success occurs, emotional distress decreases, and

ruminative processes shift to become more deliberate in nature. Due to the varied time frames

that growth can occur, a denial or avoidance of traumatic interaction in younger years may be

revisited in later years to then validate and begin PTG work. For some abused or neglected

children, growth from adversity appears to not be a prolonged challenge, as indicated by research

reported by Collishaw et al. (2007) that showed 45% of children who had experienced abuse

reported no psychopathology in adulthood. While the underlying mechanisms of abuse and

neglect can have profound psychological effects for other children, often related to the basic

neurobiology of their response to the stress (Boyce & Harris, 2011), capturing what facilitated

PTG for those who have developed without debilitating issues is the primary aim of this study.

Situation to Self

The motivation for this study developed as an interest in studying trauma that began early

in the doctoral program and continued throughout the completion of coursework. A keen interest

in the phenomenon PTG surfaced in the exploration of what is needed in future research for a

clearer understanding of what can serve as a catalyst for positive transformation after traumatic

exposure. After the review of available PTG literature, a research gap was apparent that

demonstrated a need for further qualitative inquiry of what individuals perceive as having

contributed to a shift in perspective that did not allow abusive or neglectful experiences to affect

them long term. As someone who experienced CM in younger years and also believes that

outcomes of traumatic exposure can vary per individual, it was important to pursue a research

effort that provides insight into the particulars of CM experiences that demonstrate how not all

trauma-exposed youth are doomed to everlasting aftereffects of abuse and/or neglect. A personal,

long-term goal is to be a licensed marriage and family therapist; therefore, the significance of

future trauma-informed practice is crucial in my philosophical assumptions about the therapeutic

field of study. My interest in research focuses on contributing to PTG-related literature through a qualitative approach because it could be helpful in discovering the different ways people may experience PTG, data that cannot be captured in standardized measurements or scales. This will be useful to researchers in learning more about the individual directly from the source of traumatic experience and potentially gaining knowledge regarding developmental differences in what can facilitate PTG (Tedeschi et al., 2018).

The theoretical framework for this study is based on an ontological philosophical assumption, which recognizes that trauma affects every individual differently because people are uniquely diverse in how they interpret and process new existential information. No two human beings can experience a phenomenon in the same manner and quantitative measures may be overlooking key aspects of the growth experience. Constructivism will guide this study, relying on the crucial role that schema plays in cognitive processing, re-processing, and how this relates to changes that occur after adverse experience. This places the analytical focus on how an individual's pre-existing worldview and belief system can be both positively and negatively altered after traumatic exposure. CM-related research continues to develop over time. Boyce and Harris (2011) explained that earlier work on childhood adversity focused on childhood separation or neglectful treatment, but it is now acknowledged that childhood adversity can take many different forms, ranging from having uncaring parents to complex traumatic experiences, such as childhood sexual abuse, all of which are defined as traumatic in psychological literature. This demonstration of an increased awareness of the seriousness of CM overtime demonstrates a need to continue to modernize theory associated with PTG, as learning about the potential for negative outcomes to develop into positive outcomes is beneficial in many aspects of the therapeutic field of knowledge.

Problem Statement

The problem is that PTG is a developing phenomenon in trauma-related literature and has not been sufficiently well-established in a theoretical context. For example, two existing models of PTG provided by Tedeschi and Calhoun (2004) and Schaefer and Moos (1992) "implicitly assume that PTG is a positive and adaptive phenomenon, but this perspective has not yet been demonstrated convincingly" (Zoellner & Maercker, 2006, p. 649). The general problem for this study is that as an individual construct, CM is difficult to research due to the complexity of how childhood traumatic exposure can be interpreted and processed by children, and the specific problem is how CM has been historically linked to an overwhelmingly large number of post-trauma outcomes, most notably those characterized as poor or negative in nature. The disclosures of self-perceived positive change from individuals who feel they shifted from being victims of abuse and/or neglect to survivors of childhood trauma will bring light to some of the ways that childhood traumatic exposure may be later perceived as having provided benefits or value to the lives of those who experienced it. The value of personally disclosed information has been historically overlooked in available trauma-related research, and the further examination of PTG through qualitative inquiry may add a unique shift and fresh perspective to currently available literature. Boyce and Harris (2011) provided a great example of how identifying a specific environmental difference or protective factor can be relevant to understanding the particulars associated with more positive post-trauma outcomes, reporting that someone in a caring and supportive family who experiences a single act of abuse will be affected differently than individuals who are exposed to consistent abusive experiences in unsupportive and chaotic families. Better defining the specifics regarding the differentiations that can be present in

individual circumstances can help identify to what degree the presence or absence of a life circumstance may be contributing to the overall post-trauma experience.

Currently available CM research efforts have consistently reported outcomes of childhood trauma in a negative light, associating exposure with numerous poor consequences that can persist throughout different developmental life stages, potentially resulting in poor academic performance, substance use, violent behavior, depression, and suicide (Paolucci et al., 2001; Roth et al., 1997; Tyler, 2002). While childhood trauma can clearly create difficulties for some children during crucial developmental years, PTG is an emerging, relevant phenomenon in this context that shifts the overall perception of adversity from the past. Along with negative reporting of the detriments of CM, existing research reports have begun to document an emphasis on the need for more research regarding the significance of pre-trauma variables or protective factors that may speak to resilience from traumatic exposure, such as positive aspects of the social environment that can serve as a buffering effect. An example of such research by Collishaw et al. (2007) reported that in cases of childhood sexual abuse, high levels of family functioning with low levels of family discord, maternal psychiatric disorder or maternal separation from parents, a caring parent, and the ability to form good interpersonal relationships contributed to resilience. To address this problem, this researcher will examine participants' perspectives of childhood abuse and/or neglect through retrospective reporting to identify, analyze, and understand what specific themes reveal themselves as contributing to cognitive and emotional processes and overall self-perceived growth, amid the detriments and potentially harmful nature of past adverse circumstances.

Purpose Statement

The purpose of this phenomenological study is to discover, through in-depth qualitative interviews, what facilitated a PTG experience for adults who also report a childhood history of maltreatment. At this stage in the research, PTG will be specifically defined as the tendency of people to change after the experience of stressful or traumatic events in that they develop beyond their previous level of psychological functioning (Tedeschi & Calhoun, 2004). To address the severity of traumatic exposure, comprehensive knowledge surrounding the neurobiological effects of trauma will demonstrate why the impact of trauma can be severe and what specifically evokes cognitive and emotional challenges in post-trauma experience. The theories guiding this study revolve around cognitive function, described by Bartlett and Burt's (1932) schema theory and Piaget's theory of cognitive development (Lefmann & Combs-Orme, 2013), which provide insight into how cognitive capacity and the quality of thinking constructs, such as rumination, can contribute to learning and development. Emotional functioning has been shown to be consistently relevant in the integration of traumatic exposure into working models. The inclusion of Mayer and Salovey's (1997) theory of emotional intelligence will provide insight regarding development in emotional function in the context of learning from life experiences and improving capabilities. While cognitive processing and cognitive adaptation have proven to be the most essential elements in models of PTG (Walsh et al., 2018), its relationship or association with a person's emotional functioning ultimately guides the PTG journey.

Human beings generally have basic needs that must be met to feel fulfilled. Just like people need water to survive and are motivated to seek water when thirsty, they have other needs that cannot go ignored. At the core of trauma pain is not only the terrifying experience(s) itself, but the aftermath of threatened survival or the violation of basic human needs, such as love and

affection. Attachment theory, originating from the work of Bowlby (1997), incorporates the human need for intimacy and the significance of the quality of relationships in earlier childhood years. Experiencing CM can affect the quality of connection and interactions individuals have with others. This implies that an individual who proclaims self-perceived growth has either embraced or regained the ability to find comfort and trust within healthy attachment to others. With the comprehensive knowledge provided by Van der Kolk's (2014) analyses of PTSS and the neurobiological aftermath of traumatic exposure, this researcher can establish a foundation of the plethora of obstacles that can arise with human connection and safety after traumatic exposure, indicating how the dysfunction of internal systems can influence overall relational abilities. The accumulation and cohesiveness of these theories will demonstrate that overall human function can play a role in how some individuals may be more capable of processing, working through, and resolving challenges that surfaced as a personally perceived direct result of being abused and/or neglected.

Significance of the Study

This study is significant because it offers the unique opportunity to explore in what ways individuals perceive CM as having served a valuable purpose in their lives and may further reveal what factors or life circumstances promoted more beneficial or positive changes after traumatic exposure. There is analytical value in individual perspectives of the PTG process that can shed light on what is associated with a sense of self-perceived growth, such as stress management strategies that are perceived as having been effective or the shift of ruminative processes, that led to a desire to move forward from non-productive, repetitive rumination patterns. The theoretical framework for this study implies that to overcome the tremendous obstacles associated with attaining a sense of growth after adversity, these participants have

likely engaged in an intentional integration of CM experiences to present-day life, which allows

them to feel more successful in acquiring a sense of self-perceived growth. This research effort is

open to participants of multiracial and multicultural contributing members of society in a small,

rural town who report histories of different types of CM, some comorbid in nature. As the

primary construct of exploration in this research effort, PTG will be acknowledged in the ways

that participants describe their personal transformational experience from cognitive and

emotional struggles with traumatic circumstances, commonly described as challenges to

preexisting core beliefs or worldviews (Tedeschi et al., 2018), and how these highly stressful

experiences were felt to be resolved successfully and applied in current everyday living.

A thorough review of empirical research has revealed that two specific emotional

regulation strategies have been consistently reported in the exploration of PTG, both cognitive

reappraisal and acceptance, further supporting the significance of exploring cognitive function

and capabilities in PTG research. Because past PTG research has demonstrated the relevance of

both cognitive and emotional function, this study continues in the attempt to gain knowledge

from exploring these, and other themes that may surface, that are perceived by the participant as

being relevant to personal changes in perspective, commonly described as moving from a victim

to survivor mentality. While both cognitive reappraisal and acceptance are associated with

beneficial psychological health outcomes over time (Troy et al., 2018), qualitative inquiry

provides the open opportunity to explore other themes that can be deemed relevant to how an

individual adapts psychologically after abuse and/or neglect. The variety of theories that this

study incorporates creates a theoretical framework that acknowledges key elements of focus in

what is known about transformational experiences and an openness to further identify what is

deemed beneficial in working through emotional or psychological suffering, which suggests

positive adjustment and real-life change have taken place. From a philosophical context, this researcher agrees with Hahn's (2014) explanation that stated suffering has beneficial aspects and can be an excellent teacher. More specifically, Hahn (2014) stated, "While we can't avoid all the suffering in life, we can suffer much less by not watering the seeds of suffering inside us" (p. 15).

Research Questions

The central research question for this study is, "What facilitates PTG for someone who feels CM deeply impacted their life?" The literature provides that a traumatic event or events act as a catalyst for an individual to reevaluate worldviews, which results in distress (Walsh et al., 2018) and further leads to a cognitive adaptation or cognitive processing of some sort, varying per individual. Because this shift in perspective of adverse experience varies in such a complex manner, this researcher feels that qualitative inquiry will allow participants to report the particulars of their transformational experience, providing valuable insight as to how some people adapt and find value in challenging life circumstances. A unique aspect of this study is that there is limited research available that combines the two constructs, CM and PTG, in a qualitative nature. Qualitative inquiry permits an openness for documenting both the positive and negative aspects of PTG, something that quantitative assessment measures are less likely to explore. An openness for exploration is important, Jayawickreme and Blackie (2014) explained stating that there is still much disagreement among theorists on how PTG manifests in an individual's life. For example, Linley and Joseph (2004) described PTG as akin to increases in psychological well-being, while Pals and McAdams (2004) defined PTG as a cognitive restructuring of an individual's life story. Because there are so many methodological limitations in working with PTG, a priority of this study is to not deny the detriments of abuse and neglect,

but to integrate these along with positive outcomes related to CM, encapsulating the full experience of a journey from CM to PTG.

A sub question for this research asks, "What intentional practices can be implemented to promote a shift in perspective from being a victim of abuse and/or neglect to a survivor?" McRae (2016) explained that when individuals feel overwhelmed by initial negative responses, some may choose distraction to accommodate the inability to generate, select, or implement a good reappraisal of the situation. While some distraction can provide a sense of short-term relief from psychological distress, trauma survivors who attempt to implement strategies to regulate their emotions effectively can produce emotional success and predict actual success (Bigman et al., 2015, Tamir et al., 2007). Calhoun and Tedeschi (2006) provided that post-trauma outcomes likely occur through intentional attempts to adapt to highly negative circumstances that were the result of high levels of psychological distress. Through qualitative inquiry, this researcher can further explore in what ways recurrent rumination shifted to a more constructive form of cognitive processing, reanalyzing the trauma in a more purposeful and productive manner.

The final sub question in this research study is, "What protective factors, pre-existing or post-trauma, can be identified in CM and PTG narratives that are deemed relevant in moving forward successfully from past abusive and/or neglectful treatment?" It is impractical to select participants before they have experienced a trauma (Jayawickreme & Blackie, 2014), which creates a unique challenge in determining what factors may have existed before traumatic exposure that contributed to a healthier progression through processing traumatic exposure. This researcher is interested in the revelation of any pre-trauma variables or post-traumatic exposure factors that a participant deems beneficial in processing trauma pain. Retrospective reporting, which carries many limitations and potential validity issues, remains a valued assessment

technique in CM and PTG research because it is a key to gathering information about pre-trauma life conditions. Tedeschi and Calhoun (1996) reported that growth is not a one-time occurrence but emerges gradually in a process of adjustment. This researcher believes that identifying disclosed protective factors or other elements of individual experience that contributed to the beneficial overall progression of a PTG journey are best revealed directly from the individuals' unique perspectives of past events.

Definitions

1. *Adult Attachment* – Attachment in adulthood is how individuals view themselves and others in intimate relationships (Michail & Birchwood, 2014).

2. *Childhood Maltreatment* – Maltreatment in childhood is defined as physical abuse involving physical injury inflicted by intentional means, not including reasonable parental discipline, neglectful treatment, such as malnutrition or improper supervision, sexual abuse, including sexual acts without consent, and sexual acts with consent, depending upon the age of the two parties, and emotional abuse, consisting of being exposed to psychologically harmful behavior (Williams et al., 2011).

3. *Cognitive Control* – Cognitive control is the ability to adjust and orient cognitive resources to optimize performance and complete goal-oriented behaviors (Miller & Cohen, 2001).

4. *Cognitive Reappraisal* – Cognitive reappraisal is the reframing of an emotional situation; generally an adaptive emotional-regulation strategy (i.e., it is associated with increased psychological health) (Troy et al., 2013).

5. *Coping* – An individual that is coping attempts to regulate emotional experiences by changing one's response to a stressful event or by changing the stressful situation itself (Compas et al., 2013).

6. *Dissociation* – Dissociation is a salient feature in early phase of reactions to trauma (Armour et al., 2014); a lack of the normal integration of thoughts, feelings, and experiences into the stream of consciousness and memory (Bernstein & Putnam, 1986)

7. *Emotion Regulation* – The regulation of emotions occurs when one activates, either implicitly or explicitly, a goal to influence the emotion-generative process (Gross et al., 2011).

8. *Emotional Intelligence* – Emotional intelligence is "the ability to engage in sophisticated information processing about one's own and other's emotions and the ability to use this information as a guide to thinking and behavior" (Mayer et al., 2008, p. 503).

9. *Growth* – Growth is defined as positive changes in cognitive and emotional life that are likely to have behavioral implications; the change can be profound and may be truly transformative (Tedeschi & Calhoun, 1995).

10. *Meaning-making Process* – The meaning-making process is "a result of a discrepancy between the meanings ascribed to experiences and the established global meaning systems, creating intense distress and drives efforts to "make meaning" from the experience by either changing the views of the situation to make it congruent with global meaning or accommodating the new experience by changing the global meaning system" (Park, 2016, p. 16).

11. *Meaning System* – An individual's meaning system "includes both one's global beliefs, regarding beliefs about the universe and how it functions, one's self and one's identity, human nature and relationships, and one's global goals, including aspirations, values, and strivings" (Park, 2016, p. 15).

12. *Peritraumatic Stress* – Peritraumatic stress is the "emotional and psychological distress an individual experienced during and/or immediately after a traumatic event and is associated with the development and severity of PTSD and other related psychological difficulties" (Bunnell et al., 2018, p. 18).

13. *Post-traumatic Growth* – Post-traumatic growth is the tendency of people to change after the experience of stressful or traumatic events in that they develop beyond their previous level of psychological functioning (Tedeschi & Calhoun, 2004).

14. *Post-traumatic Stress Disorder* – A serious psychological disorder that can develop after an individual has experienced or witnessed a traumatic event, symptoms including re-experiencing the trauma, physiological arousal of the trauma and avoidance of trauma reminders (American Psychiatric Association [APA], 2013).

15. *Psychological Distress* – Psychological distress is a state of emotional suffering characterized by symptoms of depression and anxiety (Horwitz, 2002).

16. *Resilience* – Resilience is "the ability to overcome stress and regain mental health and well-being after experiencing adversity" (Goodkind et al., 2012, p. 1020).

17. *Rumination* – Rumination is an unproductive style of thinking that is difficult to control or stop (Nolen-Hoeksema et al., 2008).

18. *Schema* – An individual's schema is defined as superordinate knowledge structures that reflect abstracted commonalities across multiple experiences, exerting powerful

influences over how events are perceived, interpreted, and remembered (Gilboa &
Marlatte, 2017).

19. *Trauma* – Trauma is "any event or life experience that causes a person to feel deeply
distressed, and the event or experience shifts the brain and body into survival mode"
(Tawwab, 2021, pp. 56-57.)

Summary

PTG is a growing phenomenon in trauma-related literature and this researcher is
interested in contributing to the development of theory related to this construct. This unique
research effort will be administered through qualitative methods to examine direct accounts of
life narratives from the individuals who claim to have integrated CM experiences successfully,
embracing change associated with personal adverse experience. The Word asks and commands,
"Have I not commanded you? Be strong and courageous. Do not be frightened, and do not be
dismayed, for the Lord your God is with you wherever you go" (English Standard Version Bible,
2001, Joshua 1:9). Childhood trauma will inevitably cause psychological distress to some degree,
varying for each exposed person, but the hope is that continued PTG research efforts will begin
to include childhood trauma or adolescent traumatic exposure within the building theoretical
concepts. Although the construct PTG still lacks an agreed-upon universal definition and
theoretical context among professionals, it is agreed that beneficial change can come from
adversity. As explained by Helgeson et al. (2006), while it is difficult to explain the variability in
negative responses to trauma, it is perhaps even more puzzling why some people report
beneficial changes following traumatic events. Where there is the potential for benefit in learning
about how to improve the lives of those who are suffering, there will be a need for more research
of the phenomenon to better understand the underlying mechanisms that encapsulate the

inclusive constructs. Trauma narratives, derived directly from the source, will provide valuable information regarding pre-trauma and post-trauma life, and what factors contributed to overall achievement in gaining a sense of growth from adverse experience(s).

CHAPTER TWO: LITERATURE REVIEW

Overview

The purpose of this research is to examine narratives of reported PTG from adults who perceive being abused and/or neglected as a child as serving as a catalyst for positive life change. After reviewing trauma-related literature, more specifically the literature involving research-based knowledge of CM and PTG, it was discovered that most historical and current research has been conducted through quantitative methodologies and the use of retrospective reporting or self-reporting via standardized measuring methods, most commonly via a PTG inventory list or a childhood trauma questionnaire. To address this research gap, this researcher will expand inquiry methods for these constructs and explore individual accounts of abuse and/or neglect, focusing on the particulars that individuals believe contributed to post-trauma psychological adaptation and allowed them to move forward from the adversity of their past. The theoretical underpinning of this study revolves around the concept that the way an individual thinks about abusive and/or neglectful treatment and the quality of internal and external influences will contribute to how childhood trauma has manifested for that individual. This researcher will attempt to meet the need for more qualitative methods of study for both PTG and CM, attempting to better understand how the way individuals analyze and later re-examine traumatic events can contribute to a shift in perspective of the occurrence(s) for more productive outcomes.

Available literature provides a variety of conceptual frameworks, as there is an array of theories associated with PTG, but Zoellner and Maercker (2006) reported that many theorists acknowledge PTG as both a coping style and coping outcome, with a critical component of the process being the struggle with a new reality facilitating a constructive cognitive processing of the event(s) (Tedeschi and Calhoun, 1995). Cognition also plays a salient role in the way

individuals perceive themselves and others after traumatic exposure and is a key factor in the

processing of life problems. The significance of schema theory and its link to cognitive control

throughout PTG theoretical frameworks provides insight into the ways in which human beings

apply new trauma information to preexisting thinking patterns. Hearn et al. (2020) explained the

importance of quality relationships in facilitating growth, finding participants who reported

experiencing more empathy, being regarded well, and sensing genuineness and acceptance were

more likely to report PTG. Tedeschi et al.'s (2018) PTG model lay the foundation for this study,

as this theory promotes self-perceived growth as real-life change, and not just a perceived change

that is based on making it through or the basic management of post-trauma obstacles. More

specifically, Tedeschi et al. (2018) recognize a significant shift in ruminative patterns taking

place, emphasizing that once a coping success occurs, more deliberate thinking and constructive

cognitive processes can take over. The growth journey detailed within this framework

conceptualizes PTG as a process that demonstrates psychological adaption that denotes an

improvement in cognitive and emotional abilities, also likely to prove beneficial in future

struggles with daily life. While other existing PTG theories report that the construct could simply

be an illusory process or defensive coping mechanism to avoid the deep distress associated with

abusive and/or neglectful treatment, this researcher believes that constructive and deliberate

rumination can produce real life change for some individuals. Ultimately, the way an individual

constructs and perceives their trauma narrative will influence how suffering will be managed.

This research effort aims to contribute to existing scientific literature that attempts to

explain how some individuals who experience a life-threatening or perceived life-threatening

event overcome great challenges associated with the aftermath of those events. Andrade (2021)

believed that a trauma and its aftermath must be sufficiently severe for PTG to occur, suggesting

that adults who experienced complex or repetitive abuse and/or neglect may be more likely to report PTG. The literature consistently reports that for some people, there are negative outcomes that are perceived to be a direct result of experiencing abuse and/or neglect, such as "depression, anger, a profound sense of vulnerability, and a loss of optimism and hope . . ." (Streets, 2015, p. 478), all emotional experiences that an individual who reports PTG may have experienced as well. Although defined differently among theorists, PTG is widely acknowledged as an ongoing process and not a destination of experience (Tedeschi & Calhoun, 2004b), and the particulars associated with the adjustment period, however long the time frame, is of keen interest in this research study. Each individual's CM experience(s) will hold unique characteristics, and the exploration of trauma narratives may reveal consistent themes regarding protective and/or risk factors perceived to be related to their coping and stress-management strategies, post-trauma outcomes, and ultimately, the transformation in perception of adversity one has experienced.

Theoretical Framework

Traumatic exposure is inevitable for most human beings, and for many adults, trauma will be experienced in younger years as a result of circumstances outside of their control. This is a relevant area of study in the therapeutic field, with one study estimating that one in four United States children experience some form of CM in their lifetime (Finkelhor et al., 2013). CM includes physical abuse, sexual abuse, neglect, or family conflict or violence (Nanni et al., 2012). CM is defined similarly in all examined research as the exploitation, harm, or neglect of a child, including acts of physical, sexual, or emotional misconduct. More specifically, physical abuse involves physical injury inflicted by intentional means, not including reasonable parental discipline, neglectful treatment such as malnutrition or lack of proper supervision, sexual abuse including sexual acts without consent and sexual acts with consent, depending upon the age of

the two parties, and emotional abuse such as being exposed to psychologically harmful behavior (Williams et al., 2011).

While some adults perceive these experiences as non-threatening and irrelevant to their current lives, others deem childhood traumatic exposure as having affected them tremendously in overall development into adulthood. Through intentional practices that will vary per individual, many adults were able to shift their perception of abuse and/or neglect and apply new meaning to these negative experiences to serve as a catalyst for beneficial, personal change. With the varying theories and conceptualizations of PTG currently available in the research, growth after trauma is significant enough to be considered in future research efforts and is highly relevant in acquiring new ways to promote healthy individual development, the foundation of therapeutic practice. As the construct PTG continues to gain notoriety in the many ways, it can alter the outcomes of adverse situations. The inclusion of abusive and/or neglectful treatment in childhood is significant because childhood maltreatment may predict unfavorable life outcomes. For example, Nanni et al. (2012) explained that compared with individuals who have not been maltreated, those with a history of childhood maltreatment are at greater risk of meeting criteria for a depressive episode at any point in life (Kessler, 1997). While much is to be explored and learned in future PTG research efforts, improvements that are reported as a direct result of a traumatic event are relevant because these particular advancements may not have occurred if the traumatic exposure had not taken place.

CM research reveals that the particulars associated with abusive and/or neglectful treatment, such as the number of times the maltreatment occurred and the exposure to multiple forms of interpersonal traumas throughout a lifetime significantly predicts to what extent and the composition of subsequent psychological symptoms and disorders (Briere & Scott, 2015).

Repetitive exposure to CM can deter from the consistency and predictability of healthy routines during childhood developmental years, which also creates challenges in children attaining the most basic of human needs, most notably love, attention and nurturance needed for healthy development. The attainment of PTG is relevant in CM cases and yet has not been explored in volume in scientific research. Its further investigation could prove fruitful, promoting the validity of current empirical research regarding the significance of protective factors or pre-trauma variables in PTG experiences or creating new pathways of knowledge about how an individual can grow from abusive and/or neglectful treatment. Ultimately, there is great value in determining ways in which the possibility for PTG can be increased to promote positive psychological change even when an individual is confronted with highly challenging life circumstances (Jayawickreme & Blackie, 2014).

While theorists disagree about the varied ways PTG manifests, "many researchers can agree that positive transformations in beliefs and behavior can be manifested in at least five forms: improved relations with others, identification of new possibilities for one's life, increased perception of personal strength, spiritual growth, and an enhanced appreciation of life" (Jayawickreme & Blackie, 2014, p. 312). The Lord desires growth and prosperity for everyone, even in the inevitable trials and tribulations of human suffering. The Word says, "All Scripture is breathed out by God and profitable for teaching, for reproof, for correction, and for training in righteousness, that the man of God may be competent, equipped for every good work" (English Standard Bible, 2001, 2 Timothy 3:16-17). Research findings have proved beneficial in identifying particular elements of the PTG experience, such as showing that spirituality, the way people connect with their belief and faith in a Higher Power, will serve as a protective factor for trauma survival (Kick & McNitt, 2016). Identifying specific constructs that individuals believed

were beneficial in the growth process and how the implementation of such practices is possibly related to positive change are at the root of better understanding the PTG process. Children who prosper, even when the odds are stacked against them at a young age, are a true testament that triumph can prevail over suffering and pain.

PTG Models

For anyone that experiences CM, it may feel as if their world has lost its pre-existing meaning and nothing feels the same, themselves included. A desire to get better or move beyond the pain in a productive manner may lay the foundation for a new beginning that does not allow negative past experience(s) to define one's place in the world. While children are often labeled as resilient, it cannot be assumed that they are able to process trauma more effectively because of their innocent and loving nature. Growing after trauma is a process that takes intentional effort to overcome multiple internal and external challenges, and no two people will experience the journey in the same way. Tedeschi et al.'s (2018) model of PTG acknowledges that subconsciously, a traumatized person may experience impaired cognitive function, ruminative thinking, consistent negative mood, or preoccupied thinking, demonstrated through disconnection and emotional unavailability. It is important to explore these areas of subconscious thinking to get to the root of what constitutes a PTG experience. Ruminative processes are of keen interest to this researcher, with Blix et al. (2013) documenting them as an important factor in the meaning-making process after traumatic exposure, implicated in both PTG and PTSD research findings. PTSD is a serious psychological disorder that can develop after an individual has either experienced or witnessed a traumatic event (American Psychiatric Association [APA], 2013), and is often referenced in trauma-related literature to indicate an example of a negative outcome of trauma that can develop and persist for someone struggling to move past traumatic

exposure. Interpersonal traumas experienced as severe are often referred to as complex trauma, involving exposure to multiple, prolonged, or extended traumatic experiences over time, frequently in the context of previous childhood abuse and/or neglect (Briere & Scott, 2015). While trauma is often not a one-time occurrence, neither is the growth experience. Reported PTG is described as the result of a progression of minor changes over time and typically involves a shift in perspective and finding valuable lessons from less-than-ideal treatment from loved ones or other trusted adults. Tedeschi et al. (2018) explained that PTG occurs after a struggle with a life crisis, the aftermath of focusing on survival or coping, and growth occurring unexpectedly. This researcher believes that an individual who reports self-perceived growth from trauma has likely made intentional cognitive effort to apply new meaning to the suffering they have endured and efforts to regulate their emotions more productively to attain a more mature and emotionally intelligent outlook on life.

Both historical and current psychological literature reveals the many ways in which unresolved or complex traumatic experiences can lead to negative outcomes or struggles in adult life, but Jayawickreme and Blackie (2014) noted that traumatic events can have positive effects on an individual's overall life, such as leading to enhanced capabilities to master challenges within social environments, the way an individual engages in relationships with others, and a gained sense of autonomy. These practices can be extremely challenging, as there is the possibility of the acquisition of maladaptive coping strategies, underdeveloped or troublesome social skills, emotional immaturity, and unhealthy behavioral patterns or addictive behaviors. Early childhood memories are formulated differently than later life memories in that children may not acquire detailed images or a clear story of what they have experienced, including emotions or physical sensations of unknown origin (Schwartz, 2016). While many maltreated

children adapt to post-trauma life through the healthy integration of their trauma experience(s), acknowledging that maltreatment is not indicative of self-worth, other maltreated children may be susceptible to long-lasting negative outcomes, such as the internalizing the maltreatment in unhealthy ways. Available PTG models typically disagree about the manner in which PTG occurs and the significance of the process in future psychological states. While it is known that overall cognition and emotional life will be affected, it is important to remain open-minded about the different aspects of personal growth processes internalized and exhibited by people who acknowledge self-perceived growth for themselves. For example, whether a person deems a shift in ruminative processes as a coping mechanism for survival or an intentionally integrated tool for real-life change, any reported attempts to adjust psychologically from trauma can provide valuable information to better understand how human beings uniquely progress from states of emotional distress to a re-gained sense of equilibrium.

There are several known and theoretical conceptualizations of PTG, all depicting either an intentional or unintentional change as a byproduct of an individual attempting to cope with a traumatic event (Zoellner & Maerker, 2006). While researchers argue the particulars of the underlying mechanisms that promote a PTG journey, it remains clear that growth is not solely a destination in the aftermath of trauma, and that an individual can experience both emotional distress and self-perceived growth simultaneously. Peritraumatic distress does not simply appear and then disappear after traumatic exposure, yet intentional management of this stress may decrease risks of negative outcomes associated with traumatic exposure. Rumination, a consistently reported construct related to struggles in the aftermath of a traumatic event, is believed to play a key role in the cognitive processing of a trauma and is identified in most available PTG models. Aldwin (1994) emphasized that there can be benefits in how individuals

handle a stressful event, and that stress may be necessary for personal development. Since not all individuals will experience both trauma and PTG in the same manner, it is important to acknowledge other conceptual models of PTG to fully explore the variety of ways in which a person develops a sense of self-perceived growth. Some models of PTG are more focused on the construct being defined as an outcome of traumatic exposure. For example, O'Leary and Ickovics' (1995) PTG model that describes three possible outcomes following the challenges associated with growing after adversity establishes the degree of psychological functioning a person has acquired after traumatic exposure. These possible outcomes are identified separately as recovery, returning to the original level of functioning, survival, returning to lower-level functioning, or thriving, which indicates an increase or higher level of functioning after traumatic exposure (O'Leary & Ickovic, 1995). Schaefer and Moos' (1992) conceptual model of PTG views crisis and growth processes from a context that places emphasis on external factors that influence the processing of the crisis, such as environmental factors and the importance of approach coping as opposed to avoidance coping (Zoellner & Maercker, 2006). While all PTG models are relevant in the literature due to the undeniable variety of ways individuals can uniquely experience growth after adversity, the primary focus of this study will be grounded in a framework of the growth process model by Tedeschi et al. (2018) and how it relates to cognitive, emotional and human qualities associated with change.

Aside from Tedeschi et al.'s (2018) descriptive model of PTG, it is important to reference other theoretical approaches in the development of PTG because it is not yet clear which model best represents the facilitation of a PTG journey. Joseph et al. (2012) provides an affective-cognitive processing model of PTG, documenting PTSS as the engine of affective-cognitive processing. This model places emphasis on the effect of intrusive thoughts, images, and

sensations in the context of ruminative brooding, including cyclical thinking patterns that ask, "What if?" without attaining a satisfactory answer, and further promoting negative emotional states. Like Calhoun and Tedeschi's (2006) PTG model, this conceptualization recognizes the significance of rumination in the PTG process. Park and Folkman's (1997) model is based on the meaning-making coping process and how a traumatic event can threaten a person's global meaning. One's global meaning includes their belief systems and life goals, and when a traumatic experience threatens that foundation, the meaning-making process is initiated (Zoellner & Maercker, 2006). The challenge to global meaning is what creates a sense of danger and lack of safety and security in the world. In cohesion with Calhoun and Tedeschi's model of PTG, this stage of cognitive struggle will occur early on in the process of growth and will serve, in some way, as the catalyst for change. Incorporating a different viewpoint that PTG only serves as a coping strategy and is not indicative of real-life change, Taylor (1983) described PTG as being grounded in positive appraisals of the trauma as the key element of cognitive adaptation after traumatic exposure and regards PTG as a form of positive illusion that serves as an adaptive function for psychological adjustment (Zoellner & Maercker, 2006). Different models of PTG either depict the construct as a coping strategy or an outcome of the traumatic exposure. This research effort, grounded in Tedeschi et al.'s (2018) revised model of PTG, conceptualizes the growth process as significantly linked to cognitive processes and outcomes of real-life change taking place that can be demonstrated as a change in one's personal belief system, behaviors, and the re-construction of a new life narrative that incorporates a newfound sense of wisdom.

Neurobiology and Post-traumatic Stress Symptoms (PTSS)

Van der Kolk's (2014) conceptualization of how neurobiology and traumatic exposure coincide to predict both acute and potentially long-term aftereffects of adversity provides

exceptional comprehensive knowledge for how abusive and neglectful treatment can affect the brain-body connection, potentially disrupting attachment, attunement, and other developmental processes. Van der Kolk stated, "While we want to move beyond trauma, the part of our brain that is devoted to ensuring survival is not very good at denial" (p. 2). Within this conceptual framework, attaining PTG insinuates that a person has both experienced a traumatic event(s) that they perceive as being severe in nature and actively engaged in the processing and working through cognitive and emotional challenges related to this adverse experience(s). Being maltreated does not simply occur, hurt one's feelings and then disappear for many people. It can have lingering outcomes that affect many aspects of one's development, learning, and behavioral responses. The aftermath of intense, emotionally charged situations can produce extreme distress that can ultimately create change within oneself and a re-gained sense of equilibrium. While it is easy to see that PTG is a desired outcome for anyone who experiences abuse and/or neglect, it is important to discuss the significance of peritraumatic stress on the human body and mind to understand what exactly happens to one when a traumatic event occurs. The World Health Organization (2020) reported that CM causes stress associated with early brain development, and in some instances, extreme stress, which can impair the development of the nervous and immune systems. Such circumstances may also contribute to learned behaviors. For example, Holt et al. (2008) explained that patterns of violence can repeat, reporting that children raised in environments witnessing abuse are at an increased risk themselves of being physically and/or sexually abused. However, the seemingly overpowering link between trauma and detrimental outcomes in historical research can be somewhat disputed by current research that PTG is widely reported; as many as 70% of trauma survivors of various forms of trauma report experiencing some positive change in at least one domain of life (Linley & Joseph, 2004). There is a

consistent acknowledgment in trauma-related literature regarding the complexity associated with understanding how CM affects survivors, and professional research findings continue to report mixed findings. God's Word says, "Let us then with confidence draw near to the throne of grace, that we may receive mercy and find grace to help in time of need" (English Standard Version Bible, 2001, Hebrews 4:16).

Continued PTG research efforts can open new doors and promote new perspective on the ways that childhood trauma is experienced and later resolved. People cope. People change. People heal. Adjustment is possible with new perspective, and this is where the need for deeper insight and advancements in understanding the uniqueness of growth processes in the research is needed. The neurological aspects of post-trauma exposure are important considerations in understanding perceived growth after abusive and/or neglectful treatment, as the way the body responds to adversity will affect one's cognitive abilities. Schwartz (2016) reported that individuals diagnosed with complex post-traumatic stress disorder commonly experience cognitive distortions, emotional distress, disturbing somatic sensations, disorientation, hypervigilance, avoidance, interpersonal problems, measurable changes in brain structures that are associated with deficits in social skills and academic success, physical health problems, and errors in emotional reasoning. This supports a desire to research the cognitive and emotional connection that is often documented in both CM and PTG research. Interviewee's narratives may reveal an awareness of the significance of either internal or external factors that can contribute to the struggles of post-trauma living and increase vulnerability for psychiatric illness, such as a dysfunctional family environment (MacMillian et al., 2001). Both theory and research have indicated that cognitive processing or re-processing of the meaning and implications of traumatic experience(s) play a critical role in how trauma survivors move forward in post-trauma life

(Calhoun & Tedeschi, 2006; Kilmer et al., 2014), and what an individual deems as relevant to both processing and re-processing may identify key elements of PTG that historical and current research may have missed.

After conducting a study among individuals with major depression and the relationship between a history of childhood abuse and amygdala response to sad stimuli, Grant et al. (2011) reported that chronic stress can likely be associated with heightened amygdala response. This research study suggested that long after childhood abuse has ended, it is possible to still endure lasting neurological effects associated with those experiences. While brain and nervous system functions that deal with emotional intensity and context are the most relevant for how individuals process trauma from a mental aspect, Van der Kolk (2014) found that the most effective therapeutic services may be acquired by revisiting past traumas with a secure ground in the present moment. This indicates that PTG processes may be best understood in how the past can be re-experienced in the present through a more conscious and emotionally mature context. While the amygdala is among the most notable regions of the limbic system discussed in post-trauma outcomes, its function is not permanently disrupted for all trauma survivors. One example of this is Kulka et al.'s (1990) study that reported that the National Vietnam Veterans Readjustment Study revealed that 15 or more years after their service, 15.2% of males and 8.1% of females had a current diagnosis of PTSD, which indicates that about 85% of the males and 92% of the females did not have PTSD, demonstrating a high probability that PTG is prevalent and not documented as sufficiently as it should be. Studies have consistently shown that positive personal changes can result from post-trauma struggles, having positive effects on both emotional and psychological health. PTG will be viewed distinctly in this study from a resilience perspective because individuals in this study reported experiencing PTG by simply not returning

to a pre-trauma baseline of psychological functioning. Disclosed PTG will be viewed from a place of advancement to a higher than pre-trauma levels in one or more life domains, such as self-perception, relationships with others, greater emotional expressiveness, greater appreciation, enjoyment of life, a more meaningful life and heightened spirituality (Tedeschi & Calhoun, 2004). Healthy integration of distressing emotional experiences and an optimistic new outlook on life can help a trauma survivor develop new ways of thinking and coping to overcome potential post-trauma effects to the amygdala.

Comprehensive knowledge of the science of trauma can provide good insight as to what challenges create a foundation for a PTG journey to begin. Research shows that childhood trauma experiences are linked to altering the healthy functioning of the hypothalamic-pituitary-adrenal (HPA) axis, which influences cognitive performance (Bortolon et al., 2013) and demonstrates that post-trauma challenges of distress can be more extreme than conceptualized in the past. In the HPA axis in the body, the brain releases adrenocorticotropic hormone, which circulates through the blood to the kidneys and triggers the release of glucocorticoids, which in turn increase metabolic energy for the muscular and nervous system response to stress and trauma (Wilson & Keane, 2004). This process activates the stress-response system, and for someone who has experienced an overwhelmingly traumatic experience or repeated trauma exposure, the individual's stress-response system may have difficulty discontinuing operation once the threat or perceived threat is gone. This excessive over functioning within the mind-body connection will interfere with cognitive and emotional functioning. The activation of the body's psychobiological stress-response system is devised to meet the external demands of extremely stressful situations, returning to homeostatic functioning once the danger is no longer present (Wilson & Keane, 2004). This explains why repeated adverse childhood experiences can alter

the function of these natural processes of both the brain and stress responses. Marusak et al. (2015) reported changes in neuro-biological processes that can include greater amygdala reactivity to emotional conflict, the inability to regulate emotional conflict and diminished levels of reward sensitivity. This knowledge builds the framework for the early stages of most PTG models: significant trauma has occurred, the pre-existing world has shattered, and disruption within internal systems dictates daily functioning to some degree.

Schema Theory

When trauma occurs, a person's pre-established schema is disrupted and can have damaging effects for individuals who are not able to process such catastrophic change. Morrison (2001) provided that such challenges may contribute to the development of a faulty sense of self, social knowledge, and nature of interpretations of intrusions, which can contribute to the development of positive symptoms. British psychologist, Frederic Bartlett (1932), introduced schema theory, which defined schema as a functional cognitive pattern and an ongoing organization that is regulated by the activity of the brain. A person's prior core beliefs about the world are inconsistent with the new reality and the maltreated person may have difficulty managing intrusive thoughts that can further disorganize old thinking patterns. Aldwin and Levenson (2004) identified emotional regulation and cognitive processing as key contributors of how trauma survivors develop new schemas. This supports that a relationship may exist between cognitive and emotional abilities early on in the PTG journey. If new maladaptive schemas are constructed and applied in reasoning, trauma-exposed children may have difficulty adapting to changes in schema. Feelings of shame often prevent individuals from moving forward from traumatic events. Streets (2015) noted that trauma exposure may create feelings of being judged, punished, or abandoned by God. Kick and McNitt (2016) described traumatic exposure as

feeling pushed beyond normal systems of meaning, strains, and coping methods, and contributing to disrupting psychosocial functioning. A person who has experienced maltreatment in early childhood years may have developed negative schemas during significant cognitive and emotional developmental years, potentially creating patterns of cognitive and/or emotional chaos or numbness.

These negative schemas can disrupt self-concept and expressions involving vulnerability, social humiliation, and subordination (Michail & Birchwood, 2014). Childhood years are particularly sensitive developmental years, as it is during this time period that an individual's schema is developed, and outcomes associated with childhood trauma will have an effect on the child's overall development. Blissett et al. (2006) explained that schemas can distort how current events and experiences are processed and perceived when a person is triggered. A developing schema and traumatic exposure occurring during the same developmental time period may be extremely significant to what transpires during this developmental phase. These disrupted cognitive processes and perceptions can influence affective and behavioral responses in present-day experiences (Carr & Francis, 2010). According to schema theory, negative experiences and childhood trauma with family, and later with peers and community, may lead to development of early maladaptive schemas (EMS) resulting from the frustration of core emotional needs that go unmet (Michail & Birchwood, 2014). Young et al. (2003) proposed that EMS is a broad pattern comprised of memories, emotions, cognitions, and bodily sensations regarding oneself and one's relationships with others. As a result of EMS, maladaptive behaviors may surface in response to skewed thought processes, exacerbating current challenges. Once established, EMS can become deeply embedded in cognitive processes, mediating the way the child comprehends the world around them. This could contribute to the characteristics of ruminative thinking, emotional

distress and for someone who reports PTG, eventual coping successes. Before coping successes

occur, EMS will likely have limited utility and may create anxiety, depression, or other

psychopathology when activated in some situations of a disproportionate manner (Michail &

Birchwood, 2014). Individuals who feel a sense of self-perceived growth after CM have likely

overcome EMS to some extent, gaining new perspective and more mature emotional reactions

related to past traumatic exposure. For the purposes of this research, it is important to note that

experiencing a traumatic event can reconfigure the imagination, affecting one's ability to tell

stories about oneself and the world that are life-giving and conducive to healthy human

development (Streets, 2015). Someone who feels they have attained PTG has changed a

maladaptive narrative and implemented a more productive narrative that supports healing. The

shift in perspective that takes place and reconfigures the meaning applied to the traumatic

event(s) can contribute to more stable emotional regulation and cognitive processes that can

promote healthier transitions in schema and thinking patterns.

The development of schemas is a natural learning process and exploring how CM may

influence this process may provide valuable insight for PTG research. Further exploration in this

area may help researchers to better understand constructs such as stress management strategies

and coping skills and how such constructs may provide further understanding to important

processes, including the healthy regulation of emotions in emotionally charged situations. Young

et al. (2003) postulated that there are five basic emotional needs related to five schema-domains:

disconnection and rejection, the need for protection, safety and care, impaired autonomy and

performance, and enmeshment and failing to separate or function independently, more

specifically, family characteristics of overprotection and enmeshment, impaired limits, other-

directedness, excessive focus on others' needs and feelings, and over vigilance and inhibition.

Learning to control the flesh is an essential component of gaining healthy adaptive coping skills, for the Lord declares, "A hot-tempered man stirs up strife, but he who is slow to anger quiets contention" (English Standard Version Bible, 2001, Proverbs 15:18). A child who has acquired schemas based on abusive or neglectful experiences may have difficulty forming secure attachments to others, lack the ability to be conscious of emotions, and have problems successfully maneuvering through the meaning-making process of their experiences. These elements are related to many of the theories in this study that view humans and trauma as a holistic experience. Relational and attachment problems and emotional instability can further jeopardize the meaning making process associated with schema. The meaning-making process is a salient component involved in psychological adjustment after trauma, most commonly associated with the use of schema and how it is applied in making determinations about why something has happened. It is undeniable that people exposed to trauma have a profound need to make sense of the event (Zang et al., 2014). Participants who report PTG may have reached a resolution in the sense that the pre-existing schema has adapted to change and is capable of better articulating the trauma experience(s) as a past event that has ended, rather than an on-going experience that continues to affect present-day-life circumstances.

PTG entails an ability to engage in an integrative process that resolves problems associated with adverse experience, and this researcher believes the narratives of individuals who intentionally engaged in a self-perceived growth process after CM will be the best source of information to better understand this specific transformational journey. Piaget's (1966) theory of cognitive and intellectual development posits that conceptual development is procedural, including episodes of change, new representational resources now available, and previously unthinkable thoughts that are now permitted (Carey et al., 2015). Maltreated children who have

experienced harmful disruption in routine with limited acquired cognitive and emotional functioning skills must assign meaning to these new distressing thoughts related to their experience(s). Adults who struggle with the meaning-making process of their traumatic pasts may rationalize or deny their traumatic interactions, not framing their experiences as traumatic or their caregivers as abusive or neglectful due to a sense of allegiance and desired connection within the family system (Ferentz, 2015). The distressing nature of understanding a traumatic event can initiate avoidance strategies, or commonly integrated behaviors, that serve as a coping strategy or adaptive response to maltreatment situations. These employed strategies are valid attempts to suppress thoughts or memories related to past trauma experiences and the distressing symptoms attributed to these experiences.

Cognitive Control and Coping

According to Piaget's (1966) theory of cognitive development, most notably at the final stage of the sensorimotor period, children begin to increase in ability to voluntarily initiate and suppress behavior, which increases cognitive capacity (Lefmann & Combs-Orme, 2013). From a neurobiological perspective, this stage of development consists of the gradual loss of new synapses and the strengthening of the remaining synaptic connections (Casey et al., 2000). In conjunction with this theory, the synaptic connections related to CM experiences can begin to affect the maltreated child's cognitive processes early on, ultimately weighing heavily on emotional functioning outcomes in adulthood. In relation to PTG, Streets (2015) stated that "it cannot be stressed enough that the fundamental task for those who have been traumatized is to discern new meaning for living as an aspect of transforming and healing from trauma" (p. 482). It has been well established in the literature that cognition plays an essential role in how PTG is conceptualized. To better understand how cognition relates to growth processes, there is a need

for more research to elaborate on research methods to gain more in-depth knowledge that reaches beyond scoring affirmatively on PTG assessment measures. Miller and Cohen (2001) explained that cognitive control is an influential force, providing the ability to adjust and orient cognitive resources to optimize performance and complete goal-oriented behaviors that play a salient role in emotional regulation, another construct that has been consistently reported in PTG literature. Joorman and Vanderlind (2014) suggested that impaired control has been implicated in the development and maintenance of psychopathology. Empirical research has revealed that early trauma may lead to maladaptive coping strategies in adulthood, predicting mental health difficulties during stressful transitions (Choi et al., 2015). However, PTG models suggest an individual can experience both cognitive dysfunction and be engaged in early stages of growth and change. Theoretically, dysfunction is needed to some degree to successfully make positive progress. If no psychological challenge is present, then growth cannot occur. The initial progression of ruminative thinking may hinder the ability to flexibly shift attention or inhibit irrelevant information (Davis & Nolen-Hoeksema, 2000; Whitmer & Banich, 2007), contributing to an individual's inability to maintain cognitive control shortly after traumatic exposure. The key element of exploration is how or what causes an individual to disengage from non-productive rumination to begin engaging in more deliberate, constructive rumination patterns. Cognitive control plays a role in Tedeschi et al.'s (2018) conceptualization of growth because once a successful coping attempt takes place and emotional distress is reduced, rumination becomes more conducive to someone who is moving forward from their painful past and applying new meaning to past harmful experiences. Exploring the perception of each individual PTG experience will help to better articulate the varied ways in which coping successes occur and other detailed aspects of how PTG can transpire.

Adding to the complications of childhood abuse and neglect, maltreated children are responsible for cultivating new ways to manage or cope with PTSS, often without professional care or adult/caregiver support. In the assessment of PTG narratives, it will be interesting to see what types of post-trauma support was present, if any, and how this element of PTG experience is perceived to have contributed to overall growth. The quality of implemented coping strategies and the maltreated child's ability to adapt after being abused and/or neglected will be tempered by how the trauma was perceived as a child and how the trauma is perceived today. For example, pre-trauma variables are extremely relevant in understanding cognitive control because specific advantages that may have broken ruminative patterns can exist that may have offered a push toward cognitive reappraisal or acceptance, which many children who struggle with unresolved trauma may not have experienced. Multiple theories regarding PTG research address coping quite extensively, as behavioral changes are common as an outward expression of internalized traumatic exposure. Coping is aimed at regulating emotional experiences by changing one's response to a stressful event or by changing the stressful situation itself (Compas et al., 2013). The ways in which one attempts to regulate their emotions, or avoids doing so, plays a key role in how one functions in the world, in both interpersonal relationships and day-to-day life. At times, trauma survivors can subconsciously create and maintain an unhealthy attachment to past traumatic event(s,) creating obstacles that keep the individual tied to the past and continually feeling overwhelmed, as if the event is still occurring. A common product of this type of continued struggle is an overactive central nervous system. This speaks to the volume of change that can take place after excessive exposure to abuse or neglect has repetitively overwhelmed an individual's ability to feel safe and grounded. Becoming accustomed to consistent states of dysregulation may hinder a person's ability to accurately assess and regulate how they feel in

non-stressful situations. These factors, among others, demonstrate just how difficult the early stages of PTG may be, or even the initiation of the change journey, and also speaks to the volume of change that can occur through overcoming the obstacles that surface in the aftermath of traumatic exposure.

Initially, it is unlikely that a traumatic experience will be viewed as a positive experience and theory about the development through growth processes has changed over time. Tedeschi et al.'s (2018) framework theorizes that the following components have remained constant in the development of PTG models, the person pre-trauma, seismic traumatic event(s), challenges, automatic or intrusive rumination, coping success, more deliberate rumination, social support, PTG, and some enduring distress from the trauma that keeps the focus on change and growth. The way one copes with trauma will influence how they think about the trauma and frame the evaluation of their circumstances. Understanding coping styles can help in gaining deeper insight into how a person is adapting psychologically and emotionally after experiencing a traumatic event. This researcher suggests that an individual who reports PTG will be more apt to implement healthy coping practices at some stage of the growth process, ultimately regulating emotional responses tied to the thought processes associated with the traumatic event(s). Struggles with such practices can lead to maladaptive coping strategies, such as reliance upon substances or unhealthy relationships for temporary relief. Such strategies are typically either consciously or subconsciously implemented to relieve emotional suffering and can hinder the healthy progression of cognitive and emotional processes. Such practices may prohibit a person from stepping out of automatic rumination related to the traumatic event and hinder the more needed, deliberate ruminative processes that work through distress more effectively. Khantzian (1997) the founder of self-medication hypothesis, theorized that a dysregulated emotional system

in individuals increases vulnerability to addiction and how emotions are expressed, experienced, and corrected. This researcher suggests that poor coping practices will hinder the PTG process to some degree and focus more energy on maladaptive behavioral patterns and repetitive rumination, ultimately leading to more negative evaluations of the traumatic experience(s). However, maladaptive coping behaviors can change and may only be associated with early attempts to cope for some individuals, which are called adaptive responses to acute PTSS.

Generally, individuals are unaware of hypervigilant internal systems and how to better manage them. Coping styles may change once a maladaptive coping practice has served its purpose and is no longer deemed necessary. More adaptive methods of coping can then ensue, promoting the cognitive shift needed for PTG to take place. Learning the ways in which individuals believe their coping styles changed can be useful to better understand the underlying mechanisms of PTG. Somerfield and McCrae (2000) explained that stress and coping are related to how a person attempts to manage distress and the significance of the potential physical and psychological outcomes. Children acquire coping skills throughout developmental years that can be altered or rearranged in accordance with new attained levels of consciousness throughout life experiences, such as social experiences and interpersonal relationships. Acquiring adaptive coping skills may be more prevalent for children who live in nurturing, loving home environments with a healthy attachment to parents or a caregiver. Pre-trauma variables such as these must be considered in PTG research, as any positive contribution will be essential in understanding individual growth processes. It is imperative to include children in future PTG research to expand on what is known about how children are affected by trauma, which at this time appears to be limited. Tedeschi et al. (2018) explained that personal development and increasing maturity and growth occur throughout developmental processes, therefore outcomes

that can be linked to CM are relevant in understanding human development. What is known is that the specific type of CM reported, the perceived severity, and the number of times exposed are extremely relevant in current empirical research and in this research study effort.

PTG is significant because progression after adversity is possible for anyone, no matter the detriments of past experience or limited resources for positive change. This researcher is interested in the ways in which these unique narratives may add to available literature regarding such PTG constructs as coping failures and successes. As human beings, growth may require some trial and error. Theoretical models of PTG acknowledge that growth is a process and cannot be perfectly attained in a short time frame. Scripture states, "Rejoice in hope, be patient in tribulation, be constant in prayer" (English Standard Version Bible, 2001, Romans 12:12). PTG cannot be defined by a specific time frame, as individuals will both endure and process trauma in their own unique way. Most theoretical models describe the process as taking a long period of time, and the underlying mechanisms of what takes place during that time frame is significant to the outcomes. Wilson and Keane (2004) explained that individuals who do not respond well to trauma and later develop PTSD frequently abuse alcohol for short-term symptom management, but the disinhibitory effects of acute alcohol intoxication further complicate gaining control of negative emotions, exhibiting good judgment, and containing behavioral reactions. Maladaptive coping practices will likely interfere with productive practices, such as cognitive reappraisal or problem-solving skills, which could reduce short-term and long-term emotional problems for CM survivors (Moritz et al., 2016). Qualitative inquiry may reveal new insight into healthy stress management strategies and coping methods that may have been previously overlooked or unidentified in the use of measurement tools or scale assessments.

The way a person chooses to cope is complex and can be attributed to many different aspects of their existence, such as the predisposition of genetic factors, previous life experiences, and overall pre-trauma cognitive and emotional health. Information regarding coping styles is useful as these practices pave the way for personality development, affecting the way traumatized youth adjust to adult life after adverse experiences. Shin et al. (2015) described how victims of emotional abuse can develop urgent personalities, or urgency. Urgency, sometimes labeled as hypervigilance, is documented consistently throughout PTG and PTSD literature. A lack of ability to process decisions thoroughly, pausing before reacting or making a conscious choice, could contribute to poor decision-making, which is not conducive to the progression of a healthy growth process. Ferentz (2001) believed that survivors of chronic childhood abuse do not know how to engage in self-care and often rely on self-destructive behaviors in the absence of healthier self-soothing strategies. Adults with childhood histories of abuse and/or neglect can have difficulty functioning normally in the real world, lacking some of the most basic needs for successful adult life functioning, including a healthy sense of self or the ability to interact well with others. Functioning in daily life from dissociative states can provide a false sense of stability, feeling as if overactive PTSS are being managed effectively. A commonly reported self-soothing behavior for childhood trauma survivors is a pattern of repeating negative narratives of their experiences, making it difficult to feel positive emotions or to see beyond internal feelings of suppressed guilt and shame, but Tedeschi and Calhoun (2004) discussed the relationship between wisdom and stress-related growth, explaining that undergoing major stressors and trauma provides new levels of experience, such as a sense of increased mastery, higher levels of competency, and increased coping resources not present before the trauma occurred. This implies that gaining experience from first-time trauma can help the individual

gain knowledge and better skills for future recovery in subsequent traumatic experiences or more minor stress-related instances.

A person who has gained coping resources may be better equipped to handle typical, daily stress in an overall productive, healthy manner. Wisdom is more than practical knowledge and is rooted in the emancipation from biological and social conditioning (Sternberg, 2012). Emotional maturity can be equated with wisdom as well, which promotes self-accountability and allows for failure, flexibility, and forgiveness, ultimately leading to empowerment (LePera, 2021). Positive coping strategies can include problem solving and planning, applying emotional regulation skills such as positive reappraisal, seeking healthy social support, accepting the trauma, and religious coping (Armeli et al., 2001, Park et al., 1996, & Sears et al., 2003). This researcher believes that these and other good examples of strategies will be revealed in the disclosures of changing perspective of adversity. Park et al. (2008) found significant implications for further research regarding how individuals adjust to highly stressful experiences, including the varied ways in which people experience PTSD symptomology and the differences in subjective meanings applied to the interpretation of self-perceived growth. As trauma-related research results consistently prove to be mixed in nature, future longitudinal research efforts would be beneficial to determine any relationships between these constructs over a long period of time.

Emotional Intelligence (EI) and Cognitive Reappraisal

Theories related to emotional processes are important to note in the framework for this study and were derived from literature related to both childhood trauma and PTG. Emotional intelligence (EI), a concept founded by Mayer et al. (1997), is a key component of a gained sense of growth after adversity. An increased ability to assess, understand, and regulate one's emotions

after an emotionally charged event may contribute to the successful integration of past traumatic experiences into current day living. This study will expand on available historical and current CM-related research that documents the presence and evolution of emotional processes as playing a significant role in growing and maturing as an individual. The insight directly from the trauma survivor's perspective may provide a wealth of information in providing rich description of emotional experiences associated with traumatic events. The ability model of EI provides an explanation of how emotional abilities can guide a trauma survivor's capacity to carry out accurate reasoning about emotions associated with lived trauma exposure, and how those emotions were expressed and are currently expressed (Mayer & Salovey, 1997). If existing emotional knowledge has been used to enhance thought processes, this can contribute to cognitive functions, such as cognitive reappraisal of the traumatic event (Mayer et al., 2008).

PTG does not come easily; therefore, qualitative inquiry and derived narratives are expected to include both the difficulties and triumphs of a healing journey. This can be attributed to constructs related to trauma, such as acute emotional distress, but also the resolution of such symptoms. Wilson and Keane (2004) explained:

> [The] extreme fragmentation of the self-structure caused by traumatic injuries may result in loss of energy to thrive, a loss of autonomy and "free" regulation, a loss of self-continuity with the past, a loss of a meaningful sense of connection to others, and a loss of the capacity for intimacy. (p. 35)

Emotional intelligence (EI), as defined by the ability model, is measured by a person's ability to employ accurate reasoning regarding their emotions and applying that knowledge in cognitive and decision-making processes (Mayer et al., 1997). Emotional identification and regulation may be more difficult for a survivor of complex trauma, as they tend to have more intense emotional

reactions, often to neutral stimuli, and are prone to unruly outbursts of anger (Wilson & Keane, 2004). An aim of this study will be to understand how an individual makes sense of personal trauma exposure through both cognitive and emotional processes.

As previously mentioned, a repetitive theme within the foundation of most PTG models is the importance of finding meaning and learning lessons in the aftermath of traumatic and stressful life circumstances (Roepke et al., 2013). Research has shown that individuals who have higher levels of emotional intelligence may have been more capable of engaging in a meaning making process of their experience(s), possibly contributing to a more resilient and survivor mentality versus an attachment to a victim perspective. At the core of trauma-related challenges is the trauma-exposed individual's distress, as well as other related struggles that can evoke questions regarding preconceived notions of basic or core beliefs that contribute to repetitive thinking about what happened (Calhoun & Tedeschi, 2006). While rumination is often viewed in a negative light, ruminative responses can suggest a constructive effort to make sense of one's circumstances, allowing an individual to re-examine and engage the event voluntarily (Watkins, 2008; Ying et al., 2014). An aim of narrative exploration for this study is to explore the presence of both repetitive rumination and deliberate rumination, both the positive and negative effects, and how they affect the individual's growing experience. Enhanced emotional abilities can help individuals establish a better sense of equilibrium to thoroughly process distressing situations and gain a more established sense of emotional control, which correlates with Tedeschi et al.'s (2018) conceptualization of the shift in rumination of the PTG process. Theory regarding emotional intelligence focuses on people's problem-solving skills with concepts such as interpretations of facial expressions and how feelings are managed around those interpretations (Mayer et al., 2016, p. 290). Mayer and Salovey (1997) first introduced the definition of EI as a

set of interrelated abilities, while other researchers later defined EI as a mixture of traits rather than abilities, including happiness, self-esteem, optimism, and self-management (Petrides & Furnham, 2001; Tett et al., 2005). Developing emotionally after trauma exposure demonstrates an improvement in life capabilities. While some PTG theoretical frameworks state that an individual can return to pre-trauma conditions or way of life, the conceptualization for this study is grounded in Tedeschi and Calhoun's (2004) PTG model where it was established that "PTG is not simply a return to baseline, but. . . an experience of improvement that for some persons is deeply profound" (p. 4).

While exploring the relationship between emotion development and post-trauma resiliency, Mayer et al.'s (2008) more-developed conception of EI claims that EI includes "the ability to engage in sophisticated information processing about one's own and other's emotions and the ability to use this information as a guide to thinking and behavior" (p. 503). EI theory and cognitive development are both relevant to this study, as they embrace the concept that childhood trauma survivors who are better equipped to consciously identify and manage their emotions will likely exhibit more adaptive responses in social situations. The combination of the emotional and cognitive experience and the ways in which they work together to influence post-traumatic outcomes are crucial to understanding how these constructs will affect key elements of the PTG experience. If individuals who have endured emotionally-charged situations indicate that they have accomplished EI on some level, narratives may provide fresh perspective through detailed descriptions of emotional processes that are beneficial to better understanding PTG. The ability model of EI regards intelligence as a mental ability and the capacity to carry out abstract reasoning, understand meaning, grasp similarities and differences between two concepts, formulate generalizations, and understand when generalizations may not be appropriate due to

context (Gottfredson, 1997). Since this research effort applies such significance to the meaning-making process, this researcher hopes to better understand progress in adaptability for trauma survivors and how, rather than avoiding or suppressing emotions, individuals who report PTG may have been more able to reason with their emotions, maintain logical perception of emotional experiences, and manage emotions productively.

Schwartz (2016) explained that emotional hijacking, or strong emotions taking over an individual's thoughts and behaviors, can occur more frequently for a person with a history of complex post-traumatic stress disorder. Even though not all trauma survivors will experience psychological problems to this extent, this information does reveal that the perceived severity of traumatic exposure may affect emotional intensity and levels of distress. Interestingly, other research results report that post-trauma psychological distress leads to more resilient qualities, as such findings reported by Blix et al. (2013), which indicated that increased levels of trauma exposure and peritraumatic distress were significantly related to perceived post-traumatic growth measures. Scripture says, "For God gave us a spirit not of fear but power and love and self-control" (English Standard Version Bible, 2001, 2 Timothy 1:7), and because of this, people of faith know that all traumatically exposed individuals have the spirit and strength within to overcome distress, no matter how severe. There are a multitude of constructs to consider when seeking to understand successful emotional maturing and stress-related coping capabilities for maltreated children and adolescents who increasingly desire to attain a good sense of independence, connection with others, and meeting the demands of each developmental milestone. Prolonged emotional distress can lead to reacting in situations rather than responding from a logical standpoint. According to Tedeschi et al. (2018), a traumatic event shakes one's worldview or destroys key elements of one's important goals, which in turn challenges higher-

order goals, higher order beliefs, and the ability to manage emotional distress. Unresolved

trauma can be linked to chaotic internal, biological systems that have not returned to a state of

equilibrium after emotionally charged experiences. If a maltreated child experienced complex or

prolonged abuse and/or neglect, they may have also been exposed to significant alterations in the

brain and central nervous system functioning, areas of research that may be difficult to ethically

explore. It is important to note that emotion and thought suppression and lack of awareness and

tolerance of emotions are prominent factors that lead to maladaptive coping (Kimhy et al., 2012).

Wenzlaff and Wegner (2000) suggested that the urge to control or suppress negative thoughts

can actually enhance negative thoughts. So, not only is level of consciousness crucial, but what is

done with the trauma information matters as well. This indicates that a person who has attained a

sense of self-perceived growth has likely gained the ability to regulate their emotions in an

effective way to better manage emotional reactions and future emotional suffering regarding the

event(s).

Emotional regulation is a key component in how CM experiences are both integrated and

later processed, encapsulating an essential role in how a person copes and adaptive responses

associated with past traumatic experiences. Children who are repetitively abused and/or

neglected can experience severe, intrusive emotional fluctuation, often uncontrollable or without

warning, which includes an array of emotions, such as confusion or sadness. A study regarding

the development of coping resources in adulthood found that positive action, including conscious

emotional regulation, promoted positive outcomes, while negative action, such as hostile

aggression, promoted negative outcomes, such as more bitterness toward the world (Aldwin et

al., 1996). Negative emotions organize the brain and body to prioritize adaptive behaviors that

handle situations quickly and efficiently (Öhman & Mineka, 2001; Parrott, 1993). At the core of

this research study is a focus on how trauma survivors, at whatever stage of growth, actively

engaged in personal change to work through and not avoid or suppress the heaviness of negative

emotions, ultimately making healthy cognitive and emotional connection and altering negative

experience(s) to serve valuable purpose. Cognitive reappraisal is often documented as an

essential element of the meaning making process, allowing for a new perspective of traumatic

events to be beneficial in how emotional meaning was assigned to abusive and/or neglectful

exposure. CM narratives may provide valuable content to be explored to determine if, and in

what context, individuals have implemented cognitive reappraisal practices to re-examine

traumatic event(s) and applied new meaning to those events. This can happen in a variety of

ways. McRae et al. (2012) stated that there are different types of appraisals, including those that

evoke a sense that the situation will improve with the future, those that suggest the situation is

not as bad as it first seemed or those that imply the situation is part of the normal range of human

experience.

Etkin et al. (2010) explained that trauma-exposed youth have difficulty regulating

conflict, behaving outside of conscious awareness with an acquired automatic emotional

regulation system. Gaining insight into the ways participants were able to engage in healthier

conflict management will be an interesting aspect of research results for this inquiry effort.

Blanco et al. (2015) explained that bodies rely on the limbic system and the HPA axis to release

the appropriate hormones to help achieve homeostasis. When these systems are disrupted after

adversity, victims may be more susceptible to unhealthy emotional expression and the inability

to regulate their emotions effectively in subsequent perceived threatening situations. Whittle et

al. (2013) described how stress, trauma, and maltreatment deterred healthy stress response

activity. Stress and emotional regulation issues, in the context of PTSS, can impact tranquil

functioning in daily life and potentially contribute to maladaptive coping methods, further delaying emotional development or acquiring increased levels of emotional intelligence.

Consciousness and PTG

Traumatic exposure is all about discomfort and life-altering change. Barton et al. (2014) explained that ordinary life is more comfortable for human beings if they discount most of it, while using their own labels to describe what is going on around them. If what people see fits their understanding, this increases confidence in everyday living. This is a simplistic yet valid way that human beings manage the world around them. It helps them manage a fairly consistent state of homeostasis throughout the course of life. For children who struggle adapting after abusive or neglectful treatment, finding comfort, and placing meaningful labels on behaviors and experiences can be a far more challenging feat. Traumatic experience(s) is often grounded in chaos and unpredictability. During the crucial developmental periods of childhood and adolescent years, when CM occurs, children are lacking in more advanced cognitive abilities that can create difficulties applying constructive meaning to adverse experience(s). LePera (2021) suggested that the severity of trauma is not the issue in unresolved trauma, but rather the response to the experience that determines how it imprints on one's life. An individual who experiences PTG will likely have an increased awareness and understanding of what ways CM affected them and how change was initiated in their lives. Theory regarding the development of levels of consciousness can help establish a framework for how being more aware and engaged in the realities of adversity can help one be more apt to experience real-life change. The more conscious a person is, the more aware they are of how adversity has affected them and may promote more active, deliberate rumination to work through issues.

Carl Jung, founder of analytical psychology, provided theory in personality development that described a framework for understanding cognitive processes and determining how human beings can embrace the unconscious to achieve self-realization. This theory establishes a focus on the negative consequences that can arise when people avoid or attempt to reduce the complexity of psychological experience (Odde & Vestergaard, 2021). According to this theory, the three levels of consciousness –the conscious, the personal unconscious, and the collective unconscious—encapsulate the human psyche. An individual's conscious level is the expressed side of the personality, with awareness of other constructs such as thought and behavior (Tan, 2011). This level of consciousness may be difficult to attain for a person who has just experienced a trauma or is having difficulty accepting their experiences. One's life experiences can provide insight as to how consciousness develops, which raises the question of how an individual's level of consciousness is affected by CM. The development of consciousness will vary depending on the many different aspects of a person's unique human experience, including genetic predispositions, culture, attachment styles, family system structure and environmental factors, which explain why the exploration of individual CM narratives is so essential to scientific research. As explained by Tan (2011) "[A]s a deeper level of consciousness is experienced, greater individuation or development of the whole person is achieved" (p. 84). The ego is the driving force behind what an individual accepts or filters out of their consciousness, affecting how accurately they identify and manage emotional experiences. Levers (2012) explained that research suggests that over time, a maltreated child employing dissociative strategies may experience a change in personality. This may account for why PTG can be described as a prolonged journey, moving through different levels of healing or consciousness at varied paces. Paulsen (2009) explained that some children develop a false sense of self for the

world to see, while living in chaos on the inside. A fragmented ego state may truly be indicative of a lack of knowing oneself, as well as minimal intellectual engagement of emotional awareness and management of those emotions, leading to the trauma information being housed in the unconscious mind. This researcher would offer that this fragmentation may be a contributing factor as to why some people do not engage in a shifting of perspective regarding their abusive past, allowing little space for growth or change in perspective or even the acknowledgment of past experiences.

Personal unconscious, the second level of consciousness, includes the aspects of the self that an individual views as negative, harmful, or painful, or positive aspects of a person's personality that are underdeveloped or unrecognized (Corsini & Wedding, 2005). Someone who reports PTG has, at some point, accessed this trauma material and engaged in an increased awareness of the unconscious level, becoming more attune to what is happening within themselves and how it relates to external circumstances. An avoidance coping strategy may hinder a person's emotional capabilities and higher-level fundamental skills associated with EI but avoidance to relieve distress from troubling conscious thoughts may prove to be nonproductive. According to Mayer and Salovey (1997) a person's emotional abilities will fall along a continuum, and these abilities are measured by how accurately emotions are perceived in self and others, the use of emotions to facilitate thinking, comprehension of emotions, emotional language, the signals conveyed by emotions, and emotional management to attain specific goals. This researcher would suggest in order to accomplish such vigorous emotional tasks, one must be conscious of, and not avoiding, trauma information. Van der Kolk (2014) explained that neuroscience research shows that very few psychological problems are the result of defects in understanding; for some trauma survivors prolonged post-trauma symptoms and overactive

emotional brains are constantly signaling for danger and it may be difficult to silence these alarms. Post-trauma outcomes associated with stress-related disorders, such as flashbacks or nightmares, can be daunting due to the unpredictability of reoccurrence. It is common for individuals who struggle to work through abusive and/or neglectful experiences to over-engage in external stimuli to escape or deter such intrusive occurrences, and neurological research demonstrates that replayed trauma memories will be accompanied by related stress hormones, engraving the trauma memories more deeply in the mind (Van der Kolk, 2014). To be consciously aware of traumatic exposure is to deal with the emotional aftereffects and not staying "stuck" in them. Vanzant (1998) suggested that when you have a survivalist mentality, surviving becomes the number one priority and one can forget that there is another way of living. This researcher suggests conscious awareness is important, but what is done with trauma information brought to awareness must also be handled with care.

The final Jungian concept of personality theory, the collective unconscious, includes theory of archetypes and how experiences are perceived in particular patterns or themes across cultures and history, connecting the collective unconscious to the conscious, which influences behavior (Tan, 2011). One archetype, the persona, is how individuals decide to show up in the outside world, encompassing social interactions with others. This archetype is closely related to dissociation as it can be overly used and become a full set of armor to what lies beneath the surface of an individual's true personality. Even for a person who perceives PTG as an outcome of personal traumatic exposure, some level of dissociation is normal for all people and may have been present at some point during the growth process. This researcher theorizes that PTG cannot occur for someone who is engulfed in personal persona that denies any connection with the shadow self. Wilson et al. (2001) proposed that the core injuries to self-structure, attachment,

intimacy, and interpersonal relations that were not present before a traumatic event become symptoms that are manifestations of trauma injury in this context, and can manifest into narcissistic personality characteristics, fragmentation of ego identity, shame, hopelessness, and suicidality. Such severe outcomes related to core trauma injuries of self may cause more challenging hindrances to the possibility of PTG occurring. In such extremes of conscious blocks or walls, safety and security may be deemed more important than accessing and dealing with a working awareness of past trauma pain. Within this context of consciousness, this researcher is interested in exploring CM and PTG as a prolonged relationship and how growth processes are described as having developed over extended periods of time. This research effort aspires to affirm new outlooks on how children can process traumatic exposure. It will be interesting to collect data regarding the perceptions of that experience. Children can be developmentally affected by adversity and are not just little people who will not remember or "get over" maltreatment from years past. By using a qualitative methodology, this researcher hopes to capture the phenomenon of PTG through each participant's unique narrative to better understand how a person perceives their experience as life altering and ultimately serving valuable purpose.

Constructive Rumination and Shifting Perspective

The ability to implement strategies that will regulate disruptive emotions is a critical developmental milestone (Dahl, 2006), especially useful in the aftermaths of emotionally charged situations. Cognitive reappraisal is a well-documented adaptive strategy in most PTG frameworks and refers to adaptive strategies used to reframe perspective of an emotional situation (Troy et al., 2013). Childhood trauma survivors often operate from a distorted sense of self-blame, not attributing traumatic childhood experiences to their subsequent thoughts or feelings (Ferentz, 2015), which can complicate the journey to positive change or perceived

growth. The meaning-making process implies that new insight or new forms of meaning in life have been established, leading to increased levels of life satisfaction and psychological well-being (Blix et al., 2013). The inability to assign a new perspective or meaning to trauma exposure may be a contributing factor as to why challenges associated with CM are difficult to overcome for some people, prolonging or interfering completely with the management of PTSS. Rumination is often a major factor in the difficulties associated with cognitive reappraisal. The repetitive thinking about negative information is linked to difficulties in updating one's working memory and the disengagement from information that is no longer relevant to present-day life (Whitmer & Gotlib, 2013). Essentially, what happened to one that was deemed harmful is still perceived as harmful, even though the traumatic event(s) has ended. Moberly and Watkins (2008) found that rumination can significantly worsen the mood, and this suggests that if the ruminative processes are consistently influencing the person, maladaptive consequences may be more difficult to overcome.

Difficulties with emotional functioning of a maltreated child can also contribute to deterrence from more adaptive responses due to a commonly reported post-trauma core belief that the person is a permanently damaged human being. Emotional dysfunction can be displayed through the ways people react to situations, either impulsively or unpredictably, when triggered. Children who grow up in hostile environments can continue to feel threatened in present-day environments and situations that are unrelated to past experiences. Working to increase cognitive strength and awareness can help to begin the re-evaluation of the past. People of faith must also not forget that "[t]he Lord is near to the brokenhearted and saves the crushed sprit" (English Standard Version Bible, 2001, Psalm 34:18) but unresolved and unintegrated traumatic experiences can disrupt the spiritual connection with God. The mind, body, and soul can become

separate entities for an individual having difficulty reaching a state of equilibrium after traumatic exposure. It is useful to understand the ways in which rumination patterns can shift for more productive thinking and this researcher has a keen interest in the many ways this process can happen. Hostile environments lack in stability for security and safety and individuals may have difficulty making sense of what happened, potentially resulting in the inability to cope with emotional reactions and restoration of pre-trauma schemas (Blix et al., 2013). For some individuals, the lack of stability and routine may create problems with gaining a sense of control, and while researchers have made significant advances in the identification of the control processes, more specifically those that underlie ruminative thinking patterns, little work has been to further integrate current findings within the literature (Whitmer & Gotlib, 2013).

Thwarted cognitive functioning can also affect the processing of incoming sensory information, and the accuracy of internal assessment of this information could be more challenging for children or adolescents exposed to extreme maltreatment circumstances who remain triggered in the present by past experiences. As previously stated, trauma not only leaves behind psychologically wounded victims, but Butler et al. (2005) reported that moments of denial or avoidance may be useful in post-trauma experience, possibly allowing the individual to control the rate at which they process the traumatic event and limit being psychologically overwhelmed. This provides an interesting perspective of the relationship between PTG and PTSS, indicating that individuals who experience extremely traumatic event(s) may experience both distress and growth simultaneously. Blix et al. (2013) stated that the relationship between PTSD symptoms and PTG might be explained by psychological mechanisms like cognitive dissonance. Avoidance strategies deny the opportunity to validate experiences and integrate them peacefully. In this research effort, it will be interesting to see if avoidance strategies are

acknowledged and what role they are perceived to have played in the healing experience. Humans want to make sense of their experiences, assigning purpose to why they occurred and how they may have personally contributed to the occurrence(s). Trauma experiences that remain invalidated can manifest into self-destructive behaviors that create potential barriers to the shift in perspective needed for cognitive reappraisal to occur. Ferentz's (2015) findings that suggest a survivor may see themselves as damaged and the potential manifestation of self-destructive behaviors may explain why individuals abuse alcohol, food, and other outlets to cope. However, this is not always true for individuals who engage in continued efforts of conceptual development. It is important to note that traumatic exposure can be extremely difficult for some people to consciously integrate fully and completely and attaining a sense of perceived growth at any stage of life development, even many years after the abuse and/or neglect, is still valid.

Read et al. (2001) reported that repetitive exposure to traumatic events can impact children's emotional, behavioral, cognitive, social, and physiological functioning due to the brain's malleability and sensitivity to experiences in early childhood, leading to hypersensitivity to stressors. Interestingly, Miller (1994) placed tremendous emphasis on the relationship between self-injurious behavior and a prior childhood history of abuse and/or neglect, providing a paradigm that reframes self-destructive acts as a reenactment of earlier abuse. Subconsciously, people may be re-creating or participating in abusive or neglectful dynamics within their relationships with self and others. If a shift in perception does not occur, non-productive ruminative thinking, or consistent negative mood or preoccupied thinking, may occur to indicate disconnection and emotional unavailability. Streets (2015) explained that many individuals are not aware of the connection between their past traumatic exposure and the quality of their current life, and some people have never even discussed their traumatic experiences with another person.

While stress-related disorders are not outcomes for every individual exposed to trauma, it can be useful to understand how stress and cognitive function can be related in emotionally charged situations. Cognitive function and abilities are important elements of emotional assessment methods administered to determine if stress-related disorders are present.

Cognitive and/or emotional struggles in adulthood are often rooted in painful and sometimes traumatic past experiences that have not been successfully integrated into present-day life. Ferentz (2015) said:

> Distorted beliefs, depression and anxiety, difficulty with intimacy, ambivalence about relationships, need for drama and crisis, need to self-medicate, destructive coping strategies, somatic symptoms, distorted perceptions of self, struggles to feel normal in the world, hypervigilance, and vulnerability to triggering all make sense when they are able to see themselves through the lens of prior traumatic experiences. (p. 27)

The acquiring of narratives from adults who were exposed to abuse and/or neglect is a great inquiry tool to examine specific CM experiences and perspectives of those experiences that led to meaningful life change. Retrospective reports can provide a wealth of detailed information of both negative and positive aspects of a journey from CM to PTG. These reports of the process of change from perceived cognitive and emotional struggles to resiliency may produce valuable findings regarding adaptive progression from the moment of trauma exposure to current life satisfaction.

Attachment and Relationships

Attachment theory posits that one's first bonding experiences with caregivers lay the foundation for future family relationships, friendships, and romantic relationships. Bowlby

(1977), founder of attachment theory, argued that the quality of a child's attachment with a caregiver is a determinant in emotional development. Poor quality of caretaker-child bonds is linked to later development of affective disturbances such as anxiety, depression, anger, and fear of separation (Michail & Birchwood, 2014). Children who experienced both abuse and poor parent/caregiver-child attachments may have had more difficulty acquiring adequate relational skills to engage in secure attachments with other human beings in adulthood. Romano et al. (2015) explained that maltreatment typically implies family dysfunction to some degree, often including an insecure attachment with a primary caregiver that polluted a healthy sense of self and others. Trauma bonding, a fairly new concept related to traumatic exposure, refers to the emotional attachment between an abuser and victim (Casassa et al., 2021). Reid et al. (2013) explained that from an evolutionary, biological perspective, survival is the goal of trauma bonding and Dutton and Painter (1993) explained that victim-perpetrator bonding can occur in situations of child abuse when there is both a marked power imbalance and intermittent abuse that alternates with positive or neutral interactions.

Attachment theory is relevant to CM exposure because the very relationships that build the foundation for healthy attachment to others were unhealthy in themselves. When a parent or other powerful figure violates a fundamental ethic of human relationships, victims may need to remain unaware of the trauma to promote survival, enabling the child to maintain attachment for survival, development, and thinking (Freyd, 1994). Some childhood trauma survivors experience amnesia, also an adaptive response to childhood abuse. Cognitive processing of CM experiences can become complicated for children who endure feelings of betrayal when perpetrators were once trusted adults in the victim's life. Maltreatment experiences can create and sustain unhealthy attachment in relationships, often based on emotional bondage to perpetrators. Van der

Kolk (2014) explained that trauma is not a story, but rather emotions and physical sensations imprinted during trauma experience that are re-experienced not as memories, but as disruptive physical reactions in the present. Only by confronting what has happened can an individual gain a sense of safety and productively cope with overwhelming past sensations and emotions. Maltreated children who are not afforded the opportunity to thoroughly process intense emotional experiences in moments where available coping mechanisms were overwhelmed could potentially stay gripped in emotional bondage to other people or thoughts. Emotional bondage may later develop into abandonment issues and fear of autonomous life without the attachment to others. Tawwab (2021) explained that physical and emotional abuse are boundary violations and when people are unaware that this treatment is wrong, they may view abuse as an expected part of relationships. Furthermore, trauma bonding, relationships based on limited abilities to set boundaries due to victims taking responsibility for endured abuse and sympathizing with perpetrators is more likely for individuals who grew up in abusive homes (Tawaab, 2001).

Relationships are a foundational need for human life and the attainment of healthy relationships with others can provide a good sense of adaptability in social environments, as well as physical, mental, and spiritual balance and centeredness in the world. Psychological needs associated with relationships include love and belongingness, which reassure that a person feels connection within relationships, and meeting esteem needs leads to feelings of capability and internal control (Maslow, 1970). Self-fulfillment needs, accepting oneself and one's fullest potential, can be best met when basic needs are a priority. The Word says, "Then the Lord God said, 'It is not good that the man should be alone; I will make him a helper fit for him" (English Standard Version Bible, 2001, Genesis 2:18), imprinting the importance of relationships and healthy community in the lives of all human beings. Oved (2017) suggested that love needs are

basic needs instead of psychological needs, supporting the notion that experiencing loving

connection with a parent or caregiver in childhood meets an essential prerequisite for a feeling of

safety. While children are typically resilient in nature and an optimistic child-like spirit and

attitude can be powerful, children are not invincible to traumatic injury within relationships.

Children are naturally uneducated about trauma and underdeveloped in ways that can complicate

traumatic experience and outcomes related to those experiences. Some children may be exposed

to detrimental conditions outside of the traumatic exposure, such as residing in an impoverished

or crime-ridden community, that may further complicate relational problems and a sense of

belonging and community. Kozlowski (2020) suggested that youth who are exposed to poverty

can suffer multiple consequences, such as detriments to decision-making skills, emotional

processing, and impulse control. As cultural differences vary, it will be important to incorporate

how culture can influence traumatic impact, including, but not limited to, mental capabilities,

physical health, emotional regulation, and spiritual connection with God. For example, one

culture may deem it appropriate for a caregiver or parent to administer physical punishment to

children as a justifiable discipline technique, while other cultures may perceive this behavior as

inappropriate and injurious to the relationship with the child.

Some maltreated children face the battle of both maintaining an emotional connection

with a family perpetrator, while also adhering to the perpetrator's abuse or neglect, potentially

causing problems with attunement to self. Van der Kolk (2014) explained that the vast majority

of children are securely attached and grow up with a history of reliable and responsive caregivers

who are able to maintain a fundamental state of emotional security, the ability to pick up what

others feel, are in touch with reality, and can perceive danger accurately. Secure attachment can

change drastically for the abused or neglected child. One of the first tasks of the human

experience is to successfully attach to parents or primary caregivers, and caretakers that are unavailable, violent, or dysfunctional may practice parenting styles or exemplify behavioral patterns associated with their own unresolved, personal traumas or from a fight or flight stance (Ferentz, 2015). Children who are deprived of consistent and attentive attachment practices may fearfully learn to protect themselves by isolating or presenting tough exteriors or personalities. The healthy management of trauma-related stress symptoms is often documented in acquiring supportive, loving connections and relationships with others. If a maltreated child has already established pre-trauma relational barriers, they may be more prone to social isolation rather than reaching out to others for support with trauma-related issues. Maltreated children with pre-trauma attachment issues may have more complications developing adequate social support needed to flourish within safe relationships. If a child's foundation for daily living is grounded in an unhealthy attachment style, maladaptive coping strategies, and negative core beliefs, the child may have difficulty adjusting to emotional stability and healthy relationships in adult life. Behavioral science research has well documented the significance of the quality, or lack thereof, in the caregiver-child relationship or bond during childhood, adolescence, and adult developmental years, as the need for attachment to other human beings is significant in overall development.

Healthy adult relationships can be more difficult to establish and maintain for someone who remains affected deeply by traumatic exposure in later years. For example, a maltreated child may subconsciously choose an abusive or neglectful romantic partner in adulthood, imitating familiar family-of-origin patterns of behavior. This is commonly demonstrated by adults who repetitively engage in cycles of abusive or neglectful relationships, unable to distinguish healthy love from unhealthy love. LePera (2021) explained that Dr. Carnes (1997)

described traumatic bonding as a relationship between two people with insecure attachment, and these relationships are entered seeking comfort from the source of trauma. "When the source of our trauma is the person we are dependent on, we learn how to cope by enmeshing ourselves in that bond" (LePera, 2021, pp. 160-161.) Trauma bonding conceptualizes that the quality of attachments grown up with can be directly emulated in the attachments selected in adult life. The biological need to attach to others will be influenced by what is known about relationships. Some people, possibly those who have endured an adverse past, may implement more conscious effort to choose healthy connections that feel safe. This can be a challenge for some individuals who can "easily confuse the feeling of mental and physical activation for authentic connection, developing an emotional addiction to heightened states of problematic relationships" (LePera, 2021, pp. 162-163). Ultimately, what one learns from a perpetrator about trusting others may impact their overall perception of attachment.

To place relationships and attachment into perspective, adult attachment refers to how individuals view themselves and others in intimate relationships (Michail & Birchwood, 2014). Like all other human beings, a maltreated child may maintain either poor views of self and others or positive views of self and others, or a mixture of perceptions contributing to the establishment of an either unhealthy or healthy attachment style. More specifically, Bartholomew (1990) categorized adult attachment styles as either secure, viewing of self and others in a positive manner, preoccupied, viewing self negatively and others positively, fearful, viewing self negatively and others negatively, or dismissing, viewing self positively and others negatively. Secure attachments will exhibit a wholesome balance in both attachment and autonomy, allowing growth outside of the relational unit. The freedom to separate one's identity from learned relationship behaviors, such as the given role within the family system, can protect an

individual from maladaptive attachment behaviors to better support a sense of one's own emotional intelligence. Enmeshed family systems often exhibit abusive and/or neglectful treatment, such as requiring all family members to feel waves of emotions as a unit. These behavioral patterns separate each person from attunement with their own mind and body, denying the normal, developmental right to evaluate sensory information as an internal, personal task. Tawwab (2021) explained that enmeshment leads individuals to believe that they are responsible for how others feel, feeling obligated to protect them from what is perceived as undesirable. These behaviors can be linked to preoccupied attachments and typically encompass imbalanced relationship dynamics. These relationships are often demonstrated by codependent and enabling behaviors. Fearful attachments are fear-based relationships that lack in true intimacy. Dismissing attachments will be grounded in avoidance. When a family exemplifies limited or enmeshed boundaries within the family system, children can feel neglected, invisible, suffocated, or violated by parents who lack the ability to apply healthy affect regulation, leaving children feeling emotionally neglected, with a lack of healthy role modeling, protection, informed guidance, or consistent nurturing or attachment (Ferentz, 2015). This shows how the family structure and dynamics within the family system can further contribute to maltreatment behaviors.

Snyder et al. (2012) explained that attachment theory posits that intimacy is a basic component of human nature, emphasizing the quality of intimacy in the parental-child relationship relating to how a child creates their internal working model. To be expected, if the parent or caregiver is the perpetrator of maltreatment, this can cause intimacy problems. It is also important to note that parental or caregiver reactions to acknowledged maltreatment, even if they are not the perpetrator, may also contribute to what the individual learns about relationships.

Infants are hard-wired to develop patterns of behavior that keep them close to their caregivers. Consequently, poorly treated children may develop dysfunctional patterns in how they interact with others to gain attention or to feel seen or heard, likely an attempt to re-gain a sense of safety and security. These behaviors can be demonstrated by excessive neediness, lack of healthy boundaries, or exemplifying extreme behaviors of loyalty that can create serious problems within relationships with others, such as consistent rejection or abandonment. Abusive and/or neglectful environments can create an existence of being in a constant state of fear and "the feeling we get from the release of stress hormones and our nervous system response can become addictive if we were conditioned to associate them with the experience of love" (LePera, 2021, p. 163). Exploration of the perception of past family dynamics and environmental structure may provide a wealth of information regarding the quality of attachment style between participant and caregiver and how maltreatment that existed during these younger years manifested for the adult.

PTG and Post-traumatic Stress Disorder (PTSD)

PTSD can be a valid diagnosis for an adult who continues to suffer the consequences of CM long after the maltreatment has ended. While one cannot make assumptions about a PTSD diagnosis, this study provides an openness for disclosures of previous diagnoses and any related symptoms. It is important to reference PTSD in this study because Shupp (2015) explained that "delayed expression" illustrates that PTSD can occur at any time, sometimes taking months or years to manifest for an individual, and that the interactions one has with their parents or caregivers are imprinted on their mirror neurons with extreme power, often played out in later years. Kingston and Chitra (2009) described long-term consequences due to stress as an overexposure to glucocorticoids released by a chronically stimulated HPA axis, mediated by the actions of a range of neuropeptides and monoamines associated with structural change in areas of

the brain, such as the amygdala and hippocampus. PTSS are a direct result of experiencing a traumatic event(s) and can have serious effects on the function of the limbic system and central nervous system of individuals who do not effectively process emotionally charged situations. It will be interesting to see how individuals who report PTG gained the ability to tolerate and resolve past-related stress problems. Schupp (2015) explained that during traumatic exposure, the sympathetic nervous systems are activated, the fight-or-flight response is on alert, and trauma-related emotions can become the norm for some individuals. Prolonged acute traumatic stress from any trauma can develop into a trauma-related or stress-related disorder, and without proper diagnosis or treatment, a lifetime of problems can persist. PTSD is deemed a serious psychological disorder that can develop after an individual has experienced or witnessed a traumatic event, symptoms including re-experiencing the trauma, physiological arousal of the trauma, and avoidance of trauma reminders (American Psychiatric Association [APA], 2013). A most recent update to PTSD criteria includes an additional diagnostic criterion that describes consistent negative changes in cognition and mood that have worsened after the traumatic event. Repetitive rumination can affect an individual's mood in negative ways, and Whitmer and Gotlib (2013) discussed the potential downward spiral of rumination and negative mood, which can lead to major depressive disorder. It is important to be informed about how PTSS relate to PTG, as these two constructs have been detailed in current empirical research extensively. Morrill et al. (2008) found that "PTG weakened deleterious relationships between PTSS and both quality of life and depressive symptoms among breast cancer survivors" (p. 951), speculating that PTG may reflect a cognitive adaptation process among those who experience post-traumatic symptomology in response to their cancer diagnosis (a positive reinterpretation) (Helgeson et al., 2006).

Like PTG, PTSD is also a challenging construct to research due to the volume and complexity of variables to be considered but remains relevant as it can be a valid diagnosis for some individuals who attribute past CM as a result of current symptomology in adulthood. Ahmed (2007) listed internal characteristics that promote resilience to PTSD as self-esteem, trust, resourcefulness, self-efficacy, internal locus of control, secure attachments, sense of humor, self-sufficiency, sense of mastery, optimism, and interpersonal abilities, while external resilience factors were described as sense of safety, religious affiliation, strong role models, and emotional sustenance, such as companionship, a sense of belonging, and positive regard. Many of these characteristics have been listed in PTG theoretical frameworks and help to demonstrate the significance of both internal and external factors that contribute to attaining a sense of self-perceived growth. Human beings are creatures of habit, and in a PTG conceptualization, patterns of habitual behavior can be disrupted due to negative change or experience. As one experiences growth from adversity, they may begin to see that disruption to patterns of behavior can be impactful in positive ways. When childhood maltreatment is experienced, the resulting PTSS can exacerbate daily-life functioning skills, which can be at root of challenges to adapt to new schemas. While this can be overwhelming, PTG suggests that the changing of old cognitive functioning patterns can serve as a catalyst for the life changes needed to survive and thrive in the present world. To build a conceptual framework for this study, it is useful to examine PTSD symptoms thoroughly, because these symptoms, even if experienced acutely, can affect both cognitive and emotional processes.

Van der Kolk (2014) explained that as long as trauma is unresolved, the stress hormones that the body secretes to protect itself during those experiences continue to circulate, and defensive movements and emotional responses are continually repeated. Unresolved PTSS imply

that the experience is not validated, addressed, or the individual does not have sufficient support

to process the experiences thoroughly for adequate healing. This researcher believes that

individuals who report PTG have met some form of resolve with their PTSS. Children who

struggle in this area often display this symptomology through behavior, and research has

indicated that children who are exposed to repetitive traumatic, overwhelming life experiences

often have medical records filled with diagnostic labels, indicating attention deficit hyperactivity

disorder, conduct disorder, oppositional defiant disorder, or bipolar disorder (Van der Kolk,

2014), which may lack in proper assessment of trauma exposure and how those experiences may

have contributed to poor behavioral conduct or emotional problems. This researcher hopes to

better understand the processing of PTSS, and while participants are likely not informed of the

particular symptoms they may have endured after maltreatment, narratives may reveal

fluctuating stages of growth from challenges to triumphs. Fosha (2002) explained that trauma

transforms for both good and bad, and the massive energy associated with this huge

transformational potential can be channeled into a positive direction. Biologically, when a person

experiences stress, there is chronic secretion of the glucocorticoid stress hormone, cortisol, by

the adrenals, affecting dendritic and axonal development in glucocorticoid-receptor rich areas,

such as the prefrontal cortex and the limbic system (Bambico et al., 2015). The prefrontal cortex

and limbic systems serve many essential functions in daily human life, and while one is not

necessarily educated about what is happening in the mind and body after trauma, they may

recognize that something is wrong and that their functioning is not the same. Stress-related

structural alterations can contribute to changes in cognitive processing and behavioral

functioning. How a person recovers from or manages PTSS will be highly influenced by the

functions of the prefrontal cortex and limbic system. Neuroimaging studies of maltreated

children have reported the long-lasting structural changes that take place in important areas of

the brain, associating these changes with stress-related disorders such as depression and anxiety

(Etkin & Wager, 2007). CM survivors who are not afforded the opportunities to address PTSS-

related outcomes may unknowingly carry post-trauma suffering into later stages of life, but PTG

research explains that growth can happen for anyone during any life stage.

While there is a keen interest in PTG and PTSD, collected data must be analyzed with

caution. Research has identified difficulties with accurate assessment of co-occurring adverse

childhood experiences, most notably the controversy associated with the validity of retrospective

self-reporting of CM experiences. For example, Shin et al. (2015) explained that emotional abuse

often co-occurs with other forms of maltreatment but is a more hidden or misunderstood form of

childhood maltreatment, therefore increasing the possibility of inaccurate reporting. Widom and

Hiller-Sturmhoefel (2001) reported that individuals who reported co-occurring physical and

sexual abuse displayed an increased risk of lifetime depression, but PTG is also reported by

individuals who have experienced the same comorbidity of maltreatment. The acknowledgement

of the co-occurrence of multiple forms of childhood maltreatment is a salient component of

research, as it not only relates to outcomes of CM experiences but also speaks to the importance

of severity of trauma and PTG outcomes. PTG is possible for anyone, even in instances of

comorbidity or complex traumatic exposure, and this qualitative inquiry hopes to provide

evidence that the detriments of abuse and/or neglect can be overcome, and post-trauma change is

possible, no matter how devastating the experience(s).

Related Literature

There is an overabundance of research that shows how childhood trauma can hurt people

deeply in ways that they carry with them throughout the different stages of life. Haliburn (2014)

reported that approximately two thirds of individuals in the mental health system disclose a history of either childhood sexual abuse and/or physical abuse. Barrerra et al. (2013) found that CM victims demonstrated neuropsychological issues such as problems with memory and executive function. The purpose of this research is to expand the current view that states trauma only produces poor outcomes. While not denying the detriments of CM, exploration of the ways in which maltreatment not only hurts but can serve as a catalyst for real-life positive change should be explored. This researcher is interested in learning more about the ways in which pain and suffering can be transformed into valuable lessons that increase one's overall wellbeing. While many studies revealed increased risk for poor mental health outcomes for CM survivors, current research efforts appear to be more open to outcomes that are associated with triumph and breaking the patterns of trauma to live a prosperous life. There are many challenges that arise in PTG research due to the difficulty of accessing the complexity of how adverse experiences are manifested differently for each maltreated child. Every child is uniquely made with different qualities of being, such as their genetic makeup, environmental exposures, and personality traits, and these qualities will change as they develop into adulthood. While it has already been well-established in PTG literature that both cognitive and emotional function play a salient role in the way growth processes are initiated and in how they progress, it is important to expand in these concepts and make insightful connections with individuals who can share the particulars of this transformation. Adjustment problems such as impulsivity and psychological dysregulation can hinder this transformation process (Somer et al., 2012), but gaining control over non-productive rumination appears to be a key element in overcoming these maladaptive patterns of behavior. The varied ways in which individuals achieve coping success to overcome cycles of negative thinking patterns are essential in the deterrence of internalizing trauma-related problems. To consciously

engage in more productive ruminative processes is to increase awareness of the past and how it affects the future.

This research study effort aims to expand in the knowledge of ruminative processes, allowing individuals to share what they perceived were key contributors to a personal shift in perspective of adversity experienced. Maltreated children have been exposed to a plethora of obstacles that other children may not endure in the most basic areas of human needs. Maugham and Cicchetti (2002) explained that for many maltreated children, interactions with caregivers can be characterized by insensitive, threatening interpersonal exchanges, affecting the child's sense of connection and emotional security. Currently available PTG models demonstrate that if the primary parental or caregiver relationship was poor, individuals who report PTG may have developed a supporting, loving relationship with another person that provided a healthy sense of attachment, and this qualitative inquiry will provide an openness for such disclosures. Defense mechanisms are implemented in an attempt to avoid trauma memories and triggers associated with their adverse experiences. Van Ijzendoorn and Schuengel (1996) argued that dissociation is one of the most salient pathological effects of childhood trauma and may also surface in disclosures of this research study. While mental health problems and their relationship to childhood trauma are becoming increasingly relevant in the therapeutic world, it is important to include other perspectives of post-trauma outcomes, acknowledging that not all abused and/or neglected children will suffer permanently throughout life as a result of exposure. Childhood traumas that are more severe in nature, such as childhood sexual abuse, may impose more difficult obstacles to overcome. Nelson et al. (2012) evidenced this by reporting that childhood sexual abuse is often linked to mental health diagnoses of borderline personality disorder and dissociative disorder. Simply acknowledging the reality of adverse experience and increasing consciousness of the ways

in which these experiences are perceived to influence people can be beneficial. It will be interesting to see how individuals report the manner in which validation of their past traumatic experiences took place. God's Word says, "These are the things that you shall do. Speak the truth to one another; render in your gates judgments that are true and make for peace" (English Standard Version Bible, 2001, Zechariah 8:16). Speaking truth and validating the trauma pain felt after a trauma experience can contribute to more positive adaptive responses to trauma exposure, helping victims of abuse and/or neglect move forward.

The relevance of stress-management practices in PTG has gained significant interest in this area of study. Acute stress may result in early maladaptive coping strategies, but within the context of a shifting perspective and the implementation of more constructive rumination, the literature shows that more adaptive coping practices can surface, promoting the healthy regulation of emotional experiences and gaining positive coping abilities that may prove useful. Zoellner & Maercker (2006) suggested that the perception of PTG can have a negative impact on long-term adjustment if it is linked to dysfunctional coping strategies. Furthermore, we cannot assume that the implementation of healthy coping strategies will be the only factor predicting PTG success because there are other elements to consider. A study by Moritz et al. (2016) revealed that "a greater volume of emotion regulation styles did not equal better well-being, and causal underpinnings require more research to better confirm that people with more severe symptoms may implement more strategies or use them ineffectively" (p. 305). The phenomenon of PTG is complex and to better understand to what extent PTG involves various forms of cognitive processing, coping, and psychological adjustment, longitudinal research is needed (Blix et al., 2013). Regardless of the theoretical framework that is grounded in the research, PTG is a prolonged experience that encompasses gradual development and change. Exploring such

constructs as lesson learning and meaning making processes and how they relate to working through past CM experiences can also help deepen the understanding of how an individual concludes that perceived growth has taken place and how this phenomenon contributes to life satisfaction in adulthood.

The research gaps in PTG literature are numerous because the number of different constructs associated with the phenomenon are extremely large and complex. Due to the intricacy of theory related to this area of research, there are a plethora of areas where future research can be directed because it shows promising value to the literature but are backed by minimal research efforts. Enhancing scientifically supported research related to childhood maltreatment, resiliency and PTG would be beneficial to many areas of the professional therapeutic field of counseling. Further research is needed to better understand the relationship between environmental factors and the role they play in CM outcomes for adults. It is also imperative to further explore why child victims of maltreatment may be more susceptible to poor outcomes in connection with other factors outside of the abuse and/or neglect, such as living in an impoverished neighborhood or being a family member in a highly dysfunctional family system. While these factors have been examined in currently available research studies, this study hopes to expand PTG knowledge in a variety of ways, providing an openness for participants to share perspective of personal transformational experience. Other risky environmental factors may surface as well, such as parental incarceration, parental suicide or death, and involvement with the child welfare system (Fenton et al., 2013). Johnson-Reid et al. (2012) also found that chronic maltreatment is common in family environments where challenges and stressors are experienced at a high level, such as having a low family income, parental substance abuse, or single parenthood. It is evident that poor quality of life within a

child's environment could contribute to an increased risk for difficulty recovering from CM exposure, but PTG denotes that even with the present mitigating factors, real life change can occur and exploring the ways in how this takes place lays the framework for most PTG models. This researcher may find new significant revelations of CM and PTG, such as the coexistence of both childhood traumas and traumatic exposure in adult years being relevant to perspectives of growth. While many researchers have linked CM experiences to detrimental outcomes, recent professional research has created a good foundation for the development in more focused efforts to explore positive post-trauma development and growth.

Summary

Both PTG and CM research are complex. There are different types of maltreatment to consider and there may be areas of post-trauma life that qualitative inquiry can reveal that must be further explored. The volume of potential causal relationships, mediators, and moderators that have been previously identified as contributors to outcomes related to abuse and/or neglect demonstrate the significance for further research and the need to expand on existing literature in this area of knowledge. While research findings are mixed, it is clear that unresolved childhood maltreatment problems can not only disrupt internal processes of the abused and neglected but also magnify personal issues within family-systems and behavioral or conduct issues in school, as well as lead to future community-based problems. EMS undeniably play a role in an individual's adaptive responses to trauma and how affected individuals perceive the world through the lens of trauma exposure. The neurobiological effects of traumatic exposure can further complicate post-trauma health and how a person develops emotionally and cognitively. PTG research is highly relevant, because identifying problems associated with trauma contributes to early intervention, and as Wright et al. (2009) reported, "[E]arly intervention might be important in helping modify internal

working models of the self as worthless, others as abusive, or the world as threatening and dangerous as a result of past abuse experiences" (p. 59).

An individual who perceives adversity as an opportunity to grow and apply new perspective to past CM experience(s) may demonstrate an increased level of emotional intelligence. Further exploring an individual's abilities to engage in abstract thinking about emotions and how they relate to the meaning-making process may prove beneficial in expanding what is known about the link between cognitive and emotional processes within a PTG journey. Due to mixed research findings, further exploration of emotional abilities is essential to better understand what makes someone better adapt to gaining control of their feelings and applying this knowledge to more productive cognitive practices. Emotions play a significant role in post-trauma life for children, adolescents, and adults, and the capacity to both identify and regulate emotions productively can serve as a healthy component to adapting psychologically after adverse experience(s). Additionally, closely tied to emotional capabilities is the role of individual cognitive processes. Both emotional and cognitive processes largely contribute to the overall quality of human development, both in pre-traumatic exposure and post-trauma experience. Because the meaning-making process is such an acclimated construct to PTG, a person's internal assessments of incoming sensory information and the conclusive nature of the feelings and thoughts associated with those assessments are prominent determining factors in outcomes of traumatic exposure.

Human attachments and relationships with others encapsulate a significant part of human development and understanding the role they play in post-trauma experience may provide valuable insight into how the quality of connections one has with others can contribute to successful change after adversity. Psychological research consistently shows that early life relationships often set the standard for relationships in later years of life. Severe trauma exposure has been shown to link

trauma-exposed individuals to emotional bondage relationships or other unhealthy relationship dynamics. God says, "We love because He first loves us" (English Standard Version Bible, 2001, 1 John 4:19), setting the standard for what true loving relationships encompass. Skewed attachment patterns can pull individuals from agape love, the love that the Lord has designed for everyone to receive within their attachments to others. Studies regarding neurobiological research with a focus on abuse and neglect have shown that down on a cellular level, trauma exposure can affect an individual's internal-working model in many ways, and although it is unclear how precisely this affects one's interpersonal relationships with others, significant problems in managing PTSS can hinder any growth process until appropriate intervention and resolution, on some level, has taken place.

Psychological research has made it clear that many people who experience CM are able to move forward without severe repercussions, often gaining a fresh, positive perspective of their experiences. Engagement in such growth processes can provide many post-trauma outcomes that better serve one's future self, in ways such as developing a more mature perspective of life, more developed emotional abilities or gaining an overall stronger sense of self. The most highlighted limitation in this study is the lack of acknowledgment of the many potential underlying mechanisms outside of CM that could account for both positive and negative post-trauma outcomes. Genetic predisposition, environmental factors, and other conditions that could just as likely be the cause of decreased or increased risk for healthy adaptive responses and perceived growth are extremely difficult to assess without an exhaustive investigation of each participant's past. However, exploration of PTG study-by-study and addressing significant areas of focus can continue the accumulation of quality research efforts that explore the most significant constructs related to what has been demonstrated in empirical research about the journey from CM to PTG.

CHAPTER THREE: METHODS

Overview

The purpose of this study is to better understand how someone who experienced CM was able to overcome the challenges associated with adverse experiences to attain a sense of self-perceived growth, or PTG, as an outcome. Currently, there is little scientific literature available regarding these two combined constructs and this researcher is interested in expanding this area by conducting a research study that includes both CM and PTG. Using open-ended conversations through in-depth interviews with self-proclaimed CM survivors, this researcher will explore the individual perspectives of the lived experience of CM and the processes associated with integrating those experiences to successfully overcome remaining stuck in a traumatic past. A large body of studies continue to support the notion that exposure to childhood trauma increases the risk of developing mental and physical illnesses later in life, such as depression, PTSD, or cancer (Baumeister et al., 2016). Trauma narratives will be examined to gain a better understanding of how perspectives can shift about adverse experience, taking a negative experience(s) and re-evaluating it to see how it fits within a more positive context.

This researcher is interested in both the cognitive and emotional processes associated with the ways traumatic exposure is processed and believes that examining these elements within trauma narratives may help identify significant elements of the meaning-making process. While negative outcomes associated with abuse and neglect appear to be more commonly documented in psychological literature, this research effort will attempt to fill the research gap that lacks in understanding the ways in which human suffering can be used productively to lead to a more profound sense of self and personal capabilities. This qualitative study will provide an openness to focus on and better understand positive outcomes related to the difficulties commonly

associated with PTSS. This researcher believes that recurrent themes will be revealed by research participants who proclaim personal growth from a traumatic past. Through a transcendental phenomenological framework, this researcher seeks to examine both the disclosed positive and negative aspects of post-trauma experience that participants feel contributed to their personal journey from adversity to characteristics that may indicate an increase in cognitive abilities and/or emotional intelligence.

Design

Implementing a phenomenological research design for this study will provide a framework for collecting thorough descriptions of how adverse experience(s) in childhood can impact individuals in varied ways. Individuals who report PTG feel as if they have learned valuable life lessons from enduring abusive and/or neglectful treatment during their youth. At the core of trauma experience, questions regarding basic human relations can surface, and the experience of terror can be disempowering and bring forth feelings of helplessness, abandonment, and disconnection (Herman, 1997). This researcher believes that accessing the core of this trauma experience is best conducted through qualitative inquiry, providing the opportunity for participants to disclose in-depth details that survey assessment methods may not be able to capture. This method of data collection can best depict the true essence of the lived experience of abuse and/or neglect and how this lived experience can potentially manifest throughout development into adulthood. Transcendental phenomenology is appropriate for this research study, as both cognitive and emotional processes can be explored through personal interpretations of traumatic experiences and how these experiences are assigned meaning. Levers (2012) explained, "[P]eople's lived experiences of traumatic events are highly personal and subjective; and at the same time, some of the phenomena associated with trauma are fairly

consistent across cultures and from person to person" (p. 10). Transcendental phenomenology has been selected to reveal meaning behind self-perceived success after childhood traumatic exposure and a comprehensive understanding, from personal perspective, of how mental, physical, and emotional suffering can be both endured and overcome through individualized growth processes.

Edmund Husserl, the founder of transcendental phenomenology, explains that it is a philosophical approach to qualitative research methodology seeking to understand human experience (Moustakas, 1994). Perspectives of personal experience will be influenced by both pre-trauma and post-trauma variables and unique to each person's interpretations and overall life experiences. This researcher believes this form of collected data will provide valuable insight about how human beings interpret and give meaning to the adversity they are exposed to in their lives. The implementation of epoche allows research to take place without preconceived opinions or assumptions about the phenomena, both CM and PTG, as it is explored. The qualitive inquiry for this study uniquely provides the opportunity for participants to identify both negative and positive aspects of post-trauma experience and attempt to contribute new perspective to the literature regarding the possibility that negative experience can be viewed in a more positive light. Bracketing will be an essential tool for data collection. McLeod (2001) explained that this process is intended to reveal new and meaningful understanding that transcends knowledge about the phenomena being researched. PTG is a more newly researched construct that can be beneficial to research simultaneously with CM. PTG demonstrates that human beings can find valuable meaning and learn lessons in the aftermath of traumatic and stressful life circumstances (Roepke et al., 2013).

Through phenomenological inquiry, interviewing individuals who report both CM and PTG can provide a wealth of information to enhance perspectives about outcomes related to maltreatment in younger years. Minimal qualitative trauma-related research has examined the positive outcomes associated with childhood trauma, when clearly not all trauma-exposed individuals struggle throughout life as a result. Cognitive patterns can change, a newfound sense of resiliency or stress-management strategies can surface, and adaptive coping can create coping success to promote change and more capabilities in future stressful life events. Filling this gap will be addressed by focused investigations, open to perspectives of individuals who believe they have benefited in some way from suffering related to past childhood traumatic events. The Word reminds believers, "And after you have suffered a little while, the God of all grace, who has called you to his eternal glory in Christ, will himself restore, confirm, strengthen, and establish you" (English Standard Version Bible, 2001, 1 Peter 5:10).

Research Questions

Central Question: What facilitates PTG for someone who feels CM deeply impacted their life?

Sub-question 1: What intentional practices can be implemented to promote a shift in perspective from being a victim of abuse and/or neglect to a survivor?

Sub-question 2: What protective factors, pre-existing or post-trauma, can be identified in CM and PTG narratives that are deemed relevant in moving forward successfully from past abusive and/or neglectful treatment?

Setting

Due to the sensitive nature of the constructs to be explored in this research study, interviews for this study would be conducted in a private setting of the participant's choosing via

Zoom. Retrospective reporting of adverse experience(s) has the potential to evoke painful memories or recollections of specific moments that may cause emotional states not suitable for public display. Individual home space or similar environments are convenient and provide adequate, private interview space for the purposes of these procedural methods. Recorded and saved Zoom meetings also provide adequate capabilities to transcribe interviews for post-interview review by both researcher and participant.

Participants

For this research study, a small advertisement will be posted on a local news social media page including a brief description of the research study, requirements to be a participant in the study, and contact information to submit a request to join in the research effort. Of the applicants, 10 volunteers will be chosen randomly based on the following criteria: the applicant retrospectively reports one or more CM experience and feels they have embarked in a journey of change or perceived growth as a direct result of these adverse experiences. Alase (2017) explained that the selection of participants is salient and should represent the homogeneity that exists among the research participant's sample pool. Although adverse experience(s) can be linked to both negative and positive post-trauma outcomes, participants for this study must have experienced elements of PTG to contribute to the purposes of filling the indicated research gap targeted for this study. This research gap specifically focuses on exploring CM narratives that encapsulate a survivor mindset of childhood traumatic experiences, even though the experiences may have initially caused emotional, physical, and/or mental suffering.

Participant selection for this sample is purposive in nature, intentionally selecting participants that meet the criteria of both phenomena, CM and PTG, and will be randomly selected through the drawing of names to provide each applicant a fair chance to be chosen.

Andrade (2021) defined a purposive sample as possessing characteristics defined for the purpose relevant to a particular study with findings that cannot be generalized to the entire population, but only to the subpopulation from which the sample is drawn. Findings of this research is only applicable to the population of adults who were once maltreated children or adolescents, and even so, other existing limitations will be noted. While retrospective reports of CM have raised validity concerns in both past and current research findings, this data collection method is commonly applied in trauma-related research. Convenience sampling has been employed in participant selection by volunteers from the local, rural community. Creswell (2013) stated that "it is essential that all participants have [similar lived] experience of the phenomena being studied" (p. 155). Demographically, this study is open to all genders, religious populations, and racial and ethnic groups in the community.

Procedures

To conduct a thorough investigation of both CM and PTG, qualitative research interviews will be used to gather data to retrieve interpretations of personal lived experience in order to produce exhaustive descriptions of pre-trauma, duration of trauma, and post-trauma experiences. Eliciting narratives will provide insight into many aspects of childhood traumatic exposure and the elements of the post-trauma experience that an individual attributes to finding purpose and meaning from their maltreatment experiences. Qualitative research interviews will encompass the gathering of data by actively engaging in professional interviews, recording the audio of those interviews, and later transcribing them for analytical purposes. This interview process will be conducted for specific research purposes only, as opposed to deeply discussing current internal states, helping individuals, or offering advice (Weiss, 1994). Convenience sampling will

be employed, as volunteers willfully decide to share their trauma narratives for this research effort.

Following ethical guidelines, this researcher will employ informed consent methods that respect the autonomy of participants, providing them adequate information regarding the dynamics of the study and the opportunity to make decisions and weigh the risks and benefits for themselves (Kitchener & Anderson, 2011). CM can be viewed as a sensitive topic of discussion; therefore, adhering to ethical considerations is essential to better avoid any potential damaging qualities that could surface in the participation of this study. While individuals may report a spirit of growth and positive change as a result of adverse experience, there is no certainty in how each person may react in sharing or discussing such potentially sensitive topics openly with another. In the acknowledgment of potential risk involved in in-depth trauma inquiry, Heppner et al. (2016) suggested the importance of assessing potential harm of the research study, most notably with regard to the potential participant's worldviews and different cultural backgrounds. This researcher's responsibility is to reduce risk, most notably of potential mental discomfort in the exploration and detailing of past adverse experience(s).

The Researcher's Role

As a qualitative researcher, there is a moral obligation to conduct ethically grounded interviews and to consistently follow guidelines that include a respect for each participant's autonomy. Hewitt (2007) provided that "the identity of the researcher is of key importance because the researcher is actively involved in the social construction of the research reality" (p. 1150). Professional qualitative research methods will involve emotionality due to the sensitive nature of the selected constructs to be explored in this study. Self-reflexivity will be a key skill for this researcher, a skill to be practiced throughout the research process. Reflexivity

acknowledges the privileged position of the researcher and researcher's responsibility to implement analytic self-awareness of one's own experience and overall impact throughout the research study (Raheim et al., 2016). Awareness of the influence of the researcher role can help in managing ethical dilemmas that may arise, such as an unexpected, intense emotional impact of a disclosure on both the researcher and the interviewee.

Rowling (1999) discussed Hochschild's (1983) work related to emotional labor, defined as the induction of or suppression of feelings "to sustain outward countenance that produces the proper state of mind in others" (p. 168). Disclosures of past traumas may evoke feelings of sadness, anger, or grief. It is possible that past traumatic emotional pain can resurface unexpectedly. This researcher would be prepared to provide emotional support or comply with any request to terminate or reschedule an interview as needed. To access the data desired for this study, it is to be expected that emotional triggers cannot be avoided in the discussion of deep personal issues of an abusive and/or neglectful past. Clarification of the researcher's role in the beginning phase of research is essential, clarifying that this researcher is only a doctoral student and not a licensed counselor or therapist. The verification of the researcher's role will promote the providing of effective, empathetic support that does not cross boundaries into professional therapeutic services or techniques that the researcher, at this time, is not qualified to offer. A good balance of listening to and respecting the illness of participant's stories, but not being distracted by the overwhelming nature of them, can promote the feeling of this researcher's genuine interest in the narrative and vulnerability of the interviewee without crossing boundaries of being intrusive or developing emotional closeness (Raheim et al., 2016).

Data Collection

A one-hour qualitative interview and a one-hour follow-up interview, both via Zoom, will be the primary sources of data collection for this research study. The open-ended interview questions (see Appendix A for research questions) administered for data collection purposes in this study are appropriate because this technique goes beyond documenting if CM occurred and further reaches to identify the underlying elements perceived to be associated with individual growth from these experiences. This researcher feels this is the most efficient way to capture the lived experience(s) of the past, most notably the access to feelings and emotional components associated with adverse experience(s). Polkinghorne (2005) explained that human experience is complex, and because the layers of experience are not rigidly ordered, qualitative methods can take account of characteristics of the human experience that can better promote the collection of evidence that produces a core description of a research participant's unique experience.

Interviews

The primary interview will be conducted and recorded as a one-on-one interview with the participant. The interview will be semi-structured with prepared questions to ensure all material intended for exploration is included. This researcher is interested in an in-depth description of the interviewee's lived CM experience, and to ensure adequate depth is reached, a second interview will be conducted after the initial interview is transcribed and reviewed by both the researcher and the participant. Rapport building will be a key element of the first interview session, presenting and adhering to an open, trustworthy interview environment. Interviewing format for both interviews will proceed as a professional conversation (Sayrs, 1998), demonstrated by a "give-and-take dialectic in which the interviewer follows the conversational

threads opened up by the interviewee and guides the conversation toward producing a full account of the experience under investigation" (Polkinghorne, 2005, p. 142).

The data for this research is primarily retrospective reporting of childhood experience, accounting for why most questions will focus on the lived experience(s) of abuse and/or neglect solely from the respondent's perspective. Interviewees will be encouraged to disclose at one's own comfort level and use their own language to reveal their unique experiences (Heppner et al., 2016). Most questions for this study are structured as experience and behavior questions to allow the interviewee the freedom to tell their story without guidance or direction from the researcher. Patton (2015) described experience and behavior questions as questions that elicit information about "behaviors, experiences, actions and activities that would have been observable had the observer been present" (p. 444). It is important to ask questions that elicit information about what the interviewee thinks about certain aspects of their personal PTG experience. Ending the interview with the opportunity for the participant to express any final disclosures they feel may be useful to this research effort may provide a chance to reach a more exhaustive descriptive narrative of their experience(s). Probes will be used with caution, avoiding unintentionally controlling the interview or the disclosures made by research participants (Heppner et al., 2016).

The goal of the second interview will be to allow interviewees the opportunity to expand on any questions or answers from the initial interview. Follow-up interviews are useful because new insights or questions about CM or PTG may emerge as more participants are interviewed (Heppner et al., 2016). The research journal and field notes from the initial interview will play a salient role in developing the follow-up interview questions and discussions of the phenomena. The goal of qualitative inquiry is to reach saturation. Saturation is achieved "when no new

information seems to emerge during coding, that is, when no new properties, dimensions, conditions, actions/interactions, or consequences are seen in the data" (Strauss & Corbin, 1998, p. 136). The follow-up interview with each respondent will help increase the opportunity to further explore any details or information that can assist the researcher in reaching saturation of data collection.

Research Journal

Document analysis will include the personal research journal this researcher will use throughout the qualitative interview process. Presser and Sandberg (2015) noted that an interview is "a social event where data are co-constructed and thus both the interviewer and interviewee influence narrative outcomes" (p. 293). Journal keeping will be a valuable tool for this researcher to help manage and document personal involvement during the research process. This will be an excellent tool in such instances, as Rowling (1999) found that at times participants may engage in spontaneous sharing of their life experiences, causing the researcher to be left feeling humbled or gaining respect for the disclosed resilience of another. As an individual who experienced two separate forms of CM, both prolonged physical abuse and emotional neglect, personal involvement in this research process must be monitored consistently. Existing personal knowledge of childhood trauma and acquired academic knowledge gained throughout years of higher-level education related to these topics of research may be strong contributors to personal bias and assumptions about CM and must be monitored sufficiently.

As an individual who also feels connection to the experience of PTG, extra care and attention must be applied throughout the duration of this process to ensure personal bias of both the CM and PTG experience does not manipulate the data collection and analysis processes of interviewing, recording, transcription, and analytical procedures. Journaling provides an

opportunity to critically assess the influence of this researcher's role within the interviewer/interviewee relationship. The ability to engage with appropriate affective responses and empathy, while maintaining healthy rapport and boundaries within the professional interview setting, will be crucial for validity purposes associated with in-depth interview procedures. Hewitt (2007) provided the components of the ethical research relationship as acknowledgment of bias, rigor, rapport, respect for autonomy, avoidance for exploitation, and confidentiality.

Field Notes

Keeping a record of informal field notes will be a salient component of the data collection process and extremely useful for in-between interview reflection, transcription processes, and later data analysis purposes. Field notes can be an exceptional source of reference for question building in preparation for second, or follow-up, interviews. As audio recordings of the interviews are transcribed, field notes can begin the initial investigation for common themes among the data and note possible areas of clarification for the final interview. Sutton and Austin (2015) provided that field notes are also valuable because they provide an opportunity for the researcher to maintain private notes regarding impressions or behaviors that recording alone may not document accurately during the moment of filming. Field notes would provide a wealth of information regarding important elements of the participant's verbal and nonverbal responses that may have otherwise been overlooked while engaging in the interview process.

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Data Analysis

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Analyzing and applying meaning to the data from the qualitative inquiries will help develop a better understanding of the intricacies of how research participants prevailed over adverse childhood experience(s). This researcher's interpretation of the participant's language, thoughts, and feelings are important aspects of the analytical process. The participant's "ability

to reflectively discern aspects of their own experience and to effectively communicate what they discern through the symbols of language" (Polkinghorne, 2005, p. 138) will be a key element of gathering quality data for this research study. Verbatim transcriptions of the multiple participants' perspectives of the lived experience(s) of childhood abuse and/or neglect will produce a variety of narratives to help assign meaning to the different types of PTG journeys. Coding practices will be implemented as a manual analytical procedure to begin identifying topics or themes that appear to run concurrently throughout the narratives. Drawing together these themes, or synthesizing the research findings, will provide a structured process to drawing conclusions strictly from the data, not from this researcher's personal bias or assumptions of the phenomena, or the previously reviewed research findings in the literature. However, Sutton and Austin (2015) suggested to not be fearful of drawing some assumptions from the participants' narratives, as this is a necessity to give an in-depth account of the participants' disclosures, and direct quotes from the qualitative inquiry or examples from the literature will be useful to support one's findings.

Data analysis for this qualitative research effort will require extensive content analysis in order to transform the findings from raw data into knowledge, and the challenge is to make sense of a volume of data by identifying significant patterns, constructing a framework, and reporting the essence of what the data reveals (Patton, 2015). Coding will guide this process, applying short phrases or words symbolically assigned to capture the essence of a portion of the language-based data (Saladaña, 2021). Analytical procedures will further involve comparison of related themes across the multiple narratives to confirm core meanings. Both qualitative deductive and inductive analyses will be essential to findings that emerge from the data. In the early stages, inductive analysis will reveal patterns, themes, and categories within the findings, while

deductive analysis will incorporate the existing framework and related literature in the analytical

process to affirm authenticity and appropriateness of the inductive content analysis (Patton,

2015). Converging the patterns into categories will establish a more systematic approach in

reporting the research findings. Convergence will lead to concepts, which are defined as more

general, higher-level, and more abstract constructs (Saladaña, 2021, p. 17), ultimately

demonstrating how these concepts interrelate and develop into theory (Corbin & Strauss, 2015).

Trustworthiness

Attaining trustworthiness in this research study is an important aspect of ensuring the

quality of the collected data and research findings. Research decisions and procedures utilized

throughout this process to establish rigor will increase this researcher's confidence that the

voices of the participants in this study were heard and the meanings presented will reflect those

voices (Litez et al., 2006). The use of reflexivity will continuously be employed. Horsbough

(2003) explained that this form of acknowledgment recognizes the impact of the researcher's

unique role in the study and how the decisions of the researcher can impact the meaning and

context of the experience under investigation. Methods to sustain credibility, dependability and

conformability, and transferability will be key components of this research study to ensure an

increased probability of accuracy in reported findings, consistency in following research method

procedures and, as stated by Cope (2014), "results have meaning to individuals not involved in

the study and readers can associate the results with own experiences" (p. 89).

Credibility

Credibility is a salient component of phenomenological qualitative research, as the main

goal of this approach is to capture the true essence of the participant's lived experience and

perceived reality of CM and PTG. Korstjens and Moser (2018) described credibility in

qualitative research as the equivalent of internal validity in quantitative research, providing a more profound definition based on criteria from Lincoln and Guba (1985), which stated, "[C]redibility establishes whether the research findings represent plausible information drawn from the participant's original data and is a correct interpretation of the participant's original views" (p. 121). Triangulation will be implemented to enhance credibility. Triangulation is the use of multiple sources to draw conclusions (Casey & Murphy, 2009) and will be demonstrated through the incorporation of the data collected from in-depth interviews, debriefing, field notes, observations, and the researcher's private journaling to gain a comprehensive perspective of the overall participant's view of both CM and PTG. Member checking will be an additional key strategy for ensuring trustworthiness of credibility, offering participants the opportunity to review personal transcribed interviews and provide feedback and any interpretation desired. The follow-up interview will provide ample opportunity for discussion. Creswell (1998, 2003) explained that participants can review findings for accuracy and either confirm or challenge the credibility. Padgett (1998) further explained that member checking gives authority to the participant's perspective, increasing the management of threat of researcher bias.

Dependability and Confirmability

The use of both an audit trail and reflexivity will be strategies consistently employed throughout this research process to address dependability and confirmability. During the interview and debriefing procedures of this study, maintaining the stability of the data and decisions associated with these practices will be managed through an audit trail of process logs, noting all activities that happened during the study and detailed notes of all decisions and their analysis as they progress (Connelly, 2016). Reflexivity, deconstructing oneself as a researcher and active participant in this research study and the ways in which personal beliefs, experiences

and identity intersect with those of the participants' (MacBeth, 2001), can help manage how this researcher is both assisting and hindering the process of co-constructing meanings (Guillemin & Gillam, 2004). Consistency in maintaining both an audit trail and reflexivity will help sustain more rich and accurate data and the interpretations of the collected data.

Transferability

Transferability ensures that research findings are applicable to other settings or readers and their own personal experiences. Morse (1994) further described this aspect of trustworthiness as whether or not the research findings are transferable to similar contexts or situations, while preserving both the meanings and inferences of the completed study. Thick description of each participant's perspective of the lived experiences of both CM and PTG will be required to achieve transferability for this research study. Hammersley (1992) explained that "an account is valid or true if it represents accurately those features of the phenomena that it is intended to describe, explain or theorize" (p. 69). Obtaining a good sense of data saturation for each qualitative inquiry will help establish that sufficient information has been collected regarding each participant's personal lived experience of the phenomena, both CM and PTG.

<div style="text-align:center">Ethical Considerations</div>

The ethical considerations for the research method and procedures of this study are surrounded by the welfare of the participants. Assessing risks for this study revealed the need to address sensitivity of subject matter as participants disclose abusive and/or neglectful past experiences. The researcher's responsibility to both disclose and reduce risk is of keen importance, acknowledging and eliminating negative consequences to every extent possible (Heppner et al., 2016). Maintaining awareness of increases in stress level of the participants is crucial to managing any risk of harm as individuals disclose details of past maltreatment

experiences. Keeping the risk at a minimum will involve a thorough pre-screen of applicants who sign up for the study, ensuring that all selected participants reported some positive outcomes as a result of the adverse experiences they plan to disclose. Reported PTG signifies equating positive outcomes to poor experiences, reducing the risk of selecting adult participants who are currently experiencing extreme suffering associated with childhood traumas. Selecting research participants who have certain characteristics can demonstrate more resistance to the risks involved (Diener & Crandall, 1978; Kitchener & Anderson, 2011). Obtaining informed consent will ultimately allow participants the opportunity to decide if they choose to participate. This researcher will follow ethical guidelines that require an established written agreement that includes ample information about the study, clarifying obligations and risks, along with prescreening that reveals content of interview questions (Heppner et al., 2016).

Maintaining confidentiality is a key component of ethical practice for this study. Disclosing information related to potentially emotionally charged or painful pasts deserves adequate privacy and any related data to be used solely for research purposes. Participants will be informed that all disclosures related to this study will be collected and analyzed for scholarly purposes only. All transcribing of interviews will be completed by this researcher to further protect confidentiality. All research-related data will be stored privately in a locked desk in this researcher's home to keep all participants' identifying information confidential.

Summary

The aim of this study is to collect narratives of the lived experiences of both CM and PTG to better understand the unique journey from previously experienced traumatic pain and the process of personal growth. The in-depth interviews will provide profound insight into the different ways in which individuals experience the progression through change and how

experiencing maltreatment provided valuable life lessons that contributed to emotional, physical, and/or mental growth for the participant. Ultimately, the researcher desires to document what unique factors may have proved beneficial to participants in contributing to positive change. A phenomenological research design offers the opportunity for rich, descriptive detail of lived experience and an openness to personal interpretations of those experiences. Maintaining awareness of the researcher as an active participant in the research study provides a filtering system that avoids the inclusion of personal beliefs and biases associated with either CM or PTG. A private location of the participant's choosing will provide effective interview space, accommodating any potential comfort or privacy needs of participants. Purposive sampling ensures that all criteria for the study is met by participants. Data collection will include qualitative inquiry, journaling, and field notes. Data analysis procedures will be aimed at achieving trustworthiness through triangulation, member checking, an audit trail, reflexivity, and thick description, ultimately aspiring to reach data saturation. Assessing harm and risk to participants and maintaining confidentiality will be consistently employed throughout research procedures to sustain an awareness of consideration for the welfare of research participants.

CHAPTER FOUR: FINDINGS

Overview

The purpose of this phenomenological study was to discover what participants who self-reported PTG as a result of CM deemed significant in the facilitation of that growth experience. Both CM and PTG were acknowledged by each research participant and change was identified as being facilitated in varying forms that were specifically attributed to abusive and neglectful experiences from younger years. Demographically, there were limitations in diversity of this research study population, participants being predominately Caucasian females, 7 total with ages ranging from 25-62, 1 African American female, age 50, 1 Puerto Rican female, age 39, and 1 Caucasian male, age 33, but this researcher believed this study was still relevant in providing insight into both constructs, CM and PTG. PTG is still developing as a construct in scientific literature, so there was flexibility that allowed subjectivity in how participants defined the construct. Data analysis procedures revealed 3 common themes that research participants identified as facilitating PTG, the forming of supportive, compassionate relationships, involvement in an enjoyable activity or hobby outside of the home environment, such as the pursuit of higher education, musical or theater-related activities, or a sport, and/or intentionally making different life choices in adulthood than their own abusive, neglectful parents or caregivers. The research questions for this study specifically addressed the facilitation of PTG, the intentional practices implemented to promote a shift in perspective of the past, and protective factors that helped maltreated children move forward successfully. Analysis of the data demonstrated that all research participants identified at least one safe relationship, pursuit or involvement in an enjoyable activity or hobby, and/or intentionally created a home environment different from their own childhood environments as key contributors to positive life change.

Participants

Table 1: Demographics

Participant	Gender	Age	Race/Ethnicity
P1	Male	33	Caucasian
P2	Female	47	Caucasian
P3	Female	26	Caucasian
P4	Female	44	Caucasian
P5	Female	50	African American
P6	Female	39	Puerto Rican
P7	Female	62	Caucasian
P8	Female	44	Caucasian
P9	Female	25	Caucasian
P10	Female	26	Caucasian

P1

P1 is a 33-year-old Caucasian male from a small rural town. P1 is currently married with two children. Disclosures by P1 revealed physical abuse and neglect, emotional abuse and neglect, and violence in the familial environment. P1 experienced multiple forms of CM consistently throughout his childhood years and the relationship with his father and stepmother ended when they sent him to the military. P1's father died by suicide, and he currently has no relationship with his stepmother. P1 believed that the maltreatment he experienced in childhood is directly related to his struggles with alcohol abuse in adulthood. P1 defined PTG in terms of survival, more specifically as demonstrated by his ability to have survived the abuse of his past

and has maintained the ability to not give up on moving forward in adult life. P1 attributed his ability to grow from his CM experiences to coaches who cared about his wellbeing and kept him involved in sports.

P2

P2 is a 47-year-old Caucasian female who moved to a small rural town from the city. P2 has been divorced and is currently remarried. She has one biological child and one stepchild. Disclosures by P2 revealed that she experienced physical abuse and neglect and emotional abuse and neglect. P2 has never had a relationship with her father and her mother suffered from a substance use disorder throughout all of her childhood years. P2 believed that CM experiences made her hard and strong and helped her gain the ability to not be afraid of anything in life. P2 believed that PTG was possible for her because of her ability to shift the focus of blame of her abusive and neglectful past from herself to the perpetrator, her mother. Although P2 believed that CM changed her permanently as a person, having the support of loving neighbors helped her regain a sense of safety in her life. P2 believed the nurturance and acceptance from this family was the most significant turning point that created change in her life.

P3

P3 is a 26-year-old Caucasian female from a small rural town. P3 is currently married and takes pride in being in a same-sex marriage. Disclosures by P3 revealed that she experienced sexual abuse and neglect in her childhood years. P3 had a troubled relationship with her parents that she reported is mostly related to growing up in a strict, religious home. P3 felt that CM affected her mostly as a social being. She had difficulty feeling included and accepted in social environments but continues to work on overcoming her social anxiety. P3 attributed growth from her experiences to a friend's parent who gave her a safe place to live at the age of seventeen. The

support from this mother-figure was significant because she too had similar experiences in her own childhood, and they were able to work through some of those experiences together. P3 felt that she has experienced PTG because she was able to shift the blame from herself to the perpetrators of the abuse.

P4

P4 is a 44-year-old Caucasian female who moved from the city to live in a small rural town with her husband and children. Disclosures by P4 revealed complex trauma in the form of sexual abuse by her adopted father, beginning at the age of eight years old and persisted until she was fifteen years of age. P4 also experienced mental abuse, emotional abuse, and repeatedly witnessed domestic violence. Although the perpetrator who sexually abused P4 was apprehended, charged, and incarcerated, she had conflicting feelings about how to deal with the struggles related to her past that often resurface. P4 felt that the maltreatment made her a stronger person and she believed that being a competitive roller skater in her younger years provided a safe escape from being abused. P4 believed that she may have been able to maintain success in her career if she had not experienced CM but felt that she has grown from her past because of her ability to help others who have been through similar situations.

P5

P5 is a 50-year-old African American female and doctoral mom from New York. Disclosures from P5 revealed CM related to being raised by a father who had a diagnosis of bipolar disorder who frequently physically, mentally, and emotionally abused her and her siblings. P5's mother was absent a majority of her childhood. Her family experienced a life of both poverty and homelessness. P5 believed that these experiences made her feel angry and isolated, but she participated in therapy and made the executive decision to make different

choices so that her childhood experiences would not impact her adult life so deeply. P5 credited another family who often took her in, cared for her and included her in family activities and vacations as a significant means of coping with her CM experiences. She also credited a counselor in high school for encouraging her to go to college. P5 believed that she was able to experience PTG because of the "guardian angels" that showed up in her life and deemed it important that she accepted that her parents were flawed human beings who felt they were doing the best they could as parents. P5 broke the cycle of CM by making different parenting choices for her own children.

P6

P6 is a 39-year-old Puerto Rican female who moved to New York at age 7. She is a wife, mother, stepmother and has recently been accepted into a doctorate program. P6 disclosed that after her father passed away when she was 10 years old, she experienced a life of poverty and abandonment. Her mother chose a romantic relationship over the responsibilities of motherhood and left her and her brother alone most of the time. P6 felt that CM experiences caused her constant stress, worry and fear in her younger years, but as an adult, those experiences helped her grow into a more present and caring mother and stepmother for her own children. P6 attributed her PTG journey to her mother's best friend who provided safe shelter and food as needed, obtaining the ability to maintain a good state of mind, and keeping her deceased father's morals and values as a guide to keep moving forward. P6 believed it was important to always allow her children the freedom to speak up and have a voice to break the patterns of her silenced past.

P7

P7 is a 62-year-old Caucasian female from northern California. P7 disclosed that she experienced every recognized form of CM in this research study. Her family lived in poverty,

was homeless, and the most frequent forms of CM experienced were physical, verbal, and sexual abuse. P7 revealed that the severity of abuse and neglect was known by outsiders, but no one stepped in to help the children in this situation. P7 described her childhood as living in constant fear and she was not expected to graduate from high school successfully. P7 discussed many outcomes related to PTG, most notably her successful educational and professional career. She earned her doctorate degree and now works with families and children from similar childhood backgrounds of her own. P7 attributed the beginning of her PTG journey to learning how to be strong on her own. In high school, she gained mountainous support from a high school band teacher and later a college professor and his wife who took her in and supported her like a daughter. P7 explained the significance of how the college professor and his wife changed her life, as they are now in their nineties, and she still calls them "mom" and "dad."

P8

P8 is a 44-year-old Caucasian female from North Carolina who is married and has a child. Disclosures by P8 revealed growing up in an environment with an alcoholic father who consistently engaged in violent outbursts that often resulted in him physically assaulting her mother. Violence in the home was a daily occurrence and law enforcement eventually became involved. P8 felt that CM affected her ability to trust people and engage in healthy relationships. She revealed that an elementary school teacher helped her regain a sense of safety, love, and self-value, while singing and writing songs helped her cope with her experiences. PTG for P8 is evidenced by her ability to view herself as a strong person who overcame her past. She took pride in the fact that she had broken the cycle of alcoholism to create and maintain healthier relationships within her own family.

P9

P9 is a 25-year-old Caucasian female from a small rural town who is married without children. P9 disclosed being sexually abused by her father from a very young age up until she was a teenager. She later discovered that her sister was also being sexually abused by their father. P9 revealed that dealing with this form of CM left her feeling alone. She did not feel that she could confide in others about her experiences and would often dissociate in order to cope with the traumatic exposure. P9 credited the beginning of her transformational experience to a friend who helped her open up and tell her story, which resulted in her father's arrest, criminal charges, and incarceration for his actions. She also believed that her profound love for music and theater was a significant coping mechanism that helped her gain a sense of growth from her past.

P10

P10 is a 26-year-old Caucasian female from a small rural town who is dating and has no children. Disclosures from P10 revealed emotional abuse and struggles with troubled memories of her childhood. Most of her childhood memories are focused on her father's "manic bipolar fits," while memories of her mother are scarce. P10 described most of her childhood core memories as traumatic. P10 revealed that she self-harmed a few times in her younger years, but no one ever did anything to help her regarding the issue. She also could not recall ever having anything to help her cope with traumatic exposure other than having a relationship with her sister who experienced the same emotional abuse in their home. P10 felt that she has experienced PTG because she has acknowledged on her own that she does not want to demonstrate the behavior that her parents did, and as an adult, she mostly felt peace about the CM that had happened.

Results

Professional qualitative research methods were employed to examine the facilitation of PTG in relation to CM. Qualitative interviews with open-ended questions were conducted with research participants who retrospectively reported CM experiences that they perceived were directly related to the PTG they experienced. Primary interviews were conducted via Zoom and were recorded and transcribed for research participants to review. Secondary interviews were conducted to further explore the initial narrative from the first interviews. P2 and P10 declined a second interview, P7 and P9 chose to respond via email to further elaborate on their initial disclosures, and the remaining participants interviewed via Zoom a second time. This researcher maintained a research journal and audit trail to document field notes and any other personal issues or concerns that arose during the data collection process. Manual coding practices were implemented to identify themes from the qualitative inquires. The first cycle of coding, In Vivo coding, helped this researcher attune to the participant's perspective of their lived experiences. The second cycle of coding, focused or pattern coding, created an organized cluster of the data that revealed core meanings related to the research questions.

Theme Development

Table 2: Themes and Sub-themes

Theme 1: Supportive, Compassionate Relationships **Sub-theme: Teachers and Professors** P5 – "I went to Catholic school for a spell, and there was this nun. We had to write in journals. . . She would always come to me and say, 'Whenever you are ready, write how you feel.' So, I knew she heard what I was saying."

P7 – "My high school band teacher and his wife made sure that they would give me rides to and from home to make band practice. They encouraged me to audition for honor bands, and I got in . . . They would do the housing, the meals, and everything, and so, it was really transformational. . . helping me take courses in high school so I could get into college. They helped me with the application process. That was beyond my parents' ability to do that."

"I met some college professors and got to know them, and one professor in particular introduced me to his wife, and so today, I call them 'mom' and 'dad'. . . kind of took me under their wing, was again, a transformational experience . . . being invited to their house for tea and learning what it was like to sit around a table and have conversations. That was not something that I was used to. Those two people just changed my life."

P8 – When I was in fourth 4th grade, I had this wonderful teacher . . . and I think she sensed that something was wrong, and I would talk to her and she didn't really intervene, but she was just there for me and made me feel safe at school and let me know that, you know, I was valued and loved, and I would be okay."

Sub-theme: Neighbors

P2 – "They kind of took me in as one of their kids . . . They always gave me a safe place to hide . . . They fed me, clothed me . . . They were a huge part of why I was able to pull out of that situation."

P4 – "I remember having to plan my days around what kind of abuse was going to take place that day. I remember being on the school bus and I would plan with my neighbors like . . . 'As soon as you get off the bus, come to my house. Like, don't wait . . . just come as soon as you get off.'"

Sub-theme: Coaches

P1 – "I had a lot of coaches that kept me together."

Sub-theme: Friend, Friend of a Parent, Parent of a Friend

P3 – "My friend's mom let me move in with them when I was 17 to get away . . . she had been through similar situations that I had. So, I would say that she helped me kind of grow and move on from that experience."

P5 – "I had a friend I met in 5th grade . . . her family kind of took me in . . . her house was also an escape . . . They would take me on vacations with them. I did have like little guardian angels sporadically spread throughout my life. So, that kind of gave me a little something to hold onto."

P6 – "My mom's best friend . . . She was a person who I could go to her house and eat, take a shower, study . . . She was a

teacher. I would stay there until like six o'clock and since we lived close by, I would walk back home . . . If it wasn't for her, only God knows what would have happened to me . . . There will always be someone there to help you . . . guardian angels."

P9- "My best friend at the time . . . I had started acting weird and she could tell, and she hounded me . . . She somehow made me explode . . . and I tell her everything that happened . . . the cops showed up the next day at school."

Sub-theme: Counselor

P5 – "Nobody had talked about college in my home, and so my counselor pulled me in like a couple of weeks before graduation and she was like, 'No, you need to be going to college.' So, she filled out all the paperwork . . . I was accepted . . .and my mother didn't know I was going to college until it was time for me to pack up to go."

Sub-theme: Sibling Relationships

P7 – "My younger sister . . . her and I have always been very, very close . . . having a sibling that I was close to I would say really helped a lot."

P10 – "My sister went through the same things, so we were both kind of like together."

Theme 2: Participation in Activities Outside of the Home Environment

Sub-theme: Pursuing Higher Education

P5 – "I am finishing my doctorate and it's just kind of like

everything played a part in who I am."

P6 – "Just focus on . . . your future goals and that is what I did.

I am starting my doctorate degree next week."

P7 – "I lived in poverty my entire childhood up until I left for

college . . . I don't think people expected me to get out of high

school even, and here I just recently earned my doctorate."

Sub-theme: Musical Talent

P7 – "I had some musical talent and they made sure that they

would give me rides to and from home to make band practice."

P8 – "Music . . . I've always sang from a really young age, and

I used to just make up songs and write, and that was my way

of just escaping from everything."

P9 – "Music and theater . . . Definitely."

Sub-theme: Sport

P1 – "High school athletics. I had a lot of coaches that kept me

together."

P4 – "I roller skated. I was a competitive roller skater when I

was younger. So, I would be at the skating rink . . . 3 days a

week . . . as often as I could, I would go."

Theme 3: Breaking the Patterns of CM in Adulthood

Sub-theme: Choosing Different Parenting Styles

P4 – ". . . something very similar happened to my daughter, and so, sometimes I look at it and think . . . I went through this and at least I was able to somewhat understand her."

P5- "I feel like how I grew up impacted how I behaved as a mom because my kids never experienced anything close to what we experienced . . . I'm happy. My kids are happy. I have a good life."

P6- "Now, I am a stepmom, and I would not dare to do or let my husband do to his daughter what she allowed my stepdad to do to me. I try to instill that in my kids. Like, if I tell you something inappropriate, shut me down. Just tell me that that is not okay."

P8 – "It's funny because my best friend will tell you I am nothing like my family . . . having the experience with my parents and seeing their relationship and wanting the opposite . . . I have a wonderful husband who treats me the way I should be treated, and he loves our children."

Sub-theme: Substance Use/Abuse

P2 – "She had a substance abuse problem. She was a binge user . . . That was her issues . . . her demons."

P8- "We drink on occasion, but we don't drink because we need it. We don't get violent when we drink."

Sub-theme: Helping Others with Similar Pasts

P3 – "I wanted to tell my story so that if it helped another person or another child in any way then it would, you know . . . it would make up for it."

P5 – "I do serve as a CASA . . . I never overlook people . . . So, I'm really mindful. It's made me very mindful of other people."

P6 – "I've never let that second doubt or doubt in other people's heads get into mind, and I think that's what I want other people to experience . . . So, if in any way this can help somebody else, I hope it does."

P7 – "Having the life that I have, I just want to say that I am very appreciative of the people who go into the line of work or the profession to reach out to marginalized children and the people that work with them because it is a sad fact. You know, people go through terrible experiences that are profoundly wounding, and some of us make it to the other side . . . and yet, there are kids that and people that kind of don't get out of it."

P8 – "I am a teacher and I think I am more aware because of my . . . what I have been through . . . of the signs and I can see when something is wrong with my students and recognize that."

Sub-theme: Shifting Perspective of the Past

P2 – "It had nothing to do with me. It was all completely to do with her. That was her issues . . . her demons. It was not about me."

P3 – "I've had other people that I've talked to that had similar situations happen and I feel like that's kind of the thing that's helped me get out of my mind set of like, 'It's my fault,' and stuff like that."

P5 – "Post-therapy, I am kind of okay with it because I feel like, for as flawed as my parents were, I think in their mind they were doing the best they could with what they had. I don't accept it and it's hard for me to even forgive it, but I get it."

P6 – "I don't hold any grudges against whatever she said she did. We grew from it. She asked for forgiveness and now I am fine."

P8 – "I did not have the greatest childhood and I have some issues because of him, and I don't forgive him, but I can get past it . . . I mean, we are in a good place and not forgiven, but just dealing and not dwelling on what happened."

P10 – "I am at peace with them now . . . I mean, when I think back at them, I'm just like, 'That was absurd,' but I think just trying not to be like that."

Research Question Responses

What facilities PTG for someone who feels CM deeply impacted their life?

All participants in this study experienced CM consistently throughout their childhood years

rather than a one-time occurrence of abuse and/or neglect. This was indicative of complex

trauma, trauma that occurred repeatedly over a period of time and the victim is entrapped,

conditioned, and psychologically and physically immature (Courtois, 2004). Additionally, all

participants noted that even though they experienced growth from their past, years later, CM still

impacted their lives in adulthood. The different types of CM and what facilitated PTG varied per

individual narrative in this research study, but the similarities were consistent. Data analysis

procedures revealed that having at least one supportive, compassionate relationship was the most

common theme within the collected data. 8 of the 10 participants reported at least one safe

relationship that facilitated a growth experience or significant turning point for change in their

life. P4 disclosed not having a supportive, compassionate relationship neither within or outside

of the family environment. P4 revealed that competitive roller skating provided a safe escape

from her abusive home environment 3 days a week, which ultimately, she attributed to the

facilitation of growth.

As the most common theme from this research data, supportive, compassionate

relationships of varying nature were identified consistently throughout the interview process as a

facilitator of growth, both P5 and P6 referring to these significant people as "guardian angels."

P7 described the value of relationships she had with a high school band teacher and college

professors as transformational, as she stated they "started helping me see a different way." P1

stated, "I had a lot of coaches that kept me together." Several research participants noted that

before supportive, compassionate relationships were present in their lives, they felt they had to

grow up quickly, some taking on parental roles of siblings, and often felt isolated and alone during CM experiences. Exposure to new, more positive relationship dynamics provided a sense of safety that promoted well-being for these research participants. These relationships were documented as having been acquired through neighbors, teachers/professors, coaches, friends, counselors, a friend of a parent, and the parent of a friend. Supportive, compassionate relationships paved the way for new ways of thinking and opportunities, such as P5 who stated that "Nobody had talked about college in my home," and a counselor encouraged her to apply, helping her throughout the application process.

For some of the research participants, these supportive, compassionate relationships contributed to the pursuit or involvement in enjoyable activities or hobbies. The data revealed these sub-themes as pursuing higher education, embracing musical or theatrical talent, and participation in sports, such as P7's high school band teacher who gave her rides to and from practice and played a significant role in her acceptance into honor band. Supportive relationships outside of these participant's home environments made an impact in how these adults, as children, viewed and valued themselves and also in their pursuits of enjoyable outlets that for many provided an escape from an unsafe home environment. Interestingly, P5, P6, P7, and P8 have chosen career paths that place them in fields to work with children and families who have endured similar life experiences, each disclosing that they felt that they had an enhanced ability to help others progress through CM because of their shared or similar experiences.

What intentional practices can be implemented to promote a shift in perspective from being a victim of abuse and/or neglect to a survivor?

All participants in this study identified as a victim of abuse and/or neglect but have gained a newfound sense of strength that was not present before maltreatment occurred. Even in

adulthood, they acknowledged the continued work involved in progressing through the challenges of their past. P1 disclosed that it felt safer to avoid emotional connections with others to avoid feeling similar relational wounds he endured in the past. He was adamant about continuing to not place much value in deep emotional connections with others as he continued to focus more on forgetting his childhood. P2 felt powerful as a strong and hard person as a result of her experiences, not fearing anything in adult life. Other participants, such as P4, intentionally worked to create and maintain healthy emotional connections with others to develop a better sense of how emotional experiences with others can be safe. Each participant felt they had attained PTG, defined in this study, as a process that provokes new ways of thinking, feeling, and behaving because "the events that occurred do not permit a return to baseline functioning" (Tedeschi et al., 2018, p. 5). Survivor mentality looked different for most participants of this research study. For example, P1 does not focus on any beneficial aspects of being a victim of CM, but instead is more determined to work hard to "have a decent life." P2, P3, and P4 all focused on the importance of shifting perspective that replaced blame from themselves to the perpetrator of CM. Carrying prolonged feelings of shame is a common symptom of being chronically abused (Courtois, 2004), but these participants had clearly engaged in intentional practices to reframe the way they processed what happened to them

All research participants disclosed the importance of intentionally making decisions and life choices different from those they witnessed in their childhood home as an essential element of not only facilitating growth but maintaining it. Both P6 and P8 specifically noted that they made the conscious decision to break the cycle of abuse and neglect with their own children and this was an important aspect of how positive change was implemented in their own home environments. P8 stated, "I broke the cycle. I knew that was not what I wanted." These research

participants disclosed intentional practices in both their childhoods and adulthood that demonstrated resilience and the ability to survive their experiences. P2 described the beginning of shifting her perspective as a child that started taking her power back by controlling her reactions to the maltreatment. Dissociation, "an intense experience of depersonalization or derealization," (Su & Stone, 202, p. 425) was a common practice for P3, P4, and P9 in their younger years Although dissociation cannot be defined as an intentional practice, it demonstrates the employment of a human coping strategy that deterred these research participants from experiencing the volume of distress during abusive or neglectful moments. P7 intentionally anticipated as much as she could to "not get anything wrong," while P4 intentionally made plans with neighbors and created outdoor games to avoid going inside her abusive home environment after school. This speaks volumes about the psychological adaptation that took place as children that these research participants experienced. The ability to engage in intentional practices to avoid the abuse or neglect demonstrated survival tactics and no longer claiming the victim role of the situations.

Manual coding practices and clustering of the data revealed that pursuing an enjoyable outlet for these research participants served as an exceptional tool in shifting perspective of abusive and/or neglectful experiences. Identified outlets that involved intentional pursuit, practice or participation were pursuing higher education, P3, P5, P6, P7, P8, practicing musical or theatrical talent, P7, P8 and P9, and participating in a sport, P1, P4. Research participants felt that these activities served great purpose as a means of escape and also as coping strategies to help them better cope with their troubled childhood experiences. Both P2 and P10 did not report pursuing higher education, practicing musical or theatral talent, nor participating in a sport. Most of the research participants disclosed a strongly felt sense of independence, such as P5, P6, and

P7, who all were able to have successful, higher-level educational careers, despite a lack of parental or caregiver support in the home environment. P5 stated, "If you want something different, you have got to do something different," and P10 stated the importance of "just trying not to be like that," as a simple practice to promote daily life change.

What protective factors, pre-existing or post-trauma, can be identified in CM and PTG narratives that are deemed relevant in moving forward successfully from past abusive and/or neglectful treatment?

The majority of research participants in this study were clear and concise about what provided a sense of protection and safety to promote the facilitation of PTG in their lives. The most frequently documented protective factor was disclosed to be in the nature of safe relationships. As P7 stated, she was grateful for the people who "slowed down" to notice her and the complexity and seriousness of her situation. P7 bonded with her college professor and wife in such a significant way that they opened her eyes to a new world of having tea and conversation at the table, nothing she had ever experienced in her home environment. P6 identified her mother's friend as someone who was aware of her experiences and helped her, providing food, water, and a safe place to study. She noted that she is "still best friends with her son today." P5 had a teacher who was a nun at her Catholic School that encouraged her to write about her emotional pain in a journal, providing a safe outlet to begin dealing with some of her emotional struggles as a young child. These documented relationships demonstrated a protective quality that encouraged new ways of seeing the world and inspiration for dealing with maltreatment experiences in a different way. P8's teacher made her feel valued and loved when she was not receiving such care and attention in her home environment. P2 was often consoled and taken in by neighbors who treated her as if she was one of their own. P10 was the only research

participant who did not identify a safe relationship outside of the home environment, however, she noted that her sister/sibling relationship was helpful growing up because they experienced the same maltreatment together. P4 reported that she did not have any relationships within or outside of the familial environment that provided any type of protective element in her moving forward from her past.

As previously documented, research participants revealed that significant relationships in their lives also provided an encouragement for them as children to seek enjoyment or participation in an activity, sport, or hobby outside of the home environment. Engagement in such activity promoted a good sense of self and accomplishment that may have not been present without connection with outside compassionate support. Participation in outside activities or hobbies provided a healthy way to cope with maltreatment, such as P9's love of music and theater, while for others it could also provide a sense of physical escape from the home environment, such as P4's disclosure that competitive roller skating at the rink provided her the opportunity to escape sexual abuse three times a week. As adults, research participants were adamant about the importance of breaking patterns of their past to protect their own families. The breaking of these patterns was mostly described as not repeating the same abusive and neglectful treatment with their own families. P5 specifically stated, "How I grew up impacted how I behaved as a mom because my kids never experienced anything close to what we experienced growing up." Changed behaviors also influenced partner and relationship selection in adulthood. P8 stated, "My mom's dad was an alcoholic and abusive and that's exactly what she gravitated towards, and I just knew I didn't want that." Intentionally making different life choices and practicing different life behaviors was deemed to be extremely relevant in these research

participants' ability to create more positive and healthier current-day home environments that differ immensely from the home environments of their past.

Summary

Research participants for this study were able to clearly and concisely identify factors they deemed relevant to their own personal PTG experience. They felt confident about what they perceived to have facilitated growth, what intentional practices led to positive life change, and protective factors that helped them obtain a sense of new ways of thinking and behaving after CM. Varied forms of CM were reported, including physical abuse and neglect, emotional abuse and neglect, sexual abuse, and exposure to violence in the familial environment. Although variety in demographics were limited in diversity for this population of research participants, these qualitative inquires revealed fruitful, descriptive narratives of past CM experiences and perceived PTG. Although all research participants agreed that CM experiences can have lasting effects that carry into later years of adult life, growth from the past is still possible with continued awareness of how the past is affecting current day living. This study revealed that having a supportive, compassionate relationship, involvement or participation in an activity or hobby, and intentionally making different life choices in adulthood than their abusive/neglectful parents or caregivers served great purpose in the facilitation of growth even though CM deeply impacted their lives.

CHAPTER FIVE: CONCLUSION

Overview

This research study provided the opportunity to better understand the transformational experience from being a victim of CM to a PTG experience. The research participants in this study disclosed clear and evident accounts of both abuse and neglect that persisted throughout childhood years. Additionally, these research participants were able to identify and discuss in what ways these experiences impacted their lives, most notably related to their emotional experience, cognitive processing of those experiences, and intentional efforts to resolve internal conflict related to these past experiences. Participants noted the undeniable negative impact that CM had on other relationships throughout their lives. Rich, descriptive narratives from these research participants demonstrated the route in which perception of past traumatic experiences changed and what specific elements of that journey proved most fruitful. The conceptual framework for this study remained relevant in data analysis procedures, focusing on the salient role that cognitive reprocessing played in PTG experiences, along with emotion regulation abilities, human development and learning, and the basic need for attachment in human relationships. Research results revealed that new, compassionate, supportive relationships promoted a sense of self-worth, the engagement in an outside hobby or activity, and the importance of deliberately making different life choices than their abusive parents or caregivers to attain a sense of PTG.

Summary of Findings

Individual accounts of CM provided valuable insight into what research participants perceived to be salient in the process of attaining a sense of PTG. The primary research question in this study focused on what specifically facilitated PTG for someone who felt CM deeply

impacted their lives. Data collection and analysis procedures consistently revealed that having a supportive, compassionate relationship was the most identifiable component of personal experience to initiate positive change after CM, facilitating a renewed sense of safety in the world. These relationships also encouraged the pursuit of an enjoyable activity or hobby outside of the familial environment that promoted a more positive sense of self and new perspective of the possibilities of quality of life. The activities and hobbies included pursing higher education, practicing musical or theatrical talent, and/or participating in a sport. Participation in these activities and hobbies were also relevant to the second research question in this study which addressed what intentional practices promoted a shift in perspective from being a victim of abuse and/or neglect to a survivor. While CM can invoke a sense of worthlessness and shame, as children, these participants worked to regain a good sense of self, redirected feelings of blame and shame to the perpetrators of the abuse and neglect and found means of escape from their home environments as often as possible.

As adults, these research participants intentionally made different life choices and decisions to create more healthy home environments for their own families. Breaking the patterns of CM in adulthood was demonstrated by choosing different parenting styles, awareness of the detriments of substance use and abuse, helping others from similar childhood upbringings overcome the negative outcomes associated with their experiences, and shifting personal perspectives of the past. The final sub question in this research study focused on identifying protective factors deemed relevant to moving forward successfully from the past. Safe relationships, mostly reported with people outside of the familial environment, were the most significant protective factor. These relationships provided a newfound sense of compassion that

promoted wellbeing and supported the engagement in fulfilling life activities, later contributing to a changed perspective of past experiences.

Discussion

This research study was unique because there is little existing qualitative research that examines PTG with CM being the specified trauma of exploration. Theoretically, this researcher focused on the application of PTG models that placed emphasis on the concept that the way individuals think about the CM they experienced had an effect on the way the childhood trauma manifested in adulthood. All research participants disclosed that CM affected them deeply in their younger years and still had an impact in their adult life. Additionally, research participants reported that recovering from abusive and neglectful experiences that they deemed severe or traumatic was a life-long recovery process that required continued personal work even years after the trauma occurred. Participants' disclosures revealed that CM had an effect on the way they viewed themselves and others, impacting early schema development and the manner in which EMS had been applied later in life. Empirical research studies showed that ruminative processes would play a recognizable role in how CM is processed and addressed, most notably, in the meaning-making process. The results of data analyses procedures corroborated this claim, participants describing in detail the way thoughts about CM evolved or shifted over time. The examination of narratives revealed that successful coping attempts and new ways of thinking about CM experiences began to shift when new, compassionate relationships came into these participant's lives. Research participants in this study were adamant that new, quality relationships were the most significant and identifiable element to facilitate real-life, positive change over perceived change, corroborating prior research findings. Compassionate, supportive relationships also served as a catalyst for practices that promoted overall wellbeing, such as

engagement in a hobby, participation in a sport, or practicing a talent and intentionally making

different life choices than the perpetrators of their CM experiences.

Corroborating PTG Research

Research participants in this study agreed that they felt CM forever changed them as

human beings. The narratives from this research revealed valuable insight into experiences of

positive life change after CM that corroborated many theories associated with PTG. Theory

surrounding the significance of gaining a sense of EI in a growth experience, and the intentional

use of this knowledge to improve cognitive functions was relevant in understanding the

outcomes of this study. Research participants were able to make sense of their adverse pasts by

actively working to acknowledge and process past emotional distress they felt towards the

perpetrators of CM in their lives. Participant 6 expressed forgiveness towards her mother's

neglectful treatment towards her as a child, even after disclosing the pain she remembers feeling

after being abandoned. Participant 6 stated, "She asked for forgiveness and now I am fine." This

demonstrated that this research participant has likely gained a sense of EI about her past and, as

EI was explained by Mayer et al. (1997), she has applied that knowledge in both cognitive and

decision-making processes. These research participants revealed a clear understanding of

meaning-making processes and the ways in which they implemented cognitive reappraisal

practices to re-evaluate their perceptions of their abusive/neglectful pasts. The implementation of

practices of cognitive control helped develop new perspectives in a manner that better supports

viewing a CM as an event(s) that has ended and no longer dominates the quality of current-day

living.

Data revealed and further corroborated empirical PTG research, that explains that PTG

involves intentional practice of more productive ruminative processes, and these processes will

affect emotional regulation abilities. Blix et al. (2013) explained that people can cope by trying to make sense of what they have experienced, and this can be displayed in emotional reactions and the restoring of pre-trauma schemas. This coping method demonstrates a need to intentionally work through cognitive and emotional issues associated with growing from a troubled past. Collected narratives revealed both similarities and a variety of ways in which PTG experiences progressed. Tedeschi et al.'s (2018) model showed that trauma may lead to impaired cognitive processes and can have a profound effect on an individual's ability to make meaningful emotional connections with others. This was corroborated in several ways within the study, for example, P3's continued struggles with social interactions and trusting other people that she deemed was a direct result of her CM experiences, and P5's disclosure that CM made her feel isolated and angry until therapy helped provide her with tools to work through the emotional distress. P1 disclosed his lack of ability to make deep emotional connection with his loved ones, and P2 disclosed a similar emotional stance in that she still prioritized being hard and strong to feel safe in her adult years. While negative outcomes were identified, research participants also revealed an ability to have healthy emotional connection and relationships in adulthood. For example, P8, described a focus on breaking the cycles of alcoholism in her family and not dwelling on what happened as salient components of productive rumination in her personal PTG journey. Lahav et al. (2019) found that intentionally working through trauma may lead to schema reconstruction and a person experiencing a deep transformation. Similarly, all research participants in this study acknowledged a level of intentionality in becoming more aware of the significance of their thoughts and the effect that shifting perspective had in childhood and adult years, more specifically in how they embraced challenges to move forward.

Most previous research consistently focused on the negative outcomes related to CM and how abuse and neglect can contribute to struggles with both cognitive and emotional functioning. This research study corroborated that while struggling with psychological adaptation associated with CM can be complex, overcoming the struggles is possible with the help of external influences, such as quality relationships with others and intentional practices that promote overall wellbeing. This researcher believes that a person can be both struggling and thriving at the same time. Results from qualitative inquiries revealed narratives of childhood experiences that demonstrated emotional distress deemed directly related to poor relationships with parents or caregivers. While trauma reactions can manifest differently for children (Buss et al., 2015), Lieberman & Knorr (2007) suggested that triggers may develop that surface in the present that remind children of the traumatic event, developing a preoccupation with the past. Participants recalled difficulties with triggers, or reminders of the past, that were associated with distress, but over time, the way participant's thought about their circumstances shifted their perspective of these triggers and their overall pasts. Although progression has been made, some participants still struggled with fully overcoming particular challenges, such as P4 who believes she no longer has a career because of the "aftermath of trauma." Mayer et al. (2008) noted the importance of "understanding the informational content in order to reason with emotions and that higher EI does appear to promote better attention to physical and mental processes relevant to clinical outcomes" (p. 510). Research participants were able to differentiate emotions of the past from present-day emotions regarding CM, and the distinction was clear in determining how emotions changed, or in some instances remained similar, over time related to each individual own PTG journey. An increased level of awareness about how the past was affecting participants today was consistently reported in participant's interpretations and understanding of their own

personal PTG journeys and cognitive reappraisal practices were acknowledged helping create an openness for new perspectives. Rather than avoiding the complexity of psychological distress, these research participants made continued efforts to embrace deeper levels of consciousness to promote a shift in perspective about CM experiences. Such practices were demonstrated by the reshifting of blame and conscious decisions made regarding life choices in current-day life, such as choosing different parenting practices and styles. While avoidance coping strategies may have been present periodically within the PTG journeys, these participants made conscious, intentional effort to approach, revisit, and face subconscious thoughts that surfaced.

Extending on PTG Research

Theory regarding schema development was significant in data analyses procedures in this research study, and participants disclosed fruitful information about how early maladaptive schemas played a role in both emotional and cognitive processes along the way of their journey to PTG. All research participants disclosed information about early maladaptive schemas that they directly attributed to abuse and neglect from their younger years. Collected narratives from these adult participants who were once maltreated children revealed issues with social anxiety, feelings of shame and unworthiness, and a sense of unsafety in the world and in relationships with others. P8 described having vivid memories of violence and how these memories had profound effect on schema related to partner selection, specifically noting the avoidance of repeating her mother's relational patterns of gravitating towards alcoholic and abusive partners. Empirical research demonstrated that the development of new schemas requires increased EI and the ability to revisit the past with a more conscious perspective. Jayawickreme & Blackie (2014) found that the development of PTG can be theorized to lead to more positive outcomes such as a gained sense of wisdom about the world or over time a greater satisfaction of life. Findings in

this research study revealed that participants believed that quality relationships served the most valuable purpose in the reconstruction of pre-existing schemas. These new relationships demonstrated for CM victims that all human relationships are not the same and that some people can be trusted to be empathetic and genuinely compassionate for the wellbeing of others. Overall, the narratives revealed that PTG involved re-learning how to be in relationships with others, not allowing past relational trauma to determine quality of connection.

Research findings provided evidence that this study extended on prior empirical research findings, suggesting that new, healthy relational experiences may be beneficial to reconstructing the framework and content of EMS. This research study revealed that when participant's emotional needs were met, they felt supported in personal growth and developing a healthier version of self and perspective of the world. Research participants revealed quality relationships with teachers, professors, counselors, friends of parents, parents of friends, neighbors, friends, coaches, and siblings. The majority of these relationships were with people who were of no biological relation, who lived on the outside of the familial environment. These relationships demonstrated authentic connection, a new way to see the world, the experiencing of successful coping, and the ability to have basic needs of love and support met by other human beings. The continued need for attachment in relationships was evident throughout most research participants' disclosures of both past and present life experience. Even with the presence of early-life relational wounds between these participants and parents and/or caregivers, it was consistently disclosed that there was a desire to make authentic connection with other human beings regardless of difficulty with attachment in earlier years. A lack of safety and healthy connection in early relationships contributed to participant's development of qualities similar to

those of insecure attachment styles, but most research participants were still able to establish

attunement with others and build trusting bonds to overcome abandonment issues in adult life.

Contributions to PTG Models

This research study contributed to PTG research as it is one of the extremely limited

research studies that has examined PTG from the perspective of adults who reported CM as a

traumatic event(s) that served as a catalyst for personal growth. The narratives collected in this

research study detailed the particulars of psychological adjustment after CM and perceived real

life positive change had occurred after initially enduring negative outcomes related to CM in

younger years. Living in fearful, unsafe home environments, being exposed to consistent abuse

and/or neglect, and having minimal to no relieving or loving support within the home

environment led these participants to find healthy coping mechanisms and the engagement in

quality, supportive relationships outside of the home. Streets (2015) explained that a traumatic

event can change our sense of self, and the ways in which people experience, react, and recover

from trauma will vary. This may account for the varied ways in which research participants

established new relationships, engaged in extracurricular activity, and decided to make different

life choices. While similarities in PTG journeys were easily identifiable, the differences in

progression of life change were an interesting element of the data analysis process.

With the varied structures of PTG models that exist in the literature, this study

corroborated a lot of what is available about PTG. For example, all participants in this study

created and applied some sort of valuable meaning from their personal CM experiences that

changed the narrative of their past and promoted a sense of moving forward in a productive way.

Whether it be through means of coping, and illusion or any other mechanism of psychological

adaptation, all of these participants have made varying progress in coming to terms with what

happened to them in childhood years. Gathering narratives directly from the source of experience helped determine particulars of the PTG experience that may not have been accessible via survey testing methods. For example, while positive personality change could not be determined from this study alone, this researcher was able to see evidence corroborating Jayawickreme & Blackie's (2014) PTG model that noted life domains such as attainting heightened feelings of personal strength throughout disclosures from participants. As previously noted, existing PTG models disagree about the manner in which PTG occurs. However, it was clear that both cognitive and emotional functioning are key elements of most existing models and collected narratives for this study revealed continued reference to both negative thinking patterns and trouble with emotional functioning continuing into adulthood years. One adaptation process that showed promise for real life change for some research participants was implementing intentional decision-making practices that deviated from the life choices of the perpetrators of CM in their lives. The most notable different life adult choices made by participants were choosing different parenting and discipline styles that their own caregivers or parents. These, and other, practices promoted the breaking of abusive/neglectful behavioral patterns of their past for more pleasant current-day family systems of their own.

This study provides a good foundation to build upon for future PTG research that not only highlights CM, but other types of traumatic experiences and the particulars of personal journeys of growth. The constructs CM and PTG, as examined in this study, were unique in that both encapsulated an experience of a prolonged nature that varied per individual in many aspects. O'Leary & Ickovic's (1995) PTG model was interesting to reference, determining whether participants' recovery processes resulted in the returning to the original level of functioning, lower-level functioning or higher-level functioning. In this context, participants in

this study all exhibited qualities that showed either a return to original level of functioning or higher-level of functioning in post-traumatic life. This researcher did not see evidence of any participant decreasing to a lower-level functioning before CM occurred. Research participants exhibited such levels of awareness of their CM and PTG experiences, and the functioning of their own cognitive and emotional capabilities that decreasing to a lower-level functioning did not seem likely. To expand on contributions to this specific theory related to PTG, this study could be re-performed with larger and more diverse sample sized populations that include a survey measure to better establish post-trauma level of functioning.

To better understand PTG from adverse experiences, research studies combining qualitative inquires and a variety of traumatic experiences that were overcome can continue to contribute to existing models of PTG that lack scientific evidence. It is important to find a sense of balance in scientific literature regarding the progression of outcomes related to CM. Currently, CM-related literature is highly focused on the detriments and difficulties of overcoming psychological distress from abuse and neglect. While the challenges of overcoming abuse and neglectful childhoods cannot be denied, it is crucial to also explore the ways in which people can work to resolve internal and external struggles associated with adverse childhood experiences. This research study provided further evidence that not all abused and neglected adults repeat the problematic cycles of their pasts and reiterated that personal growth from adversity is not a destination, but a life-long journey of regaining a sense of safety in relationships.

Shedding Light on PTG Theory

Most PTG models highlight positive life change as a key element of the growth experience from past relational wounds. This research study provided evidence that a person's simple desire to move forward from the past can be a contributing factor in promoting positive

life change. At the root of CM is the outcomes related to how individuals perceive, give and receive love in relationships. Our basic human need for attachment in relationships can be scarred in early parent-child or caregiver-child relationships. One of the core assumptions of adult attachment theory is that "people construct mental representations, or working models, of the self and significant others based on their interpersonal experiences" (Fraley et al., 2011, p. 615). When interpersonal experiences are based on physical abuse, sexual abuse, emotional abuse, and/or neglect, these working models will have an impact on the way an individual perceives relational dynamics with others.

As Sagan (1995) explained, individuals who have been subjected to abuse, such as sexual abuse, can develop a sensitivity about anything that either minimizes or denies the seriousness or validity of those experiences . . . most of these instances being remembered in adulthood. PTG is such a vital construct because the theory demonstrates that wounded relationship patterns can be later addressed in a healthy way, and abused and neglected individuals can engage in safe, compassionate relationships with others. The magnitude of the positive affect that quality relationships can have may help trauma survivors apply reasoning and develop new schemas regarding relationship dynamics. While there were other factors deemed relevant in the journey to growth, supportive, compassionate relationships appeared to have the most positive affect on emotional health and encouraged cognitive reappraisal practices for these research participants. Ultimately, participants felt that these new relationships contributed to other positive outcomes, such as encouragement to participate in hobbies, education, and embracing talents and making more positive life choices.

All the collected narratives in this study described CM experiences to be repetitive in nature and extending over long periods of years. Coincidentally, every unique, detailed PTG

journey has also continued to be a part of the adult experience, described as a prolonged and consistent developmental process for these research participants. Experiencing CM can ignite a survivalist mindset to manage negative emotions and thoughts in children who become prepared to manage and cope with ongoing abuse and/or neglectful experiences. According to Öhman & Mineka (2001), negative emotions can be useful because they prepare our brains and bodies to handle situations quickly and efficiently. A person who reports PTG will likely have attained some increased level of EI and have the ability to accurately assess and apply logic and reasoning in how to manage those negative emotions. Eventually, someone who has attained a sense of successful coping after adversity may feel that the intentional cognitive effort once used to keep themselves safe from CM, can be shifted to more intentional practices associated with real life change. According to Miller & Cohen (2001), this demonstrates cognitive control, which is useful in completing goal-oriented behaviors. The ability to make conscious effort to resolve internal conflict regarding the past appeared to promote productive rumination that encourages more positive ways of thinking, feeling, and living.

Implications

Findings from this research study implied and corroborated with prior empirical research that PTG is not a final reward of resolved emotional pain, but a progressive journey with the implication of intentional practices to help bring resolve to negative outcomes related to being a victim of CM. The perception of growth is subjective and is not a one-time occurrence of events, but a life-long commitment to making choices that promote a healthier, happier life for oneself. The relational wounds of our past can have a profound effect on the way we create and maintain relationships in our adult years, but these research participants disclosed that with increased awareness and motivation to break the toxic patterns of a troubled youth, people can learn

valuable lessons from painful experiences and apply them to current-day living. As implied in all prior PTG research study findings, both cognitive and emotional abilities at the time trauma occurred played a role in how the events was experienced and internalized. Even with detrimental outcomes directly related to the experiences, perception and interpretation of those experiences changed over time, and victims were not doomed to the negative outcomes they deemed directly related to their abusive and neglectful pasts. While patterns of abuse and neglect can be repeated for some people, many are able to overcome unhealthy, learned relational patterns to implement more conscious, loving relationship behaviors. As explained by LePera (2021) awareness is the first step in healing from a past of childhood maltreatment, and while we all carry unresolved trauma, our response to the traumatic experience is the most relevant aspect in determining how it is imprinted upon us. People who are able to engage in truthful consideration of their past, not avoiding or rationalizing abusive/neglectful treatment, appeared to be more likely to adjust psychologically, choosing healthier coping mechanisms, finding productive outlets for emotional distress, and working to apply new meaning to hurtful past experiences.

Delimitations and Limitations

Few delimitations were made for this research study as an intentional effort to keep the door open for a wide variety of research participants. The most salient requirement for participation in this study was that participants had experienced both CM and PTG. It is important to note that PTG was to be defined subjectively by each research participant. If the participant believed they had experienced personal growth from CM, then they qualified for the study. Age of participants was relevant, as this study was designed for participants who were over the age of 18 and had years of life experience after the CM occurred. This was relevant to the examining of how the journey

fluctuated and how perceptions of childhood abuse and neglect evolved over time. Participant requirements were few because a diverse sample population from a wide range of ages, any gender, race or ethnicity was desired for this research effort. Using a large social media group to post the research study flyer provided a great chance for exposure of the research study and the potential for a variety of prospective participants from different geographical locations. The research study flyer was also shared a large number of times on social media, further expanding its access on social media. Because CM does not discriminate, it was important to limit the barriers as much as possible of who could have the chance to participate in this study. The most significant weakness in this research study is the lack of diversity among selected participants. Volunteers were limited, so this researcher selected the first ten potential participants who were able to pass the initial prescreening tool process. This limited the sample population substantially, most notably 7 of the 10 participants were Caucasian females, and only one male participant.

For this research study, a goal of attaining 10 research participants was set and met through a prescreening tool process. 5 prospective participants either failed the prescreening tool portion of the study or later declined to continue participation after initial agreeance. 9 of the 10 selected participants were female and 8 of the 10 participants were Caucasian, limiting variety of race and gender for this sample population. Future research endeavors may prove fruitful with both a larger sample population for an increase in the amount of qualitative inquires conducted, and a sample population that includes more male participants and the inclusion of more participants of varying races and ethnicities. Although it is the most common way to report narratives of past experiences, it was important to examine retrospective reporting as having limitations. It has to be considered that memories can be problematic in terms of accurate recollection and the potential for

manipulated reciting of past events to accommodate personal bias or to please the researcher of this study.

Recommendations for Future Research

Because there is not a lot of empirical research that connects CM and PTG, there is an undeniable need to further explore these two constructs within the same context. While research study findings showed that compassionate, supportive relationships was the most significant and prevalent element of the self-proclaimed journeys to PTG, future research efforts can further explore the particular interactions to determine the most redeeming qualities of these connections. This knowledge will be valuable to better understand how relationships impact back CM and PTG. To increase the validity of this research study, a more diverse population of participants is desired to better represent the needs and perceptions of adults from different walks of life. Longitudinal studies could also prove beneficial in better understanding how the journey of growth develops over time, not merely focusing on retrospective reporting of past and current experiences. Consistently collecting data from the same participants over an extended period of time may reveal more specifically the particulars of how a person's emotions and perceptions of the past have shifted over time. Longitudinal studies may be useful in decreasing issues that arise with retrospective reporting, allowing research participants to report from current-day perspectives as well as future perspectives of the same events.

Summary

This research effort resulted in the collection of a good foundation of knowledge that supported prior empirical research about PTG. The outcomes related to CM can be deemed negative to a person's overall wellbeing, but PTG is a valuable construct to explore in

determining in what ways psychological adaptation takes place and how positive change is possible after adversity. Early childhood relationships that are polluted with abusive and neglectful treatment can affect both cognitive and emotional regulation abilities, but the significance of developing new connections with safe people who have genuine interest in another's overall wellbeing can have a substantial effect on how CM experiences are processed and later worked through to reach some form of resolve. PTG is a subjective construct and distinguishes how people can implement cognitive reappraisal practices and gain emotional intelligence to promote the resolve of negative outcomes related to a history of CM. This research study showed that healthy relationships are important in overall human development, most notably for people who learned about human relationships in hurtful, traumatic ways as children. These reported quality relationships promoted self-care, feelings of worthiness, and encouragement to create positive change by allowing CM to serve as a catalyst for a different life. PTG journeys for these research participants revealed that with loving, supportive relationships and motivation to create positive change, also came motivation and outside support to embrace activities, hobbies, and/or talents, and make different life choices than perpetrators of CM from their past.

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Appendix A

Open-Ended Interview Questions

1. What types of childhood maltreatment did you experience?

2. How often would you say this maltreatment occurred?

3. What do you remember about these experiences?

4. How do you feel about those experiences?

5. Did you happen to have anybody who helped you and was aware of your experiences?

6. Did you have anything that helped you cope with your experiences?

7. Is there anything else you'd like to share with me?