"Know that no one is silent but many are not heard.

Work to change this." (Anonymous)

University of Alberta

Mothering and Trust among Women Living with a History of

Childhood Violence Experiences:

A Critical Feminist Narrative Inquiry

by

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This work is dedicated

To my husband Bernie who has always believed in me
and supported my dreams…

To my daughter Micheline who taught me countless 'mothering' lessons...

To my mother Irene who showed me the way…

To the many women I met through my clinical practice
and whose challenging lives inspired me to pursue this work…

To all the women who participated in this study
for so generously sharing their stories so I could learn about
their strengths, determination, and challenges…

Abstract

The context of mothering is one of fluid and complex interactions between personal, historical, relational, and normative expectations. The legacy of childhood violence experiences adds another layer to this multifaceted experience. Mothering and trust among women living with the consequences of a personal history of childhood violence experiences were explored through narrative inquiry informed by the theoretical triangulation of critical, feminist, and symbolic interactionist worldviews. Twelve women were interviewed. Stories of mothering were elicited as well as stories of comfort, confidence, trust, and distrust of self and others. Women's stories highlighted their reflexivity as well as their interactions with their children, others in their personal and extended context, expert systems, and metanarratives (ideology). Analysis and interpretation first focused on women's stories of their personal experiences to understand the significance of persons and events on maternal choices and decisions. An examination of women's stories of their interactions with symbolic, structural, and ideological conditions followed to highlight intersecting forces facilitating or impeding their agency as social actors.

Findings revealed that women experienced pervasive self-doubt and persistent distrust of others in the exercise of maternal agency. Women managed self-doubt through a *search for anchors* and *constant comparisons* while they coped with distrust through *hypervigilance* and *gatekeeping*. Women were determined to change the story for themselves and their children through the *reweaving of a self and a world* while they continually searched for the safety, control, voice, and identity that were lost through childhood violence experiences.

Women identified many challenging interactions with symbolic and structural systems largely due to adherence to motherhood and family ideals. Women found very few meaningful sources of support as they mothered their children. They provided several suggestions for programs to better meet their needs and minimize their experiences of stigmatization and marginalization.

This paper-format dissertation includes an introduction, one paper discussing critical feminist narrative inquiry, and another addressing research design issues relevant to memory and recall conditions when studying emotionally-laden events. Two other papers highlight findings. In the conclusion, recommendations emphasize social justice through sensitive and empowering practices, research strategies to minimize vulnerability, and suggestions for future research.

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Introduction

This study is part of a broader research program centering on family health in conditions of vulnerability and diversity. My current focus is on women's experiences of mothering when living in the midst of adverse personal, familial, or social conditions and interacting with the forces and conditions that exist within their symbolic, structural, and ideological world. I specifically explored the experience of developing trust in one's mothering in the wake of childhood violence experiences. I examined the place of trust in maternal choices, decisions and interactions as well as the conditions facilitating or hindering their choices and decisions.

Responding to the Call…

Several experiences fostered my quest to understand this distinct phenomenon. During the first half of my career, I practiced in most domains of maternal-child nursing. I soon wondered about women's maternal experiences beyond the walls of the hospital. I questioned the narrow focus of nursing interventions focused on immediate recovery and discharge, especially when women experienced a complicated pregnancy, birth, early postpartum period, neonatal crisis, or a difficult breastfeeding experience. I also questioned the power and meaning of family and health professional support during this important developmental period. These questions led me to graduate studies in the Master's of Nursing Program at the University of Calgary (1991-1994). I focused on women's experiences and processes as they worked to attain a maternal identity in interaction with internal, familial, and societal forces, conditions, and expectations.

Between 1993 and 2003, my nursing practice expanded to mental health/psychiatric nursing (acute care and community). My focus shifted to men and women struggling with mental illness connected to, or directly affecting their family life. Given the severity of the symptoms experienced by hospitalized patients, my practice mostly focused on crisis management, the monitoring and the medicating of symptoms, and short-term interventions designed to help patients reintegrate into their family and social milieu. Very few nurses ever addressed issues stemming from childhood violence experiences because they firmly believed that this was 'not the time or the place' to do so. While patients' clinical history revealed that these experiences were very much a part of their life, influenced how they managed daily challenges, and how they interacted with others, most left the hospital with minimal therapeutic follow-up. I thus wondered how people managed once they left the hospital particularly when they would continue to live with the enduring influence of unresolved and unaddressed issues. This also raised ethical concerns for the Clinical Nurse Specialist in me (I was still hired and working as a staff nurse).

From 1999 to 2003, I worked as a Clinical Nurse Specialist/Mental Health Therapist in the context of the Psychological Services Section of a large organization, a 'community' setting, albeit restricted and serving a well-defined population. The Chief Psychologist's philosophy and approach to counseling stemmed from her belief in employees and family strengths, and in providing a range of therapeutic interventions and services for as long as warranted to enhance these strengths, mobilize coping, and support recovery. Therapeutic

interventions were meant to prevent crisis, to address issues as they emerged, and to support people in their efforts to remain as functional as possible in their professional and family environment. In that context, I had the opportunity to combine the knowledge and practice I had acquired in both maternal-child/family nursing and acute care psychiatry to support the process of many clients who were greatly affected by their childhood violence experiences. I encountered many women and men who were parenting while dealing with this legacy. Several of them considerably struggled to maintain personal and family health, and a high level of professional functioning. As I supported, listened, and counseled these individuals, I gained a sense of the larger context of their lives and the challenges they encountered as they endeavored to avoid a crisis necessitating hospitalization. I witnessed first-hand the hardships and the extensive work necessary to live and manage parenting and relationships in the wake of a legacy of childhood violence experiences. Both men and women spoke of their day-to-day struggles, even with access to long-term counseling support, to manage disturbing physical and emotional consequences, to avoid harmful but comforting behaviors, to prevent an escalation of symptoms without medication if possible, and to manage parenting, relationship, and professional issues as they arose.

Once I left this practice and could reflect in depth on the nature and influence of the work I did within the context of this ‘community’ environment, I wondered about the welfare of women who were now mothering with presumably very limited access to support services before they reached a crisis point. I thought that similar services should become available to the larger community of

women who mother in the wake of childhood violence experiences. As I compared my hospital and 'community' practice, I considered the likelihood that most health professionals know very little about women's daily lives, as they mother and interact with their children and others, when living in the wake of childhood violence experiences. I thought that their 'expert' knowledge needed to become more widely available, and I believed that this could only be accomplished if their voices could be heard. I initially expected that in voicing their experiences, women could help raise health professionals' awareness about their challenges and limitations. Over time, I came to realize that it would be possible and even more valuable to learn about women's strengths and resourcefulness in the face of such challenges and limitations and to find out how we could most appropriately support them. Ultimately, given the lessons I had learned as I practiced in this 'community' environment, I wanted to challenge automatic assumptions of intergenerational transmission of abuse if possible. I also wanted to advocate for community strategies focused on women's and family health rather than solely attending to crisis intervention and treatment. I aspired to influence programs and policy development so that a day would come when women mothering children while living with this legacy could access comprehensive community supports designed to prevent crisis and to promote health.

These experiences, questions and goals led me to doctoral studies. I chose to study at the University of Alberta, Faculty of Nursing because it was possible to link with expert researchers in the study of mothering and motherhood, as well

as in the study of the long-term consequences of childhood trauma. Under my co-supervisors' guidance, and given the resources available on this campus, I continued to explore the structural and ideological contexts informing motherhood and the experience of mothering. I also examined the forces and conditions influencing mothering in the context of a legacy of childhood violence experiences.

Situating the Relevance of this Phenomenon

The phenomenon under scrutiny is the experience of mothering in the wake of childhood violence experiences with a particular focus on the place of trust in maternal choices, decisions and interactions. Currently, a large body of literature emphasizes the hardships and pathological symptoms associated with childhood violence experiences. Most research focuses on the consequences of sexual abuse in clinical populations of women. Few studies have addressed the consequences of physical and emotional abuse. Similarly, few studies have explored how women function in the community if they are not actively seeking treatment and still live with this legacy. Women's strengths while managing the legacy of childhood violence experiences also are largely overlooked. Knowledge specifically focused on mothering reveals that a minority of researchers have investigated the experience of trust as women mother growing children, whether or not they are living with a history of childhood violence experiences. Lastly, studies exploring the forces and conditions that influence women's agency as they negotiate interactions with the rules and expectations governing their world in light of childhood violence experiences have not been found. A review of the

epidemiological context underpinning this study and a more detailed overview of the theoretical perspectives informing this research are provided below to further locate the salience of this study.

Epidemiological Context

The phenomenon of childhood violence experiences, or maltreatment, is identified by the World Health Organization (Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002) as an issue of global magnitude and of great burden to society. A review of international studies revealed that about 20% of women report experiences of sexual abuse as children, and that 25-50% of children disclose being physically abused (Krug et al., 2002). Many are also emotionally abused and suffer neglect. These data however do not include information about the incidence of child maltreatment in lower and middle income countries as it remains unavailable (Krug et al., 2002). These statistics also reflect an incomplete picture of the scope of this issue. Child maltreatment usually occurs at the hands of trusted adults, in private, often under conditions of enforced silence, and disclosure is associated with the fear of stigma or reprisal, thus effectively keeping this phenomenon hidden (Department of Justice, Canada, [DJC], 2007; Public Health Agency of Canada [PHAC], 2006).

In Canada, and also internationally, those most at-risk of childhood maltreatment are children under four years of age and adolescent females (ages 12-15; Krug et al., 2002; PHAC, 2006; Sinha, 2011), though children between the ages of 4-11 are also victimized. Sinha (2011) identified from police-reported data gathered in 2009 that for every 100,000 children living in Canada, 214 children

and youths (0-17) were victims of family violence. Thirty-three percent (33%) of these children and youths were victims of sexual abuse and the remainder (77%) reported physical assaults (Sinha, 2011). Parents (59%) were responsible for more than half of reported occurrences of sexual and physical abuse. As Sinha identified, of the reported cases of abuse at the hands of parents, 81% of the victims were children under the age of three. As children became older the incidence of reported parental abuse decreased by approximately 20%. Incidences of sexual abuse increased with age until girls reached the age of 14, and rates of physical abuse were highest during their teenage years (Sinha, 2011). Female children were four times more likely to be hurt by a parent mostly due to sexual victimization (PHAC, 2006; Sinha, 2011). In their study of child protection services records (2003 cohort), PHAC (2006) also reported that female youths (12-15) are experiencing higher incidences of physical and emotional abuse than boys, and that substantiated rates of physical and sexual abuse are consistently higher for this age group than for any other age group.

The immediate and long-term consequences of childhood violence experiences are widely documented (e.g., Krug et al., 2002; Mulvihill, 2005; Bowlus, McKenna, Day & Wright, 2003). In 2003, research was done to measure the long-term cost of child abuse in Canada on the basis of data generated over a span of 10 years (between 1990 and 2000) with most data sets generated in the late 1990's (Bowlus et al., 2003). This study was undertaken to raise awareness about the heavy social and economic burden associated with the consequences of childhood violence experiences, while also acknowledging that many of the

effects of such experiences on the individual will always remain unquantifiable. These researchers estimated that in 2001, the cost of child abuse in Canada was, at a minimum, in excess of 15 billion dollars when accounting for mobilized publicly-funded services (i.e., judicial, social services, education, health services), the loss of productivity (i.e., employment and lost income), and individual costs (i.e., relocation, transportation, legal proceedings, substance use and abuse, therapies, self-defense systems). This report also emphasized that "the investment of Canadian government at all levels in social services directed at this serious problem represents only a small fraction of the billions of dollars lost each year" (Bowlus et al., 2003, p. v). Bowlus and her colleagues advocated for the use of these results to persuade decision-makers and funders of the urgency to address the causes rather than solely focus on the consequences of childhood violence experiences.

As demonstrated, the experience of childhood violence is widespread and mostly targets female children. It also is costly to individuals as well as to society. We know that the consequences associated with such a legacy are not limited to physical and mental health issues. We also know that many of these are long-lasting and that supports are needed at all levels of society to support victims in the immediate and longer term. As identified by the World Health Organization, however, the causes underlying this phenomenon cannot just be ascribed to individual responsibility (Krug et al., 2002) with the expectations that programs will bring about change. Krug and his colleagues identified community as well as social, structural, and ideological forces and conditions as contributors to the

perpetuation of childhood violence experiences (e.g., gender, social inequality, lack of services to support families, social and cultural norms promoting or glorifying violence, unemployment, poverty). It thus is necessary to examine the broader societal context contributing to the perpetuation of violence and the ongoing hardships faced by people affected by childhood maltreatment.

When considering that a large portion of female children will one day become mothers, it also is imperative that we gain an understanding of women's experiences as mothers within the immediate and broader context of their life. It is important that we learn to recognize the facilitating and constraining forces and conditions that promote or hinder women's maternal agency and access to support in the wake of childhood violence experiences. As experts in their own situation, women are also in the best position to identify strategies that would be conducive to the prevention of crisis or further abuse in their life, and in the one of their children. To that effect, any movement toward the identification of childhood maltreatment causes and the prevention of further abuse also needs to include women's voices.

Theoretical Overview

Trust. A review of the literature pertaining to the phenomenon of trust revealed that self-trust allows one to mediate between expected dangers and decisions. Self-trusting individuals view themselves as competent individuals who possess reasonable judgment and the ability to make sound decisions (Govier, 1992). Self-distrusting people, on the other hand, live with self-doubt and lack of self-confidence and are more likely to experience shame and guilt in response to

others' comments or appraisal of their choices (Govier; McLeod, 2002). Their distrust of themselves may also lead to difficulties entering and maintaining relationships (Govier; Jones & George, 1998; Lewicki, McAllister & Bies, 1998; McLeod).

Trust in others does not occur spontaneously. It requires deliberation and trust in one's judgment and decisions (Govier, 1992; McLeod, 2002). Trust involves a cognitive and emotional appraisal and appreciation of the risks and vulnerability that accompany the inability to predict another's responses and behaviors (Lewis & Weigert, 1985; Rousseau, Sitkin, Burt & Camerer, 1998). From the time one chooses to trust another, one also expects that this other *will not act* in harmful ways. If one experiences distrust, one actually expects that the other(s) *will act* in harmful ways (Govier, 1992; Lewicki et al; McLeod, 2002).

The expectation of harm, or lack thereof, is usually learned through early life experiences of attachment and constancy within the mother-infant relationship (Ainsworth, 1985; Bowlby, 1982; Erickson, 1963) and through the acquisition of a sense of reliability in persons and things within a risky and unfriendly world (Giddens, 1984, 1990, 1991). As children grow and their world expands, trust experiences gradually extend beyond their mother to other people in positions of authority (i.e., father, family relatives and friends, teachers) and to peers (Sztompka, 1999). The phenomenon of relational trust has been explored in the context of children's needs and experiences as they grow and develop (e.g., Rotenberg, 1980, 1995; Rotenberg, MacDonald & King, 2002; Terrell, Terrell & Von Drashek, 2000). Adult relational trust has mostly been investigated in the

context of adult males functioning in hierarchical and competing working relationships (Ferrin & Dirks, 2003; Ferrin et al, 2007; Jones & George, 1998; Lewicki et al, 1998; Sheppard & Sherman, 1998). At this point, little is known about women's experiences of relational trust within or outside the context of mothering.

Trust and mothering. Researchers have identified that self-trust, often called self-confidence, or comfort in one's abilities to be a mother (Mercer, 1986a, 1986b; Mercer & Ferketich, 1995; Rubin, 1984) is essential to mother one's child. Most inquiries exploring perceived self-confidence and competence in one's mothering however have focused on the prenatal period (Bergum, 1989; Rubin, 1984) until the end of the child's first year (Keefe & Froese-Fretz, 1991; Majewski, 1987; Mercer, 1981, 1985; Mercer & Ferketich; Pickens, 1987; Pridham, Lytton, Chang & Rutledge, 1991; Rogan, Shmied, Barclay, Everitt & Wyllie, 1997). Ramona Mercer (1981, 1985, 1986a, b, 1995) is the only researcher who examined fluctuations in women's maternal confidence and competence during their first year of mothering.

In addition to self-trust, new mothers need to trust others, to have confidence in their availability, well-meaning intentions, and competence (i.e., father, family relatives, health professionals) in order to reach for support when needed during the first year of their child's life (Bergum, 1997; Rogan et al., 1997). During this first year of mothering, as women are acquiring trust in their self as mothers, they are particularly sensitive to critical comments regarding their mothering abilities, actions, and decisions. These can easily undermine their

confidence in ‘others’ and is known to even preclude further access to support (Heneghan, Mercer & DeLeone, 2004; Jackson & Mannix, 2004; Rogan et al, 1997; Wilkins, 2006).

Beyond the first year of a child’s life, however, it is as if women experience no further self-doubt or difficulty trusting others as they mother their growing children. In fact, researchers’ focus shifts away from women’s personal maternal experiences of mothering to an evaluation of their behaviors and attitudes in view of their children’s growth and development (Belsky, 1984; Crittenden, 1985; Crowell & Feldman, 1988; Steele, Steele & Johansson, 2002). Measures reflect societal norms about the place of children in society and the behaviors of ‘good’ mothers. Feminist scholars have critiqued this perspective as objectifying women and rendering their perspective of the mothering process, their voice, and their situation invisible, thereby perpetuating oppressive elements of the institution of motherhood (Chase & Rogers, 2001; Woolett & Phoenix, 1991). Feminist researchers who have explored the social forces and conditions influencing women’s mothering have exposed the norms imposed on women by intensive mothering (Hays, 1996) and the image of the perfect mother (Green, 2004). Some have also discussed how these motherhood ideals are embedded in social system rules and routines such that women’s mothering competence is questioned if they deviate from the norm (Chase & Rogers, 2001; Green, 2004). Others have identified that women themselves experience guilt and self-doubt as they find themselves deviating from motherhood ideals (Green, 2004; Griffiths, 1998). Evidence is still lacking about the strategies women use to *maintain* trust

in self, others and the world, as they mother and interact with structural and ideological influences, whether or not they mother in the wake of childhood violence experiences.

Trust and mothering in the wake of childhood violence experiences. When adults have experienced childhood violence experiences, they are left with a legacy that includes a loss of trust in self, others, and the world (Hegadoren, Lasiuk & Coupland, 2006; Herman, 1997; van der Kolk, 2005). Many other areas of functioning are also targeted. For instance, individuals may experience difficulties with regulation of affect (i.e.: self-destructiveness, excessive risk-taking), consciousness (i.e.: amnesia, dissociation), self-perception (i.e.: guilt, shame), relations with others (i.e.: inability to trust, re-victimization), somatization (i.e.: chronic pain, gastrointestinal problems), and systems of meaning (i.e.: despair, hopelessness). These are all challenges associated with DESNOS (disorders of extreme stress not otherwise specified; Luxenberg, Spinazzola & van der Kolk, 2001) or complex posttraumatic stress disorder (Herman, 1997). In addition, many individuals experience diminished or loss of self- esteem (Giant & Vartanian, 2003; Feerick & Snow, 2005), interpersonal anxiety in social situations (Feinhauer, Mitchell, Harper & Dane, 1996), a tendency to devalue themselves in comparison to others (Brayden, Deitrich-MacLean, Dietrich, Sherrod & Altemeier, 1995; Feerick & Snow, 2005; Higgins & McCabe, 2000), relationship difficulties (Romito, Crisma & Saurel-Cubizolles, 2003), and a tendency to expose themselves to re-victimization in adulthood (Herman, 1997; Irwin, 1999; Lang, Stein, Kennedy & Foy, 2004). Women with

histories of childhood violence experiences, especially sexual abuse, are also at significantly higher risk of developing depression during their lives (Breslau, Davis, Peterson & Schultz, 2000; Weiss, Longhurst & Mazure, 1999).

These latter findings are connected to data mostly gathered from clinical populations of women. Only a few researchers have explored the consequences of childhood violence experiences in community populations. Their findings have revealed that similar symptoms are experienced, albeit at sub-clinical levels, in populations of women who live in the community and who have not actively sought treatment (Briere & Runtz, 1988; Briere & Elliott, 2003; Feerick & Snow, 2005). In addition, few investigations have focused on the consequences of childhood physical or emotional abuse as opposed to sexual maltreatment, often because one experience could not be separated from the other (Briere & Runtz, 1990; Higgins & McCabe, 2000; Holmes, 2003; Mullen et al, 1996). Lastly, while acknowledged in epidemiological and sample descriptions, social constraints' potential influence (i.e., socioeconomic disadvantage, relationship status, race, and/or sexual orientation) on agency and the pervasiveness of long-term consequences of childhood violence experiences has not been discussed extensively. Similar conditions however have been identified as important 'vulnerability' factors in the study of childhood resilience following traumatic experiences (Luthar & Cicchetti, 2000).

When researchers have explored early mothering in women who live with a history of childhood violence experiences, their main focus has been on presenting behaviors resulting from experiences of sexual abuse (Leener, Richter-

Appelt, Imthurn & Rath, 2006; Hobbins, 2004; Rhodes & Hutchinson, 1994; Seng, Sparbel, Low & Killion, 2002). Very few studies, if any, have focused on women's experiences of early mothering in the wake of physical or emotional abuse. In addition, with the exception of one recent study (Lasiuk, 2007), presenting behaviors were never discussed for their potential association to self-trust, trust of others, or trust of the world. Still, many of the described behaviors reflected difficulties with trust.

As researchers explored mothering beyond children's first year of life, their gaze also shifted away from women's personal experience of mothering to evidence of pathology or maternal behaviors and attitudes. In this context, investigations centered on women's experiences of postpartum depression (Buist & Janson, 2001), or ongoing depression (Banyard, 1997). Researchers were also interested in discipline patterns such as physical punishment (Banyard, 1997), or parental disorganization and inconsistencies (Burkett, 1990; Cole, Woolger, Power & Smith, 1992; Cross, 2001; DiLillo & Damashek, 2003; Saltzberg, 2000) under the assumption of intergenerational transmission of abuse. All these studies emphasized mothering difficulties, with little consideration of the external forces and conditions that may influence maternal choices and decisions when women mother in the wake of childhood violence experiences. Few studies acknowledged that women spent energy working toward positive changes in order to shape their children' lives in different ways than they themselves were influenced as children. And few researchers discussed the potential role of trust, or distrust, in women's mothering choices and decisions. In essence, this overview of the literature

reveals the following: (a) one prevailing legacy of childhood violence experiences is a loss of trust in one's self, others, and the larger world; (b) trust in self and others is needed to mother children; and (c) women who mother children in the wake of childhood violence experiences do experience challenges with self-trust and distrust of others though this phenomenon has not been explored extensively beyond the first year of a child's life.

The Study

The current study entitled *The Experience of Developing Trust in One's Mothering Among Women Who Have a History of Childhood Violence Experiences* was undertaken between February 2009 and June 2011 as part of educational requirements toward a PhD in Nursing at the University of Alberta. I explored this phenomenon from women's own voices and as they chose to tell their story. I wanted to learn about experiences of mothering growing children when women were living with the legacy of childhood violence. My intent was to better understand what women believed contributed to or hindered their mothering journey. I also wanted to learn about their perceptions and experiences of support and non-support (Neufeld & Harrison, 2003), as well as about their perceptions of the influence of their mothering experiences on their life as a whole. Lastly, I wanted to learn about suggestions they might have to give to health professionals and other service providers to better meet women's needs.

Research Questions

A single research question "What is the experience of developing trust in one's own mothering among women who have a history of childhood violence

experiences?" framed this inquiry. As mothering experiences are multifaceted, and given a specific focus on the experience of trust, the following questions informed data generation (i.e., interview guide; see appendix 1) and guided analysis:

- What place does trust or distrust occupy as women interact with self and others while mothering children in the wake of childhood violence experiences?
- What is mothering like for them? What are issues of significance as they mother growing children?
- What internal and external forces and conditions facilitate or constrain women's trust of self and others as they mother their children in the wake of these experiences?
- What forces or conditions facilitate or constrain women's maternal agency (choices and decisions)?
- What forces and conditions facilitate or constrain women's access to support? What/who is helpful to support their mothering? What/who is not so helpful?
- What impact does mothering have on women as individuals, and on their life as a whole?
- In what ways does mothering provide women with, or limit, their opportunity to grow and change?

- What suggestions do women have to offer to health professionals and service providers to better meet their needs and those of women living in similar circumstances?

Method

I identified critical feminist narrative inquiry as the method most conducive to the exploration of this phenomenon, that is, narrative inquiry informed by the theoretical triangulation of symbolic interaction, critical, and feminist ontology and epistemology. Narrative research focuses on the study of stories (Riessman, 2008; Spector-Mersel, 2011). Storytelling provides narrators with a sense of permanence, uniqueness, and connection to others (Spector-Mersel, 2011), while the stories they tell "reveal truths about human experience" (Riessman, 2008, p.10). Such human experiences are not only disclosed and represented as distinctive in the stories that are told. They are also located within an embodied context reflecting broader social, cultural, gendered, structural, political, and ideological forces and conditions (Sprague, 2005; Thorne & Varcoe, 1998). It is therefore possible to hear women's voices and to learn about their unique experiences as stories are examined for what was told. It also is possible to identify the forces and conditions influencing storytellers' agency within the stories that are told. This allows for invisible relations of power and domination to be exposed (Kushner & Morrow, 2003; Smith, 1992) in ways that are potentially conducive to emancipatory action and the improvement of women's life (Kushner & Morrow, 2003; Seibold, Richards & Simon, 1994; Sprague, 2005).

Narrative inquiry also encourages storytellers' voices to be heard on their terms. Minimally structured interactive interviews offer participants the opportunity to describe their experiences in the forms of stories or anecdotes of events, according to their level of comfort. Stories are solicited about particular dimensions of a phenomenon without other guidance than to probe for clarification. As narrators select the stories they will tell, they can construct how they want to be known (Riessman, 2008), and delineate the boundaries of what is deemed "recountable" to others and "followable" for oneself" (Cohler, 1991, p.178). This form of storytelling also gives narrators the opportunity to use their stories to persuade, inform, and invite change while personally making sense of their past experiences (Riessman, 2008).

This approach to inquiry is consistent with a critical feminist ontology and epistemology. Research is designed *for* women rather than being *about* women (Harding 1987) as stories are both elicited and examined. Individual and social consciousness can be raised through the storytelling, analytic, and interpretive process (Stanley & Wise, 1993). Women are considered experts in their own life, their subjective perceptions are valued, and their personal experiences validated (Mies, 1999; Smith, 1992; Thorne & Varcoe, 1998). Researchers also gain the opportunity to see the world from women's particular vantage point as they reflect in their stories on the conditions influencing their life and their agency both at times of success and contentment as well as when facing challenges and struggles.

Research Participants

I chose to seek participants among women living in diverse circumstances within a large Western Canadian community. I purposefully did not recruit from clinical populations of women actively involved in treatment due to the potential to increase their vulnerability as stories would be elicited. In order to add to existing knowledge, it was also important that I seek to interview women living in the general population to: (a) hear their particular stories and perspectives about living with the legacy of childhood violence experiences and mothering, (b) learn about issues arising from potential experiences of self- doubt and distrust of others, and (c) better understand women's choices and decisions in the face of facilitating and constraining forces and conditions.

While most studies have focused on the impact on sexual abuse, I chose to hear the stories of women who were 18 years old or older and who identified themselves as survivors of sexual, physical, or emotional abuse as children. As long as women mothered one child over the age of three, they could participate to this study. Women who only mothered children under the age of three were excluded from this study because the intensity of early mothering and insufficient time to integrate and reflect on experiences were expected to cause storytelling challenges. Eighteen women inquired about the study and 12 women were interviewed.

Data Generation

A single face-to-face interview was planned though women could choose to complete the interview in two sessions if it optimized their comfort. Women were informed from the time of first contact (see Appendix 2) that they had

control of the extent of their participation in the research process and the flexibility to choose according to their needs. Concerns about confidentiality were also addressed at the time. This information was reviewed once more at the time of the interview as women read an information letter about the study (see Appendix 3) and asked further questions prior to signing the consent (see Appendix 4).

Once women chose to participate to this study, they were asked to think about objects, poems, songs, pictures, photographs that were meaningful to them, and that exemplified experiences or choices they made as mothers. They were asked to bring them to the interview if this exercise resonated with them. Six women availed themselves of this opportunity and chose a suitable moment to discuss the object and its significance to them. Interviews were originally expected to last between 2 and 2.5 hours. Many women shared stories in great depth and scope as they verbalized being very invested in a process that may help others like them. As a result, a number of interviews lasted between 4-4.5 hours. When this was the case women were given the option, around the 2 hour mark, to continue with the interview, to stop involvement in the study at this point, or to reschedule. All participants finished the interview or chose to schedule a second interview. One woman eventually abandoned the continuation of the interview process due to scheduling conflicts or loss of interest. She, however, confirmed that her contribution to date would still be used.

Given participants' history, these interviews were conducted with particular attention to women's ongoing control of the process and to potential

signs of distress. No questions were ever asked about their experiences of childhood violence though women volunteered information. Women displayed emotions as they shared their stories (they cried, laughed, got angry…), but all women verbalized that their participation had been important to them and that they felt empowered by the process. All women verbally reaffirmed their consent at the end of the interview when they were asked to determine if they were still comfortable with the content they shared in their stories. At the end of the interview, participants also were offered a list of accessible community resources for support if they wished. A few women took it home with them as they identified it as a useful reference if needed. Others mentioned having access to existing support systems to debrief about the interview if they needed to.

The Dissertation Project

This dissertation project has been organized in four papers, written as manuscripts for publication, and a concluding chapter. The first paper focuses on critical feminist narrative inquiry as a proposed novel approach to narrative research. The second paper explores the dimension of recall bias in the context of research investigating emotionally-laden events. This latter paper, although not identified as a methodological issue when the research proposal was developed and approved, emerged as relevant because the validity of memories has been contested in more than one research discipline while the emotional valence attached to scrutinized events has rarely been linked to issues of recall. The remaining two papers highlight findings in response to the research questions

identified above. One paper has been accepted for publication and the other three papers have been or will be submitted for review to appropriate journals.

Paper #1

Title. *Critical feminist narrative inquiry: A study of interactions between social actors and the symbolic, structural, and ideological world*

In this first paper, I detail the rationale supporting a critical feminist approach to narrative inquiry. The latter is informed by the theoretical triangulation of symbolic interactionist, critical, and feminist ontological and epistemological perspectives. The assumptions underpinning this approach to narrative research are also identified. A double hermeneutic process of narrative analysis is first discussed and then, using this study as an exemplar, I describe an application of the process. Identified limitations, implications, and future directions are ultimately reviewed.

Narrative inquiry has been a research method favored over the last 40 years by an increasingly wide range of disciplines. Each discipline brings approaches to inquiry fueled by their own assumptions about the nature, purpose, and messages expected to be embedded in stories. Analytic procedures have developed accordingly. A review of existing narrative analytic strategies revealed that few resources provided guidance on the analytic process itself and that few approaches specifically examined stories as they were told. The process to arrive at this method thus was iterative and dialectic. It was devised always with the view that *stories* needed to be examined from two perspectives: (a) to gain an understanding of women's experience as a whole, and also (b) to scrutinize the forces and conditions that enhanced or hindered women's agency within the

stories that they told. I proposed a double hermeneutic process of analysis to achieve this dual aim.

The perspective discussed in this paper arises from a sociological tradition of inquiry – an infrequently considered lens in narrative research. I advocate this approach to narrative inquiry in light of what I perceive as existing limitations, at least in a research context where the participation of vulnerable and marginalized populations is solicited. I ultimately suggest that, consistent with theoretical triangulation and the "intersectional paradigm" (Hankivsky & Christoffersen, 2008, p.272), this approach to narrative research might be useful where issues of social justice and health inequities are at stake. A study of stories to examine the normative framework and domains of power that enhance or hinder social actors' agency (Hancock, 2007; Hankivsky & Christoffersen, 2008; McCall, 2005) makes it possible to situate the context and extent of storytellers' challenges beyond individual responsibility. The findings emerging from such a method of inquiry could eventually influence program and policy development toward the maintenance or restoration of health rather than focus on crisis management especially in populations rendered vulnerable due to forces and conditions beyond their control.

Paper #2

Title. *Recall bias and research in the context of emotionally valenced events: Is memory a threat?*

This second paper is the result of multiple iterations of an original paper initially written for a doctoral-level course focusing on research design issues and

further refined and developed to submit for review and publication. As I explored the issue of recall bias I noticed that, historically, errors of recall were largely attributed to the passage of time, the construction of survey questions, or interviewing protocols (Chouinard & Walter, 1995; Clarke, Fiebig & Gerdtham, 2008; Neugebaeur & Ng, 1990;; Shum & Rips, 1999; Stull, Leidy, Parasuraman & Chassany, 2009; Tourangeau, Rips, & Rasinski, 2000). The intensity and significance of scrutinized experiences for individual participants was rarely considered, or the fact that related recall challenges could emerge as a result of interview conditions that researchers may, or may not be able to foresee or control.

From a critical feminist perspective, recall bias was also interesting in light of the fact that some disciplines (e.g., psychology, law) have considered the likelihood of false memories, or have been taken to task for the potential to elicit false memories through questions and suggestions (Campbell, 1997; Quirk & DePrince, 1996). The 'false memory syndrome movement" arose in the early 1990's to discredit women's recall of childhood traumatic memories and to clear alleged perpetrators of any wrongdoings (Campbell, 1997; Quirk & DePrince, 1996). To question or discount a woman's ability to remember and to narrate memories, however, is also to devalue her sense of self and of personhood, to invalidate her identity (Campbell, 1997). In the context of childhood violence experiences, it is also a means to perpetuate domination, silence, and the marginalization of experiences.

I thus believe that recall bias remains an important aspect to discuss on many levels. As a feminist researcher, it is my responsibility to honor the words of my participants and to recognize their stories as their 'truth'. In the context of research exploring past experiences of childhood violence, such 'truths' are even more important given that many research participants were not believed as children. Yet, these 'truths' become contested sites in academic circles especially in the context of research where limited and focused information is sought and where memory *recency* is considered at the virtual exclusion of other dimensions of recall including memory *primacy, salience,* and *coherence*.

The literature review presented in this paper provides a brief overview of non-declarative memory and declarative memory pathways. The intent is to explain the encoding conditions that determine the extent of recall over time given the emotional valence of an event and its salience for the autobiographical self. Findings demonstrated that recall of strongly emotionally-laden events transcends the passage of time in comparison to memories that do not implicate emotions. Emotionally-laden memories were found to remain precise, while perhaps incomplete. I therefore argue that if researchers focus inquiry on events that are highly significant for the autobiographical self (memory salience) recall bias cannot be wholly attributed to the passage of time. This latter perspective may actually be erroneous. Recall bias could, however, be attributed to other memory conditions such as memory primacy (the importance given to a memory at different times and under varying conditions; Homberg & Holmes, 1994; Jones & Martin, 2006; Neath, 2010; Stull, Leidy, Parasuraman & Chassany, 2009) and

coherence (tendency to recall certain memories over others to ensure the integrity of the self; Conway, 2005). Strategies could potentially account for and even minimize these errors of recall.

Methods currently used to address recall bias in the fields of epidemiology (recency) and the social sciences (recency and primacy) are first described and limitations are identified. I then propose approaches to attend to the potential of recall bias in contexts where poor memory may not be so much at the heart of the issue but the intensity, or the evocation of memories, may actually interfere with recall (salience and coherence). Ultimately, I view this perspective and the strategies that I propose as important in the context of health-care research. In this context, inquiries target populations of people who have encountered traumatic events in their life and these may continue to affect them even if researchers may not be aware of them. As a critical feminist researcher exploring phenomena through engagement with vulnerable and marginalized populations, it is even more important to recognize the potential consequences that are attached to the elicitation of recall and to consider very early on strategies to manage such occurrences.

Paper #3

Title. *The search for safety, control and voice for mothers living with the legacy of childhood violence experiences: A critical feminist narrative inquiry.*

In this third paper, women's experiences of developing trust in self and others, given their history of childhood violence experiences, are explored in the context of mothering. Women's stories revealed experiences of agency in the

midst of enduring self-doubt and distrust of others. Women activated their agency to achieve their vision, that is, to create a better and more wholesome environment for their children. Women dealt with pervasive self-doubt through a "search for anchors" and "constant comparisons". They relied on "hypervigilance" and "gatekeeping" to manage their persisting distrust of others.

I locate these findings in the 'storied space' of mothering, that is, a space constituted of memories, past experiences, ongoing interactions with family and friends, and structural and ideological forces and conditions. This space is a context of constant interactions for women. Challenges arise as women contend with experiences of self-doubt, awareness of the lack of available role models to support their drive to change the story, and a constant search for safety, control, and voice in a world deemed unsafe both for themselves and their children. Women challenged, defied, and contested established rules, routines, and expectations, and created their own rules and boundaries as they worked to emancipate from their past experiences. Conformity sometimes was a choice perceived as beneficial to them or their children, but more often occurred in response to forces and conditions beyond their control.

The stories that women brought forward ultimately challenge automatic assumptions of intergenerational transmission of abuse. These stories also contribute to an increased understanding of the endemic and pervasive effect of childhood violence experiences on trust. Distrust occurs regardless of the nature of their childhood experiences, and even when women are able to change the

story for themselves and their children. I conclude this paper with a discussion of implications for future research and for practice.

Paper #4

Title. *Reweaving a self, and a world while mothering in the wake of childhood violence experiences*

In this fourth paper, I focus on the forces and conditions that facilitate or hinder reweaving endeavors when one is living with the legacy of childhood violence experiences. Women reweave as a means to take back power, a voice, their identity, and a sense of safety. They also reweave with the intent of changing the story for their children. Reweaving involves a process of reconstruction, of reconfiguration, as women contend with the dark threads that are connected to their childhood experiences of violence. They strive to create the conditions that will allow them to live with these dark threads without allowing these to control the whole of their lives.

Reweaving, however, occurs in the context of a storied space and is thus influenced by internal conditions and externally prescribed rules, routines and expectations. Women described how, in the context of mothering, efforts to reweave a self were internally challenged by memories of their childhood experiences as well as by many of the physical and emotional consequences associated with such experiences. Many women told stories about the adverse conditions that were found in their symbolic world and that challenged reweaving efforts given ongoing interactions with family members, relatives and friends. Women also identified barriers to reweaving as they interacted with the structural

world. They encountered established rules and routines that served to meet the needs of professionals rather than to provide them with individualized support in view of their particular situation. Finally, the influence of the ideological world was pervasive through metanarratives of the 'good' mother, the 'good' daughter, the 'good' client, and 'good' family practices. All these metanarratives could guide choices but also frequently served to marginalize and stigmatize or to enforce compliance and unravel reweaving efforts.

Implications for research and practice were located in the context of adult resilience. Resilience is a construct that emerged from the field of developmental psychopathology to determine the protective and vulnerability factors affecting positive adaptation in children who live in the context of childhood violence experiences. Adult resilience is, however, a much newer field of investigation. In locating implications in this space, I argue in favor of considering reweaving as the ongoing process that fosters the development, maintenance, or restoration of adult resilience. I also advocate for an expanded perspective, that is, a view of resilience that extends beyond individual agency to also account for the influence of the broader context of people's life on their choices and decisions. Lastly, I propose that in the development of programs and policies, women who are expert in their situation be invited, and heard, as a means to spend precious available resources more effectively to promote and maintain adult resilience.

Conclusion of the dissertation

In the conclusion of the dissertation, I critically review the findings in their entirety. Major implications for nursing practice designed to promote family

health in conditions of vulnerability and diversity are discussed in light of the findings of this study. Implications for practice and program development that specifically focus on health promotion initiatives involving interdisciplinary and intersectoral participation are also discussed. Finally, I review the findings for implications toward policy development.

Implications for research are also discussed. The strengths and limitations of this study as well as those attached to the use of a theoretically triangulated critical feminist narrative inquiry are reviewed in light of future research emphasizing a social justice agenda. Issues related to the elicitation of recall of events of high emotional valence and significance for the autobiographical self are also reviewed. Particular attention is given to implications for the design of studies that consider the intersection of gender, researcher, and targeted population. I also outline future research initiatives designed to expand my research program as well as initial knowledge translation and dissemination strategies.

Final Thoughts

This study is a first initiative specifically designed to hear women's voices through the stories they told about mothering and living with a history of childhood violence experiences. Women valued the opportunity to be heard about issues that they were never invited to discuss prior to this study. It is also a first step in the development of a theoretically triangulated critical feminist narrative inquiry designed to gain a sense of women's experiences on multiple levels. This approach to narrative research may prove useful to researchers who seek to expose health inequities through an understanding of the contextual intersections

that shape experiences, identity, and agency. Hopefully, this knowledge will now be helpful to assist evidence-based decision making towards health promotion strategies that minimize the need for crisis support.

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Critical Feminist Narrative Inquiry: A Study of Interactions Between Social Actors and the Symbolic, Structural, and Ideological World

Narrative inquiry focuses on the study of stories as deliberately and purposefully told, constituted of past experiences, and simultaneously "connected to the flow of power in the wider world" (Riessman, 2008, p.8). Narratives are therefore told within a historical, structural, and ideological context of circulating discourses and power relations, a context where storytellers locate themselves and the conditions influencing their agency as social actors (Riessman, 2008). Stories also help narrators to make sense of the past while engaging in social action as their "speaking out invites political mobilization and change" (Riessman, 2008, p.8).

Because narratives situate storytellers in the personal and broader context of their lives, we propose that it is plausible to juxtapose a critical feminist lens informed by the theoretical triangulation of critical, feminist, and symbolic interaction with narrative inquiry. From this perspective, we contend that stories can be examined as sites of individual experiences as well as reveal information about the forces and conditions that enable and constrain storytellers' identity and agency. For example, dominant discourses, sources of power and discrimination, normative rules and routines, or social determinants of health can highlight experiences of oppression, marginalization, and stigmatization within the stories that are told. The reflexivity of the knowledgeable agent (Giddens, 1984) can also be explored through stories of social actors' interactions with their environment.

The following discussion is structured in three segments. We first locate this proposed sociological approach to narrative research within the existing landscape of narrative inquiry, briefly review the foundations that support a critical feminist inquiry informed by the theoretical triangulation of critical, feminist and symbolic interaction, and identify the significant concepts and assumptions underpinning and guiding this particular approach. The description of a double-hermeneutic process of narrative analysis follows to explain the levels of analysis that are included in a theoretically triangulated critical feminist narrative inquiry. An application of critical feminist narrative research is offered in the third section of this paper and we conclude with a discussion of limitations, implications, and future directions.

Critical Feminist Narrative Inquiry

Narrative Inquiry

Why focus on stories? Narrative research emphasizes the "central place of stories in our existence" (Spector-Mersel, 2010, p. 211). Stories provide storytellers with a sense of continuity, identity, and relationship to others (Spector-Mersel, 2010). Stories are multivocal, a composite of many voices:

> "Stories echo other stories. … Stories are also told to be echoed in future stories. Stories summon up whole cultures. … No one ever makes up a story by him- or herself, and no one ever tells or hears a story all by itself, dissociated from any other stories" (Frank, 2010, p.37).

Stories thus reflect storytellers' connection to a cultural heritage and to existing social norms, as expressed through the words that are used and the kinds of stories

that are told (Frank, 2010; Spector-Mersel, 2010). Stories are also dialogical. In the process of telling stories, people reaffirm to their self who they are and confirm their ties to others (Frank, 1995). They hope to be heard and to connect to a community (Frank, 2000; Nelson, 2001) through similarities and differences that reveal their collective adherence to, or challenge of, normative expectations (Andrews, 2004; 2010; Nelson, 2001).

Locating a sociological approach to narrative inquiry. Most narrative researchers agree that the stories that are elicited in the context of an inquiry are purposefully told to others in light of a particular agenda and to benefit a specific audience (Atkinson & Delamont, 2006; Frank 2010; Riessman, 2008). Stories are viewed as narrators' opportunity to create new and multiple realities (Daya & Lau, 2007) and to engage in social action (Atkinson & Delamont, 2006; Riessman, 2008; Somers, 1994). They can be sites of reproduction and contest of metanarratives (Andrews, 2004; Frank, 2010; Nelson, 2001). Ultimately, shared stories are fundamental to individual meanings, knowledge, and identity. They reflect narrators' underlying reality in light of the broader context of their life (Frank, 2000, 2010; Riessman, 2008).

While narrative researchers agree that stories constitute the focus of narrative inquiry, and while many share similar perspectives on methods of narrative analysis and interpretation, many areas of tensions and divergence still exist (Smith, 2007). Smith identified that since narrative inquiry "means different things to different people ... [it may] be best considered an umbrella term for a mosaic of research efforts" (p.392). Many typologies of narrative analytic

methods thus have been offered (Riessman, 2008). We provide our own visual representation of narrative analytic perspectives (see Figure 2-1), as one standpoint among many, to situate our proposed approach within the varied landscape of narrative inquiry.

Consistent with most narrative researchers (e.g., Chase, 2005; Sparkes & Smith, 2008), we understand narratives as representations of storytellers' thoughts, identity, and context, as they tell stories in response to internally and socially-driven forces (vertical axis). We also view narratives as words that are threaded together into stories (horizontal axis). We have plotted these premises in the form of intersecting continuums. Depending on the lens of the researcher, narrative analysis will be located in one *or* the other, and sometimes one *and* the other quadrant. Analysis may emphasize agency (cognitive or normative) as stories are examined for 'what' is told. The conditions of the telling and the influence of the audience (social or relational) on the chosen words may also be scrutinized as a means to highlight 'how' the story was told. The psychosocial dimension of narrative identity is reflected through an analysis of storytellers' chosen or omitted words, and an interpretation of their modes of thought as they tell their stories (e.g., Chase, 1995; Josselson, 1995, 2004; Lieblich, Zilber & Tuval-Mashiach, 2008; Spector-Mersel, 2011). Narrative analysis of discourse or conversations occurs as researchers explore the ways that words are threaded together according to the language resources available within a narrow or broader social context (e.g., Archakis & Tzanne, 2005; Labov & Waletsky, 1967; Tamboukou, 2008). Narrative analysis can also focus on the co-construction of

stories from various perspectives (e.g., Atkinson & Delamont, 2006; Clandinin & Connelly, 2000; Clandinin, Pushor & Orr, 2007; Frank, 2010).

From a sociological perspective, a few researchers have explored contextual influences within the stories that were told (e.g., Andrews, 2004; Frank, 1995, 2010; Nelson, 2001). We specifically focus on the forces and conditions that influence social actors' experiences, agency, and identity within the narratives that they volunteer. We examine their stories to identify interactions with sources of power located at the intersection of personal history and historical relationships, structural, and ideological expectations. These influences are "at once temporal, relational, and cultural as well as institutional, material and macro-structural . . . [and embedded in] overlapping networks of relationships that shift over time and space" (Somers, 1994, p.607).

To achieve this level of sociological narrative analysis, we chose a critical feminist inquiry, informed by the triangulation of symbolic interaction, critical, and feminist worldviews (Kushner & Morrow, 2003). Theoretical triangulation "implies that the relative autonomy of each perspective is an essential aspect of its ability to contribute" (Kushner & Morrow, 2003, p.38) to analytic and interpretive processes. Each theoretical perspective provides a lens to view the relationship of social actors with the immediate and broader context of their life. Before detailing the analytic processed that we followed, we briefly review the theoretical foundations of symbolic interaction, critical, and feminist worldviews and identify the ontological and epistemological premises guiding critical feminist research (Kushner & Morrow, 2003). We also discuss the assumptions that guide a

narrative inquiry informed by a theoretically triangulated critical feminist worldview.

Theoretical Foundations

A symbolic interaction lens. A symbolic interaction lens draws attention to the symbols and historical meanings that influence human thinking, action, and interactions on a day-to-day basis (Charon, 2010; La Rossa & Reitzes, 1993). Symbols include language *as well as* other people, the past, the future, the self, ideas and perspectives, and emotions. These symbols are individually experienced, are named, and elicit particular responses depending on circumstances (Charon, 2010). Actions and interactions follow from an interpretative process that involves reflection and communication with the self to determine the significance of symbolic meanings, and needed decisions.

Symbols are also located within a particular collectivity (i.e., culture, family), and are recognized and understood by others in the relational context of the symbolic world (LaRossa & Reitze, 1993). The symbolic world is constituted of acquired meanings learned over time and considered "shared sets of goals, values, beliefs, and norms" (La Rossa & Reitze, 1993, p.136).While these meanings may be modified through evolving interpretations and personal reflection (Charon, 2010), the need to protect the self within one's symbolic world largely influences the stability of these meanings (La Rossa & Reitze, 1993). Acquired meanings also function as sanctioning processes to ensure conformity to the rules. One may thus be held accountable for perceived deviations from the

norm, often in light of ideologies or "systems of meaning used in the interest of oppression" (LaRossa & Reitze, 1993, p.151).

A critical inquiry perspective. A critical inquiry perspective permits an examination of human action and interactions in dialectical relationship with structural constraints. The intent is to identify sources of alienation, power, and domination, and also to recognize the potential for emancipatory transformation (Kushner & Morrow, 2003). The influences of social structures and ideology on human patterns of behavior, on thinking and reflexive practices, on personal meanings, and on verbal and non-verbal communication processes are considered. The underlying assumption is that history has, and continues to shape the prescribed rules, conventions, routines, and habits that allow structures of power and domination to be reproduced and perpetuated within people's symbolic world (Browne, 2000). The realization of human possibilities, therefore, is often inhibited if not alienated (Morrow & Brown, 1994).

A feminist worldview. A feminist worldview includes a study of gendered relations within human beings' embodied context to identify oppressive conditions fostering domination, inequities, and marginalization (Kushner & Morrow, 2003; Sprague, 2005). The embodied context is constituted for instance by class, race, gender, culture, ethnicity, sexual orientation, and marital status. This perspective influences research design, process, and outcomes. For instance, research is designed *for* women rather than being *about* them (Harding 1987). Women are considered 'experts' in their own lives. The focus of research is on the women themselves, pertinent to their interests, and intended to benefit them

(Mies, 1999; Smith, 1992). Feminist researchers seek methods that value subjectivity and that encourage women's self-expression where their reflexivity is likely to be most prominent (Mies, 1999).Through feminist research, a space is purposefully created for women's experiences to be validated, for individual and social consciousness to be raised, and for the personal to become political (Stanley & Wise, 1993).

Feminist researchers examine women's experiences within networks of relationships and in the contexts of culture, economic, and political realities (Thorne & Varcoe, 1998). They strive to see the world from each 'knower's' perspective (Smith, 1992) given a recognition that women's experiences are not identical but socially located (Olesen, 2000). These approaches allow a scrutiny of the sources and forms of oppression that constrain women's agency.

Critical Feminist Research… Ontological and Epistemological Premises

A critical feminist ontology implies that researchers view individuals as located and interacting within an embodied context constituted of personal, symbolic, gendered, interactional, societal, structural, ideological, and political influences (Kushner & Morrow, 2003). Each of these dimensions can become intersecting axes of oppression fostering domination, marginalization, stigmatization, and health inequities (Edwards & Di Ruggiero, 2011; Hankivsky & Christoffersen, 2008; Hancock, 2007; McCall, 2005; Reutter & Kushner, 2010). As individuals interact with these social, structural, and ideological forces and conditions, emancipation from oppressive contexts is possible but often limited by domains of power beyond social actors' control.

Epistemologically, critical feminist researchers strive to expose and critique the ways that oppression, domination, and related power inequities have arisen, are reproduced, and limit full participation in social, political, and economic life (Browne 2000; Kushner & Morrow, 2003). Personal, symbolic, structural, and ideological contexts are scrutinized to identify the interactions between social actors and their multifaceted world. The intent is to broaden understandings, to give voice to the normatively silenced, to expose what is traditionally invisible, and ultimately to create a more just society for oppressed and marginalized people (Reutter & Kushner, 2011; Sprague, 2005).

Critical Feminist Narrative Inquiry – Overview, Concepts, and Assumptions

Overview. The juxtaposition of a theoretically triangulated critical feminist worldview with narrative inquiry means that the focus of scrutiny will be on storytellers' perspectives and interpretations of their agency and identity as told in stories of their interactions with the personal, symbolic, structural, and ideological world. The concepts and assumptions that locate and frame this approach to narrative inquiry are outlined below. These include 'the storied space' as the site of narrative analysis, as well as our conception of space, social actors, the social action of stories, narrative truth, narrativity, and storylines.

The storied space. In the context of a theoretically triangulated critical feminist inquiry, we conceptualize the 'storied space' as a site that "comes into being by being actively connected to human beings… where people are positioned by the actions of others and also actively position themselves" (Löw, 2008, p.35). The storied space could thus be considered as the space where stories are co-

constructed as they are narrated. In the context of a critical feminist narrative inquiry, the storied space is delineated by the nature and boundaries of a chosen phenomenon. It serves to locate storytellers and their stories within their particular space as well as within the larger world, the setting behind the story. The latter is the site of embedded rules, routines, and expectations specific to a phenomenon, prescribing and guiding social actors' functioning, and ultimately influencing personal identity and agency. Within the storied space, it is possible to situate storytellers' embodied choices, decisions, challenges, and successes in the context of relationships and interactions with symbolic, structural, and ideological worlds.

Space. In the context of a critical feminist narrative inquiry, space is the structural and ideological site of contacts between agent and structure through social interactions, social reproduction, and positioning (Giddens, 1984; Löw) (Giddens, 1984; Löw, 2008). Space is constituted of the dominant symbolic order, metanarratives, history, memory, institutions, hegemony, and memberships constantly interfacing to guide and also curtail the agency of social actors (Van Wolputte, 1996). Inclusion is facilitated by social actors' ability to conform to logical, meaningful, and co-constructed understandings of the rules, routines, and metanarratives (Bamberg, 2004; Löw, 2008; Van Wolputte, 1996). Social interactions involve the negotiation of power as actors relate to each other in response to situations, rules, routines, and available resources (Giddens, 1984; Löw, 2008). Social reproduction may occur as a result of practical consciousness, that is, the most often unarticulated and accepted adherence to established rules and routines (Giddens, 1984). It may also be a function of reflexivity and

conscious choices, or occur in response to a paucity of available resources to effect change (Giddens, 1984). Positioning depends on the sources of internal and external power available to facilitate or constrain the agency of social actors in a specific time and space (Giddens, 1984; Löw, 2008). Ultimately, space is a site where conformity, contest, resistance, defiance, and emancipation are possible (Bryant & Livholts, 2007) bearing some reflexivity and decisional power.

Social actors. We view storytellers as embodied social actors who are intentional, interpretive, reflexive, and moral human agents within their space. They live according to rules and routines shaped by the culture, structure, and ideology that permeate the fabric of society in a particular time and space (Fourcade, 2010). These rules and routines are learned in the context of their symbolic world and often remain unchallenged. When considered customary, rules and routines operate as powerful sources of ontological security for social actors while also fostering social reproduction and conformity (Giddens, 1984). Ontological security is an internal condition that allows social actors to feel safe within their world, to trust others, and to manage their relationships and interactions (Giddens, 1984). While ontological security serves to protect one's identity and embodied self, this does not preclude individuals from challenging rules and routines and to determine the best course of action given particular situations. As reflexive and knowledgeable agents, social actors may choose to conform and also to emancipate from, contest, resist, or defy living according to symbolic, structural, or ideological expectations.

The social action of stories. Through storytelling, social actors invite us into their life space (Frank, 2000). The stories they share with us offer glimpses of the meanings, relationships, and commitments that inhabit this space (Frank, 2000). These stories also situate experiences of oppression and domination, of difference and marginalization, and of struggles and victories (Gwin, 1996). As we accept the invitation, we are called to open ourselves to "seeing (and feeling and hearing) (sic) life differently than [we] normally do" (Frank, 2000, p. 361). As Gwin identified, the reading of stories is both a "solitary and communal experience … [as well as] an ideological production . . . [that] must always be kept under scrutiny as to its motives" (p.872).

In the context of a critical feminist narrative inquiry, the agency of the storyteller and the political role of storytelling are as important as the stories themselves. Stories are told by research participants in response to a desire to have a voice. Storytelling opens a space where stories of frequently silenced and marginalized circumstances can be shared. These stories often represent the voice of others living in similar circumstances, and can also become sources of information toward social change (Wuest, 1995). The reading and interpretation of these stories becomes a means to further explore the agency of social actors in interaction with the often uncompromisingly normative expectations attached to multiple identities and roles (e.g., daughter, wife, mother, client).

Narrative truth. We regard stories, as they are told by social actors, as authentic representations of narrators' beliefs, thoughts, emotions, intentions, choices, and actions within a particular storytelling context. In our view, narrators

are embodied social and moral agents who shared their stories in response to "narrative intelligibility", that is, their stories were told because they were both "recountable" to others and "followable" for oneself" (Cohler, 1991, p.178). We therefore see in these stories a 'narrative truth' that is not questioned. This assumption does not preclude our recognition that these stories were co-constructed with the researcher in response to a particular purpose, and that they also were told according to participants' own performative agenda. We acknowledge that the events that are described may have been reconstructed as memories emerged and conflated during the telling of particular stories. We recognize that the shared stories provide a specific, evolving, and limited view of the storyteller's world, and that they remain incomplete. These stories represent, nonetheless, the 'truth' of the storyteller as an embodied social actor and expert in her life.

Narrativity. Each personal narrative is an embodied story told from the perspective of a situated self. The embodied narrativity of the social agent, that is the process of narrating one's stories, emerges from particular understandings of interactions, expectations, and surrounding social, cultural, historical, and structural networks and forces (Wilde, 1999). The stories that are told thus are more than chronological sequences of events. As storytellers share stories about their circumstances, experiences, choices, and decisions, they interweave these into storylines, according to and accounting for symbolic, structural and ideological scripts (Somers, 1994).

Storylines. When connected together, narrated events become storylines that explain how each experience relates to the other in the context of a life and a world. Storylines serve to locate narrators in time, space, and configurations of relationships, as well as within symbolic, institutional, and material practices (Somers, 1994). Somers (1994) suggested that we, as researchers, consider these dimensions in our study of storylines as a means to examine the forces and conditions that influence social actors' narrativity (Frank, 2010), identity, and agency.

Critical Feminist Narrative Analysis – A Double Hermeneutic Process

A theoretically triangulated critical feminist narrative analysis involves a double hermeneutic process (Giddens, 1984; Josselson, 2004), that is, a "double process of translation or interpretation" (Giddens, 1984, p.284). The *first level of inquiry* involves an examination of stories as they are told to learn about social actors' personal world and about the significance they attribute to events, people, and contextual forces and conditions given particular circumstances. Stories are reviewed according to a "hermeneutic of faith" (Josselson, 2004. p.5), an approach consistent with both a feminist lens and narrative inquiry. The intent is to study and re-present as accurately as possible the messages participants conveyed through their stories in keeping with assumptions of 'narrative truth'.

At the *second level of inquiry*, consistent with the ontology, epistemology and assumptions underpinning a theoretically triangulated critical feminist inquiry, a "hermeneutic of contextualization" guides the analysis. The latter is a study of the "contextualities of interactions ... inherent to the investigation of

social reproduction" (Giddens, 1984, p. 282). Stories remain sites of 'narrative truths' as they are analyzed. The focus is on the context of interactions with symbolic, structural, and ideological worlds to gain a deeper appreciation of the influence of these forces on the reflexivity, agency, and identity of the social actor. This approach significantly diverges from a frequently discussed narrative analytic strategy identified as a "hermeneutic of demystification" (Josselson, 2004, p.13). The latter is used to identify instances of potential false consciousness within the stories that are told (Josselson, 2004).

Multiple Readings and Listenings

A double-hermeneutic process of analysis and interpretation necessarily implies multiple readings of the stories from multiple vantage points. The aim is to achieve a progressive and careful understanding of: (a) the ways that storytellers view themselves and interpret their agency within their world, and (b) the forces and conditions that influence social actors' reflexivity, identity, and agency as they interact with the symbolic, structural and ideological environment surrounding them and shaping their life and choices. In the latter case, stories are analyzed and interpreted through symbolic interaction, critical inquiry, and feminist lenses.

From a *symbolic interaction* lens, the influence of personal history and family-related expectations on social actors' agency is examined as told by storytellers. Stories describing interactions with others within this symbolic social environment reveal rules, routines, and territorial conceptions particular to the immediate familial and social context of the narrator.

A *critical inquiry* lens brings to light structural and ideological contexts. Stories uncover the commanding voice of the collectivity in determining privilege, boundaries of agency, and sources of domination, marginalization, and oppression. For example, stories reveal narrators' challenges when confronted with the power of expert systems, metanarratives, and social structures' normative and historically established practices (Giddens, 1984). The agency of the social actor frequently becomes visible through counterstories (Andrews, 2004; Bamberg, 2004). These are stories describing their efforts as reflexive knowledgeable agents to contest, resist, or free themselves from oppressive situations as they struggle to be heard and respected, and often experience dismissal and disempowerment.

Finally, when reading stories through a *feminist lens*, the focus is on the embodied context of the social agent as constituted by gender, race, class, sexuality, and other conditions fostering health inequities (Edwards & Di Ruggiero, 2011; Hankivsky & Christofferson, 2008; Kushner & Morrow, 2003; McCall, 2005; Reutter & Kushner, 2010). The dialectical interactions of social actors with the broader social, economic, cultural, and political contexts of their everyday life experiences (Kushner & Morrow, 2003) are scrutinized. Gendered sources of oppression and domination as well as sites of reflexivity and emancipation given one's particular social location become visible. Storytellers speak about successes and challenges, and about the forces that limit their agency as they envision and seek to create a better and different future.

Critical Feminist Narrative Inquiry – An Exemplar

The Study

The theoretically triangulated critical feminist approach to narrative inquiry described here was elaborated in the context of a research study focused on the experiences of developing trust in one's mothering among women who have a history of childhood violence experiences. Ethical approval was obtained from the University ethics review board. Narrative inquiry was chosen so that research participants could speak about their experiences through stories. Women came forward because telling stories about mothering was not foreign to them and also because many identified that they had never been asked to tell stories about their mothering in the wake of childhood violence experiences. Twelve women were interviewed. Many identified, as they joined or completed their participation to the study, that their story needed to be heard stating: "people just don't know what this is like for us!" All felt very strongly that their participation was a form of social action as they now could become a part of the solution.

A semi-structured interview guide was used to elicit stories. Each interview started with two open-ended questions: "Can you tell me about a typical day for you as a mother these days?" followed by "Could you share with me one or two memories of being a mother to your children?" Probes were used to encourage details about each story and about experiences of comfort, confidence, or trust in self, in mothering, or in others during a single interview that lasted between 2.5 and 4.5 hours. Participants were invited to speak about the place that mothering had taken in their life as a whole, given their childhood violence experiences. Stories about experiences of support and nonsupport (Neufeld &

Harrison, 2003) were obtained as well. Finally, participants were encouraged to voice concerns about their interactions with sources of nonsupport (i.e., family, available services) and to suggest ideas for the development of programs and policies given their embodied mothering experiences. These latter strategies were planned to value women's voices as credible sources of knowledge, and to facilitate women's desire to raise the consciousness of others through their words (Wuest, 1995).

Critical Feminist Narrative Analysis and Interpretation

In the context of this study, the storied space was identified as the space of mothering while living with the legacy of childhood violence experiences. The boundaries of this space were determined by the research question and the focus of the study. This space encapsulated all of the stories that women shared to describe their particular world and reality. The setting of the story included all that constitute the world of mothering, that is, rules, routines, metanarratives, expectations and so forth. Women's stories described multiple facets of their embodied maternal experiences, situated them as social actors within their personal symbolic context, and in interaction with broader social, structural, and ideological systems.

The first level of hermeneutic analysis involved three readings. A *first* reading served to identify four narrative threads common to all stories. These were: (a) women's perspective of their maternal experiences as a whole, (b) the influence of their childhood violence experiences on their mothering choices and decisions, (c) their experiences and challenges with self-trust and trust of others

given their childhood violence experiences, and (d) their perspectives of others' supportive and non-supportive actions and interactions. During a *second* reading, participants' narratives were deconstructed and then re-constructed in chronological order within a corresponding narrative thread. Each particular story was titled according to the essence of the revealed experience in response to the question "What is this storyteller telling me through this story?" This step contributed to emplotment, that is, a configuration of experiences (Abbott, 2008) to understand how narrators viewed themselves and interpreted their agency within their world. A *third* reading guided the emergence of storylines. At this point, the question became "What have I heard as I read and listened to this participant's stories?" and led to several pages of reflective writing. As key messages emerged, metaphors also eventually surfaced (e.g., searching for anchors, the persistence of memories, gatekeeping). These metaphors represented facets of maternal experiences important to all women, albeit in different ways, depending on their unique stories and circumstances. They exemplified various positions, voices, responses to the demands imposed by intersecting contexts, and illustrated women's account of their agency within this world. Women's experience of pervasive self-doubt and distrust of others regardless of the nature of their childhood violence experiences is one example of the significant findings that arose from this level of analysis.

The narratives were then scrutinized from the second level of hermeneutic analysis. Through each further reading, a different level of interaction of the social actor with her world or the broader context of her experiences was

examined. Each reading was followed by several pages of reflective writing to further analyze and interpret, name, and contextualize the forces identified as facilitating and curtailing the agency of the social actor. Using the reconstructed stories identified under each narrative thread, a *fourth* reading made it possible to identify how women situated their agency within the conditions imposed by their symbolic world given the historical context of their experiences of childhood violence. The experience of distrust became contextualized and highlighted the tension between history and present circumstances as women explained their choices, decisions, and perceptions of themselves as mothers within their immediate mothering space. A *fifth* reading focused on the power of metanarratives (ideology) in women's mothering space to guide as well as to constrain their agency and identity. Women's stories provided many examples of their perceived choices, and of the decisions they made in the context of interactions between identity and ideology given endemic experiences of self-doubt. For example, women struggled with the messages that were implicitly connected to metanarratives and that were used by them, and others, to determine whether they were 'good' or 'bad' mothers, 'good' or 'bad' wives, or daughters, or patients, and so on. A *sixth* reading explored stories of women's interactions with expert systems (e.g., health professionals, children's teachers, social workers), gendered practices, and a neo-liberalist worldview defining rules, routines, and metanarratives (Edwards & Di Ruggiero, 2011; Hankvisky & Christoffersen, 2007; Ilcan, Oliver & O'Connor, 2007; Reutter & Kushner, 2010).The conditions that enhanced or limited women's agency as they interfaced

with these were examined in view of their pervasive distrust of self and others. Women's reflexivity as knowledgeable social actors emerged as a significant means to activate their agency and served to explain their decisions to conform, resist, contest, or free themselves and their children from oppressive circumstances.

Issues and solutions. The extensive analytic process described above was completed for the first 4 participants. As the process was engaged to examine the story of the 5th participant, it became clear that little new knowledge was emerging about women's mothering experiences, and about the agency and identity of the social actor interacting with symbolic, structural, and ideological systems. The narrative threads initially identified were used to develop a framework of "codes", that is, of storylines in view of what was already identified through the readings described above. Storylines were added, or reviewed and modified iteratively and dialectically in the process of coding all participants' narratives.

The use of a categorical framework is discouraged by some narrative researchers due to concerns related to the fragmentation and disassembling of 'whole' stories (Riessman, 2008; Spector-Mersel, 2010). In the context of this study however, whole stories were coded rather than excerpts. Participants' stories could reflect more than one storyline (e.g., gatekeeping and searching for anchors) and were coded accordingly. If agency, internal and external forces influencing identity, or interactions with social systems could be read in these same stories, they were also coded within related sections. In this fashion, no story was ever disassembled and this strategy permitted the analysis of

voluminous amounts of data within a manageable time frame. The double hermeneutic process of narrative analysis continues as findings are selected and included into research reports. This data management system still provides easy access to all of the stories that pertain to a particular focus of interpretation.

Rigor and Representation

As advocated by Morse and her colleagues (2002), verification strategies were implemented through the various stages of this study to ensure methodological coherence and congruence given the theoretically triangulated critical feminist ontology and epistemology that informed this narrative inquiry. For example, in the context of this narrative research, a commitment to 'narrative truth' meant that care was taken to preserve women's authentic voice throughout the research process (Whitmore, Chase & Mandle, 2001). In addition, the double hermeneutic analytic process explained above gradually evolved with specific attention to ontological and epistemological congruence. Though explained in a linear fashion, analysis proceeded iteratively and dialectically in response to the data. Reflective writings were reviewed by co-researchers as a strategy to verify interpretations and to avoid the imposition of personal, theoretical, or political assumptions on the analysis of the stories (Doucet & Mauthner, 2008). These extensive texts served as a basis to discuss similar and differing perspectives, to ask and answer questions, and to offer insights. New or different perspectives were reviewed, further reflected upon, and integrated into previous analysis and interpretations as memos.

Conclusion

Limitations

The process of double hermeneutic analysis and multiple readings is intensive and potentially cumbersome when the sample extends beyond five to eight participants and extensive data have been generated. On the other hand, the depth and diversity of perspectives that was achieved through this study would not be possible with a smaller number of participants. For example, women coming forward with stories that proved to be negative cases (Morse et al, 2002) were serendipitously interviewed later in the process. Their story would never have been heard if the sample size had been otherwise limited. Furthermore, given the vulnerability of this population, and also consistent with the feminist agenda of giving voice to the traditionally silenced or marginalized, participants were recruited with the intent to interview all women who volunteered and met inclusion criteria for this study. The step of making a phone call to inquire about this study likely constituted a tremendous effort for the women and was in itself a social action that needed to be honored.

Implications

As detailed above, the rationale guiding a theoretically triangulated critical feminist perspective is for researchers to (a) identify sources of power and alienation (Sprague, 2005); (b) recognize expressions of resistance and emancipation (Kushner & Morrow, 2003); and (c) underscore invisible, silenced, or taken-for-granted historical, structural, and ideological forces and conditions (Mies, 1999; Smith, 1992). In addition, an analysis of data through theoretical triangulation can be useful to “bring about social change of oppressive constraints

through criticism and social action" (Seibold, Richards & Simon, 1994, p.395). The latter is a particularly important mandate when research focuses on marginalized or vulnerable populations where issues of social justice are not easily discerned and often silenced.

This narrative inquiry was undertaken with this particular perspective in mind. We proposed that a theoretically triangulated critical feminist worldview could be linked with narrative inquiry and allow a narrative analysis of social actors' interaction with their symbolic, structural, and ideological world. We outlined research assumptions and processes that reflected critical feminist ontology and epistemology while also remaining consistent with the premises of narrative inquiry. Also consistent with the sociological lens underpinning this narrative inquiry, we conceptualized the 'storied space' as serving a dual purpose. The storied space is a site encapsulating stories reflecting social actors' personal world and relationships. It is also the 'setting' behind these stories, a setting defined by the rules, routines, and expectations that influence social actors' functioning and sense of self as they interact with their symbolic (historical), structural, and ideological world. We ultimately found that this approach provided a means to understand the facilitating and constraining forces and conditions affecting social actors' agency and identity within the stories that they told.

We used a double-hermeneutic approach as we read and listened to participants' stories from multiple perspectives. The first level of inquiry is consistent with premises underpinning narrative research and reflects a close study of participants' stories to understand their particular reality. The second

level of inquiry challenges largely accepted practices of narrative analysis. Its aim is to contextualize the limitations imposed on storytellers' search for agency and identity as told within their stories and to highlight their reflexivity as knowledgeable social actors rather than focus on the likelihood of false consciousness (Josselson, 2004). Through this approach we gained a sense of the ways that storytellers viewed themselves in their world, and of the ways they interpreted their choices and decisions within the boundaries of interactions with their embodied context.

In addition, we identified stories as sites of social action, currently a debated perspective in the world of narrative inquiry (Atkinson & Delamont, 2006). We also focused our analysis on the assumption of 'narrative truth' rather than 'performative truth'. Our commitment to remain grounded in the stories as they were told throughout the research process is consistent with a feminist worldview designed to respect women's knowledge and expert voices. Performative truth is usually considered as researchers explore the role and power of the researcher, and of cultural expectations, in the co-construction of the stories. This is often where notions of false consciousness may emerge as stories are scrutinized for those "aspects of self-understanding or meaning-making that operate outside of participants' awareness" (Josselson, 2004, p. 15) and that may have influenced storytelling. Finally, contrary to most narrative inquiry, we used a different approach to data management once we established that similar storylines emerged from the narratives of four participants.

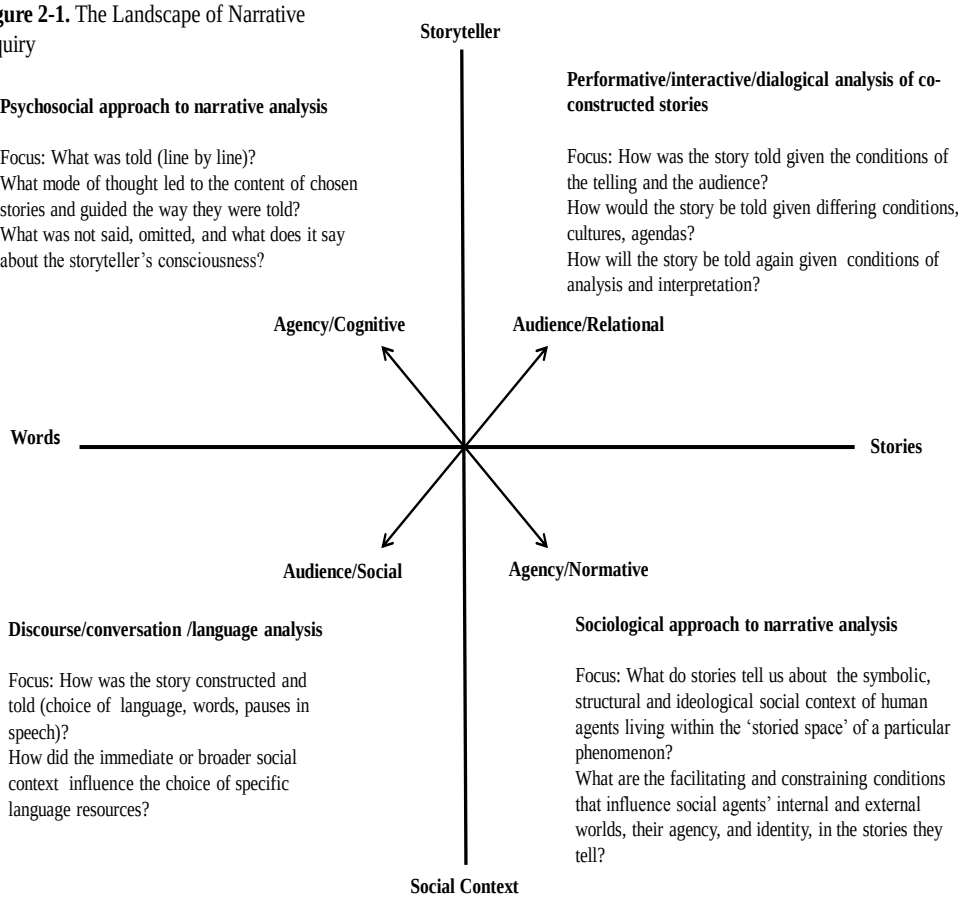
Future Directions

This theoretically triangulated critical feminist narrative inquiry allowed us to focus our analysis on the many sites of interactions between social actors and their symbolic, structural, and ideological world. We could identify the forces acting upon, facilitating, or constraining storytellers' agency and identity. We also recognized a number of intersecting axes of oppression (Hankivsky & Christoffersen, 2008; Hancock, 2007) fostering health inequities and social injustice (Edwards & Di Ruggiero, 2011; Reutter & Kushner, 2010).

The phenomenon under scrutiny was explored from individual and critical perspectives as intersecting domains of power including ideology, social structures, institutionalized practices, and interpersonal interactions were examined in the stories that were told. Hancock (2007) identified that analysis focused on the influence of complex, multiple, and intersecting sources of power on any category highlighting differences (i.e., race, gender, class, and others) may eventually provide some understanding of policy successes and failures.

While this is a first elaboration of a theoretically triangulated critical feminist inquiry, we expect it will evolve as opportunities arise for further refinements, discussions, and critique. For now, we view this approach to narrative inquiry as likely useful for researchers interested in gathering stories from traditionally silenced, marginalized, or vulnerable populations and bringing to light experiences of health inequities due to social injustice.

Figure 2-1. The Landscape of Narrative Inquiry



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Recall Bias and Research in the Context of Emotionally Valenced Events: Is Memory a Threat?

Recall bias is identified as systematic measurement error affecting the internal validity of retrospective studies. Recall errors are due to the imprecise memory of past events when research participants are called to remember specific information such as disease symptoms, treatment modalities, the effect of strategic interventions on health, the events preceding or potentiating specific conditions, or those facilitating or hindering social processes (Stull, Leidy, Parasuraman & Chassany, 2009; Tourangeau, Rips, & Rasinski, 2000). Errors of recall are specifically attributed to the processes of memory retrieval and reconstruction that occur as a natural consequence of recounting one's personal history at a given time, for a specific reason, and for a particular audience (Conway, 2005; Tversky, 2004). Memory retrieval and reconstruction further depend on participants' unique emotional reactions to an event at the time of encoding as well as subsequent individual experiences, experiences that are most often invisible to the researcher but may influence recall at the time of data generation (Berntsen, 2001; Brewin, Dalgleish & Joseph, 1996; Porter & Birt, 2001; Rasmussen & Berntsen, 2009; Talarico, LaBar & Rubin, 2004;).

Since the early 1990's, large population researchers have explored at length the issue of recall bias in attempts to devise strategies to minimize its impact on research findings (Chouinard & Walter, 1995; Clarke, Fiebig & Gerdtham, 2008; Neugebaeur & Ng, 1990; Shum & Rips, 1999; Stull et al., 2009; Tourangeau et al., 2000;). Conversely, in smaller health-care retrospective studies,

the issue of recall bias is infrequently discussed. Very few researchers have recognized the link between possible emotional responses at the time of memory encoding, including ongoing emotional processing, and recall issues at the time of data generation (Banaji & Hardin, 1994; Homberg & Holmes, 1994). Yet, the likelihood that events connected to strong emotional responses will be investigated in the context of health-care research is high. The life circumstances under scrutiny may have threatened individual well-being. These events may have violated participants' basic assumptions about their personal safety, invulnerability, and sense of control, and may have caused losses necessitating often profound readjustments to unexpected and unsolicited changes (Brewin et al., 1996). Brewin, Dalgleish, and Joseph (1996) qualify these events as traumatic circumstances; they take place outside the range of ordinary experiences, challenge physical, emotional, or social survival, and impose a significant redefinition of the self within a social group.

We contend that the incidence and magnitude of recall errors may be moderated by the initial strength of the emotional response and by the ongoing emotional processing of an event.

For the purpose of this discussion, current knowledge about the place of emotional valence in the recall process will be summarized. Strategies presently identified to manage recall bias will then be described. Attention will be drawn to some of the limitations of these research approaches in light of ongoing interactions between emotions and memory especially in the context of health-care research. Finally, we will offer suggestions to facilitate the inclusion of

emotional valence as research designs are elaborated and strategies to address recall bias are considered. We acknowledge that this discussion will reflect a bias toward traumatic memories. Research in this field of inquiry provides us with the most robust evidence of the effects of emotional responses on recall. We do not imply, however, that strong emotional responses are only connected to traumatic memories, that traumatic experiences never get resolved, or that they are always associated to posttraumatic stress disorder symptoms. Where possible, our discussion will not only address the influences of traumatic memories on recall, but it will also attend to the identified effects of a wide range of non-traumatic emotional responses on memory retrieval and reconstruction.

As the mechanisms that underlie memory and recall are complex, a short description of non-declarative and declarative memory processes and the pathways that lead to the encoding of events eliciting neutral, low, strong, and traumatic emotional responses is provided. We highlight how both encoding and recall are largely affected by individual emotional responses to stimulus. The discourse surrounding strategies designed to manage recall bias in the context of memory recency and primacy is also summarized. We further address the potential interaction between emotional-valence (neutral, positively and negatively-laden, and traumatic emotional memories) and recall bias in the context of memory salience and coherence, memory conditions directly linked to the meaning participants ascribe to particular experience and to concurrent emotional responses. We finally propose research design strategies that extend

beyond current perspectives to include attention to memory salience and coherence in attempts to manage recall bias.

The Encoding of Memories: Two Pathways

In 1993, Squire and his colleagues identified that neuroscientists and psychologists had already spent many decades exploring brain functioning as they worked to understand cognitive processes and their link to emotions and recall (Squire, Knowlton & Musen, 1993). The exact mechanisms involved in the creation of memories remains elusive despite these ongoing research efforts (Schott et al., 2006; Voss & Paller, 2008). In its most elemental fashion, we do know that memory is an encoding system that relies on specific neural circuits (Conway, 2005; Squire et al., 1993; van der Kolk, 1994). Researchers have also determined that memories are created following two distinct pathways. Events received and encoded in the right hemisphere of the brain lead to non-declarative memories while information that transferred from the right hemisphere to the left gives rise to declarative memories.

Non-Declarative Memories

Event-related information incoming to the brain is initially filtered through emotional reactions to non-verbal stimuli and received in the right hemisphere of the brain as sensory data. Information processing is non-conscious, extremely rapid (Brewin et al., 1996) and non-declarative, that is, the event cannot be articulated. At this stage, detailed encoding in various areas of the right hemisphere may occur if the information received is emotionally overwhelming or traumatic (Lanius et al., 2004). If this is the case, the amygdala, a region of the

brain associated with perceptions of threat and fear will be activated and related hormonal activity will preclude information transfer to the left hemisphere in favor of creating right hemisphere non-conscious perceptual memories (Brewin et al., 1996; van der Kolk, 1994).

It is however possible for portions of these memories to transfer to the left hemisphere, even in the presence of terrible events and acute emotional distress. This often occurs in individuals who purposefully suppress their emotions at the time of the overwhelming experience to protect their self (Morse & O'Brien, 1995; van der Kolk, 1994). They mitigate their emotional response through the use of an 'observer' lens, and encode details based on their observation of the environment and their concrete actions rather than allowing their feelings to define their experience, and by extension, their memory (McIsacc & Eich, 2004; McNamara, Benson, McGeeney, Brown & Albert, 2005). In limiting their emotional response, individuals are able to access conscious information processing pathways, which are characterized by their slowness, and the ability to only absorb small amounts of information at a time (Brewin et al., 1996).

Declarative Memories

Memories become declarative, that is deliberately accessible and articulated, when sensory data perceived as less threatening, or of neutral significance to the self, transfer from neural circuits within the right hemisphere to the hippocampus and then to the left hemisphere where higher level processing can take place (Mneimne et al., 2010; Scaer, 2001; Schmidt & Saari, 2007). Once information has reached the left hemisphere of the brain, it is organized through

problem-solving and information-processing tasks to establish the cognitive context for the memory. Words are manipulated, sequences and cognitive categorizations are generated, and internal states are labeled to ultimately translate an experience into communicable language (van der Kolk, 1994).

Declarative memories of neutral or low emotional valence are not static once they are formed, contrary to those elicited by powerful but non-traumatic positive or negative events. Data perceived as neutral or of low emotional valence are easily integrated into existing memory schemas and continually evolve and reconstruct in response to incoming data. New information is modified, while it simultaneously alters the schema itself (Conway, 2005). The verbal recounting of these memories further modifies the original encoding as the context of the telling influences what will be told, how it will be told, and ultimately the way an event will be remembered (Tversky, 2004).

In contrast, events eliciting powerful positive, negative, or traumatic emotional responses encode in declarative memory with sufficient precision for these memories to remain vivid and to survive reconstruction despite the passage of time and multiple retellings of the same event (Berntsen, 2001; Morse & O'Brien, 1995; Porter & Birt, 2001; Rasmussen & Berntsen, 2009; Talarico et al., 2004;). This is especially the case when events are highly significant to the autobiographical self.

From Encoding to Recall

The Recall of Non-Declarative Memories

The extent of recall of non-declarative memory is dependent upon the way an event was initially processed perceptually and emotionally (Raes, Herman, Williams & Eelen, 2005). Non-declarative memories encoded as somatic in response to perceptions of overwhelming threats will most often be recalled only through sensory organ arousal in reactions to evocative stimuli (i.e.: smell, sound, touch), and frequently without differentiation between the original threat and the current situation (Brewin et al., 1996; Scaer, 2001; van der Kolk, 1994). These non-declarative memories may be difficult to articulate unless the context of recall elicits emotional reactions similar to the original event, thereby calling on resemblances between the past and the present (Conway, 2005). On the other hand, if a partial transfer of overwhelming memories into a declarative state has taken place at the time of encoding, the dissociation of affective state will lead to incomplete memories, that is, missing pieces, or lack of specificity of available recollections when called upon to recall such events (Brewin et al., 1996; Byrne, Hyman & Scott, 2001; Conway, 2005; Morse & O'Brien, 1995; van der Kolk, 1994).

The Recall of Declarative Memories

The recall of declarative memories on the other hand, depends on the cognitive processing of a particular event and the possible interference of other similar events occurring simultaneously and subsequently (Conway, 2005). Events associated with neutral or low emotional intensity are easily integrated into existing memory schemas and are reconstructed (Conway, 2005) on an ongoing basis. The same is not the case when recalling events associated with powerful

emotional responses. The emotional intensity and valence ascribed to an event will in fact determine how precise and detailed a memory will become. Studies about this phenomenon have revealed that negatively-valenced events were remembered longer, with greater vividness and a greater sense of recollection than positively-valenced events (Reviere & Bakeman, 2001; Talarico et al., 2004). These negatively-valenced events were not only thought about more often, but the more distressing the event, the more pervasive was the recall, often at the expense of positively-valenced memories (Porter & Birt, 2001).

Talarico and her team (2009) reported that participants (*N*=170) were asked to recall eight distinct emotional events. Their recall of negatively-valenced events provided focused and detailed information about the circumstances eliciting threat (fear), or frustration (anger), whereas the recall of positively-valenced events provided more peripheral information than precise details about the event. Furthermore, in four studies of involuntary memories (flashbacks) of emotional events designed to identify if the extent of recall of traumatic events is different from the one of happy events (*N*= 99/12[traumatic events]; 96/14[positive peak events]), Berntsen (2001) identified that extraordinarily vivid involuntary memories were not limited to trauma-related or negatively-valenced events. They also did exist for highly positive events. The involuntary retrieval of positive memories however, was less frequent as these were less accessible and showed decreased retention over time in comparison to the vividness and involuntary persistence of trauma-related memories. Berntsen's findings also indicated that extraordinarily vivid involuntary and persistent memories most

often emerged as a result of the intense emotional reaction to an event at the time of its occurrence, and the significant consequence of this event for the autobiographical self rather than solely from a negative or aversive emotional response to a situation. Study results further established that persistent and vivid memories, regardless of their valence, are often used as reference points for "the attribution of autobiographical meaning to other experiences" (S155). Finally, Berntsen's findings were congruent with those of Morse and O'Brien (1995) as well as those of van der Kolk and Fisler (1995) who identified that extraordinarily vivid involuntary memories caused by traumatic threats to the autobiographical self are "unusually accurate … and remain stable over time" (van der Kolk & Fisler, 1995, p. 505). While they are specifically focused and often lack information about concurrent or peripheral details, the imprinted content remains clear and indelible.

Emotional Valence and Current Perspectives about Recall Bias

Is Emotional Valence Discounted?

When strategies are proposed to address recall bias, overt consideration is rarely given to the interaction between ascribed emotional valence at the time of encoding, memory reconstruction, and the potential of retrieval errors. The underlying assumption is that memory is unreliable. Consequently, to minimize recall errors, research approaches that can trigger or support accurate recall are needed. Researchers exploring and addressing issues pertaining to recall bias have focused most of their efforts and discourse on two particular conditions affecting memory, that is, recency and primacy. *Recency* refers to temporal decay, that is,

the loss of accuracy of a memory due to the passage of time (Baddeley, 1979). The *primacy* of a memory is related to the importance given to a memory at different times. Recall fluctuations may occur in response to changing circumstances, the availability of retrieval cues, the interference of similar and competing memories across time (Jones & Martin, 2006; Neath, 2010), the complexity of the information to be recalled (Stull et al., 2009), or the mood of the person at the time of the interview (Homberg & Holmes, 1994).

Another component of memory and recall that is often overlooked is the importance of the event to the autobiographical self. *Salience* of a memory is associated with the degree to which particular experiences affect an individual's self-definition and therefore become significant or relevant in the larger life context of that person (Shum & Rips, 1999; Stull et al., 2009). The ability to remember, or the propensity to forget, is also related to the need to maintain the coherence of the self. Memory *coherence* is associated with individuals' tendency to recall certain memories over others to ensure the integrity of current goals, self-images and self-beliefs, and to protect the socially constructed self from vulnerability and destabilizing influences (Conway, 2005). The remainder of this discussion thus will focus on research approaches deigned to address and manage the potential of recall errors. Strategies currently verified as useful to manage issue of memory recency and primacy will first be identified. Potential approaches to address matters related to memory salience and coherence will then be proposed.

Recall Bias and Currently Proposed Strategies

Recall Bias and The search for "truth"… A Matter of Research Design, Context, and Goals

The choice of research design initially determines the degree of attention that is given to recall bias. In qualitative research, researchers are seldom concerned with the absolute veracity of historical events (Sandelowski, 1993). They acknowledge that by the time they explore specific events with a participant, and solicit their memories, it is possible that these have been composed and recomposed many times. The 'truth' is therefore not so much about a faithful and accurate representation of past events (Kölbl, 2004; Murakami, 2004). It is instead embedded in the connections that participants make between past, present, and future as they strive to tell their story according to their own truth and endeavor to "establish a moral sensitivity of the past for the present interactional setting" (Murakami, 2004, p.46).

In the context of quantitative research, the relevance of recall bias depends on the field of inquiry and the research goals. In smaller scope studies focused on health-related issues, recall bias is often identified as an unanticipated influence during post hoc analyses. Social scientists studying large population samples expect and accept that survey results will include a percentage of variation from the norm and some incorrect data (Back, 1994; Brewer, 1994). They strive to gather sufficiently, rather than absolutely accurate information about a population as a whole and these data serve to construct a model based on common characteristics. Epidemiologists, and other researchers studying health-related issues, have specifically focused their attention on the effect of memory recency

on recall bias. They have elaborated on design strategies to potentially prevent, or at the very least, manage its occurrence. For example, a current debate surrounds " the optimal recall window over which to ask a question when recall errors increase with window length but a longer window is likely to provide more (albeit imperfect) information directly relevant to the variable of interest" (Clarke et al., 2008, p.1276). Clarke and his colleagues have designed a statistical framework to determine the length of the recall window deemed acceptable in light of various research goals. They however cautioned researchers to think carefully about their rationale in choosing the optimal length of recall acceptable for their particular project. This team identified that though the shortest recall window may prevent recall errors altogether, this may occur at the expense of information loss or lead to other forms of bias. Selection bias, for instance, may become an issue as facets of an experience become unavailable due to the elimination of potential participants.

Researchers concerned with optimal recall window for the purpose of conducting randomized controlled trails to better understand the effectiveness of various treatments modalities are also concerned about the effect of recency on recall. They worry that patients may over or under-report (Stull et al., 2009). Stull and his colleagues conducted a systematic review of literature pertaining to issues related to recall bias and discussed the implications of these findings for patient-related outcomes clinical trials of pharmaceutical and other treatment approaches. Similarly to Clarke and his colleagues (2008), they concluded that research goals would ultimately decide the optimal recall period and the best strategies to use to

maximize recall accuracy. For example, a short recall period would be chosen if rapid changes are expected, a longer period if fluctuation of symptoms is unlikely, and a recall period could involve months or years for long-range implications of treatment. In this particular research context, however, researchers are not seeking memories about a distant past but documentation of incidences as they occur to identify patterns over time.

Data Generation Strategies

Once researchers have determined an optimal recall window, several strategies are available to enhance the recall of specific past events, familiar occurrences or evolving choices. In research contexts where surveys are designed to explore, for example, health care interventions (i.e., number of visits to a physician, the frequency of use of specific medications or treatments, preventative health-seeking interventions [i.e.: pap smears]) as means to inform policy changes, the use of multiple recall windows has been suggested given that the passage of time is known to lessen recall (Clarke et al., 2008). In this case, the researcher seeks information about a designated phenomenon from various time frames beginning with the most recent occurrence and follows with questions about similar but increasingly distant events. This strategy is believed to prompt more accurate recall as it may avoid instances of forward or backward telescoping, that is, the recall of events as having occurred sooner or later than they actually did. Alternatively, when seeking information about rare events spanning long time intervals, researchers may chose to increase the number of

questions to gain detailed information about the phenomenon under investigation (Tourangeau et al., 2000).

Beyond strategies to address memory recency, research approaches have been devised to enhance the recall of memory affected by primacy. These focus on the construction of survey questions. For instance, to facilitate the recall of a specific event, questions can be worded so the cue matches only the event of interest (Shum & Rips, 1999) especially if participants are asked to recall the details of one specific event among many similar or competing ones. It is crucial to be clear whether the sought information is about individual and precise circumstances or about a class of events that may have repeated themselves over a period of time (Shum & Rips, 1999). It is also important to remain cognizant of the fact that any provided answer will supply only one representation of an event because of individual selectivity of perception and of memory at the time of data generation. (Tourangeau et al., 2000).

Tourangeau and his team (2000) identified that memory retrieval initially occurs in reaction to key words even before the question is fully asked or understood. Once participants engage in the retrieval of relevant information from their autobiographical memory, the cues they identify in the question will lead them to specific portions of memory. Apart from the impact of time on recall, inaccurate and/or incomplete recall is more likely if the language used was unfamiliar and did not connect with the original encoding of a specific memory, questions were misinterpreted, cues were too many, too few, or too vague. Some cues may elicit retrieval of more detailed information, especially if they are

connected to personal meanings and original encoding, whereas other less significant cues may promote recall of information lacking significance for the current research (Shum & Rips, 1999; Tourangeau et al., 2000).

Finally, concrete recall anchors were also found to be useful to isolate specific occurrences from competing memories and to enhance the temporal placement of recollections (Tourangeau et al., 2000). For example, the use of boundary markers such as calendars, or references to specific objects ((Jones & Martin, 2006; Neath, 2010), or calling on events attached to pre-established social scripts and expected to be meaningful in a person's life (i.e.: marriage, childbirth, death of a parent etc.) may guide respondents' search for information and help them to more precisely recall specific information (Tourangeau et al., 2000; Stull et al., 2009). Depending on research goals, the use of real time diaries may also be useful. For example, if recall is required over an extended period of time and events need to be documented as soon as possible after they occur (e.g. studies focused on pharmaceutical or other treatment modalities) real-time diaries, electronic diaries or devices signaling time and prompting participants to write down specific responses at specific times (Stull et al., 2009) can be useful to mobilize the most accurate recall of symptoms. The use of such recording tools was however found to become burdensome to participants. In their review, Stull and his team (2009) reported that in some studies, patients did not rigorously jot down the necessary information as it happened but chose a time of day to record every recalled experience during that day. The intended proximal recording of experiences was lost and the available data became less reliable.

Data Analysis Strategies

Research strategies to manage recall bias following data generation include the use of specific methods of statistical analyses (Clarke et al., 2008; Yoshihama & Gillespie, 2002) and the use of validation data. This latter strategy has been identified for a long time as the 'gold standard' strategy to manage and explain recall bias at this stage of the research process. Once data have been generated, researchers compare participants' responses against previously documented sources of data such as hospital (Drews, Kraus, & Greenland, 1990; Mackenzie & Lippman, 1989), medical, or pharmacy records (Chouinard & Walter, 1995; Yawn, Suman & Jacobsen, 1998). Typically, their intent is to determine who amongst their sample of responders reported the occurrence of an event when it was actually documented (sensitivity), and who reported events that were not recorded (specificity) (Drews et al., 1990). Errors of recall thus are identified before the beginning of statistical analysis. The underlying assumption is that these institutional databases are accurate. This is not always the case and may in itself represent a threat to the validity and reliability of findings. For example, in one study, physician orders were eventually found incomplete and errors of recall were inappropriately attributed to participants (Cotterchio, Kreiger, Darlington & Steingart, 1999).

Accounting for the Effects of Emotional Valence on Recall Bias

The research approaches described above mainly focused on recall issues associated with memory recency and primacy. Strategies to diminish the influence of time on memory retrieval and to facilitate recall in the context of changing and

evolving circumstances, competing memories, and potential complexity were identified. This discourse however reveals that limited attention was given to other conditions affecting recall, that is, salience and coherence, conditions more closely related to emotional valence at the time of encoding and recall.

Emotional Valence, Memory Salience, and Recall Bias

As identified earlier, in the context of health-care research, studies frequently target phenomena where circumstances were highly significant for the autobiographical self of the participants and where emotional responses were intense. Contrary to the more often imprecise recall of events experienced as neutral or of low emotional valence, it is likely that the recall of events directly connected to compelling life experiences will survive reconstruction and remain vivid (Berntsen, 2001; Morse & O'Brien, 1995; Porter & Birt, 2001; Rasmussen & Berntsen, 2009; Talarico et al., 2004). This is especially true where the integrity of the self was endangered, where beliefs in safety and control were seriously challenged, and where participants have needed to adjust and to construct new meanings (Brewin et al., 1996). In addition, circumstances generally rated as having low emotional valence for the majority of participants might in fact be loaded with meaning and consequences for specific individuals. Recall accuracy thus might considerably vary amongst research participants in spite of the passage of time. For example, the emotional response of a woman receiving a cancer diagnosis following a Pap smear is likely to induce an exact recall of the timing of this procedure as opposed to the recall of a woman whose negative Pap smear was part of a routine exam.

It also is important to take into account that events requiring a major redefinition of the self due to threats to personal integrity and safety necessitate a period of emotional and psychological adjustment. As Morse (2000) described, such events cause individuals to enter a period of emotional numbing where only the present counts so they can keep going. They are enduring. They will not be able to verbalize about, or precisely recall a situation until they can safely get in touch with their emotional self (Morse, 2000). Once this happens, however, vivid memories and precise though sometimes partial recall is possible (McIsacc & Eich, 2004; McNamara et al., 2005; Morse & O'Brien, 1995).

Finally, memory salience also means that participants are susceptible to evocative stimuli. It is not always possible to know if the health-illness experience under scrutiny may be associated to unresolved traumatic circumstances and whether study questions could inadvertently tap into these memories. Emotional responses to questions that somehow connect with such memories may not only bring details of potentially unwanted memories to the surface but they may also affect subsequent recall or alternatively block certain memories from scrutiny, thereby affecting the recall precision of the initially sought information. This may occur, for example, through the somatic stimulation of familiar words, or through the exercise of probing for details in ways that may unintentionally alter the coherence of self of the participant while seeking information about apparently neutral topics. For example, Hatch and her colleagues (1999) designed culture-specific structured questionnaire modules targeting the influence of body development and peripubertal events and exposures on the occurrence of breast

cancer. They used various strategies to trigger accurate recall in Caucasian, Hispanic, and African American women who were breast cancer survivors or relatives of survivors. The question asking women participants to write lists of important events surrounding puberty elicited "bad memories and strong feelings in both groups of women… [to the extent that] some women began crying and the presence of a clinical social worker proved very valuable" (Hatch, von Ehrenstein, Meier, Geduld & Einhorn, 1999, p. 273).

Memory Coherence and Recall Bias

As demonstrated in the latter example, memory salience is closely linked to memory coherence. The context of memory coherence is similar to the one of memory primacy except that in this case, memories are highly significant to the stability of the core self (Conway, 2005) as opposed to being associated to events of neutral or low emotional valence. Issues of recall associated to memory coherence are more likely when the research context is perceived as threatening (Hatch et al., 1999), strained (Tourangeau et al., 2000) or participants feel rushed, worry about privacy and confidentiality, or may be concerned about the interpretation that will be given to their words (Kidd & Finlayson, 2006). Research questions perceived as discounting or trivializing the salience of an experience can also affect memory coherence (Holloway & Freshwater, 2007; Taylor, 2002). In response to the anxiety provoked by such circumstances, participants may not hear the entire question being posed, or they may eventually abandon efforts to retrieve the most accurate information in answer to questions. They may also respond according to what they perceive or believe is appropriate,

plausible, and acceptable, all in efforts to prevent further destabilization of their core self.

Health-Care Research in the Context of Emotionally Valenced Events: Additional Strategies

As identified earlier, current strategies designed to facilitate memory retrieval center on memory recency and primacy. In the exploration of phenomena more likely to be of significance for the autobiographical self, especially if associated to strong emotional responses, research procedures focusing on memory recency and primacy are useful but insufficient. It therefore will be helpful for researchers to first pay attention to the purpose of the study and to determine if the phenomenon of interest is likely to have been associated to events/memories of neutral, low, high, or traumatic emotional valence and significance for the autobiographical self. If the intent is to explore health-illness experiences expected to be imbued with significance to the autobiographical self, it would be practical to assume from the start that any related recollections will be connected to some emotional response at the time of encoding (Hatch et al., 1999). It also might be useful to consider that the more the event threatened the integrity of the self, and the more intense the emotional response at the time of memory encoding, the least likely it is that memory accuracy will suffer. On the other hand, memories may be incomplete for some participants and partially inaccessible until the initial period of emotional numbing has passed. It thus will be important to adjust the timing of data generation in light of research goals (Morse & O'Brien, 1995). For instance, in a study of patients who had

experienced life-threatening accidents, Morse and O'Brien found that interviews done as soon as patients' condition permitted only provided factual accounts of events. When these same patients were interviewed after their discharge from the rehabilitation center, detailed memories of the accident and of the treatments they had received had returned as flashbacks and were most precise.

Data Generation Strategies

In the context of health-care research, many scrutinized events will be imbued with meaning and associated to high emotional valence. Considering that emotional valence is closely related to memory salience and coherence, careful planning of data generation strategies is needed on several levels. For example, it may be important to examine interview questions and to determine if the information that will be solicited has the potential to connect to events of high emotional valence (Shum & Rips, 1999; Tourangeau et al., 2000). Attention to the choice of language may also be crucial depending on the phenomenon under investigation. Some words may be loaded with negative meaning and impair memory retrieval due to their upsetting effect whereas alternate words may facilitate recollections. And, in a research context where targeted experiences may be assumed to be of neutral or low emotional significance, the same cannot be assumed from everyone in the sample.

The choice of recall anchors and adherence to strict interview protocols may also become significant issues in the context of data generation strategies likely to influence memory salience and coherence. For instance, negatively-valenced events may be chosen as anchors because they are recalled more easily

and precisely than events eliciting positive emotional responses (Porter & Birt, 2001; Reviere & Bakeman, 2001; Talarico et al., 2004). While their function may be to support memory retrieval, to elicit recall from these vantage points may ultimately lead to unanticipated challenges. Somatic reactions may emerge unexpectedly or participants may experience the need to hold back memories and retain coherence of their self. These reactions are less likely if participants initiate these connections independently and then explain the relationship between these events and the ones under scrutiny. The latter however means that space and time need to be allocated for longer answers than expected. It also means that participants' allusion or descriptions of apparently unrelated events will be accepted and respected even though more specific answers are sought.

Depending on the topic under scrutiny, researchers also may want to consider data generation strategies that reflect sensitivity to the potential influence of the interview context on memory salience and coherence. Experienced interviewers, telephone or computer surveys rather than face to face interviewing, self-reports for the documentation of traumatic events, and multiple short interviews are all means to decrease participant anxiety and to facilitate recall. Mixed method designs may also be useful both to minimize recall errors and to respond to participants' needs and limitations. In this case, information would be gathered through structured survey questionnaires and supplemented with participant observations, a guided interview, or semi-structured questions. Used in combination, these strategies provide more contextual information about specific parameters of participants' experiences and bring more depth to data already

accumulated through quantitative means (Morse & Niehaus, 2009). Participants gain the opportunity to express themselves freely and according to their own logic, thereby potentially providing more accurate information (Herman & Harvey, 1997). Draucker (1999) noted that in response to a detailed mailed survey, many of her participants wrote extra background information such as descriptions to explain their choice of answers, and detailed narratives about their story. For these participants, the limited choices available in the survey questionnaires did not yield sufficiently accurate data. They needed the researcher to better understand the context of their answers, and took the opportunity to freely tell their story and to be heard on their terms.

Similarly, debriefing, after the experience of being interviewed and answering questionnaires, could be a useful strategy to support data analysis. This approach has recently been advocated as one to consider more consistently when conducting research with populations who have experienced and recounted events of high significance to their autobiographical self (Draucker, 1999; Newman & Kaloupek, 2004). It is meant to value participants' collaboration to the research process and to encourage them to communicate any issues encountered during their participation to the study. These conversations may inform researchers about the influence of the questions or other processes on participants given the emotional valence attached to the original experience, the salience of this experience for them, and the need to maintain coherence of the self. The debriefing data could then be included in post hoc analyses and reported as such.

Data Analysis and Interpretation Strategies

Given what is now known about memory encoding and recall in circumstances of high or traumatic emotional valence and significance for the autobiographical self (Berntsen, 2001; Porter & Birt, 2001; Rasmussen & Berntsen, 2009; Talarico et al., 2004), the attribution of recall bias solely on the basis of memory recency is arguably erroneous. It however may be important to consider the likelihood of reporting bias. Reporting bias means that research participants judiciously choose what is disclosed and what is held back during their participation to the research process. Reporting bias is used as a strategy to ensure memory coherence and to protect the integrity of one's core self (Conway, 2005). Reporting bias can be expected when participants experience a need for social acceptance, perceive threats to the self, or worry about self-disclosure (Catania, 1999; Tourangeau et al., 2000) during the interview.

The above does not preclude the occurrence of recall bias but the latter may be attributed to research procedures eliciting particular responses. For instance, it may be useful even important to consider that study results that *do not fit* expected patterns (i.e.: "outliers", unanticipated, or conflicting responses) may be in part related to participants' emotional responses unbeknownst to the researcher. As identified above, some questions may have been connected to unforeseen emotional responses and others may have been interpreted differently than anticipated in light of emotional response to the recall of the original event. Still other questions might have been avoided or only partially answered due to the need to maintain coherence of self. When publishing studies that report on phenomena of high emotional valence and significance for the autobiographical

self, it thus may be worthwhile to include in the discussion of the findings an acknowledgement of the design choices that could have facilitated or hampered participants' recall or reporting. It also may be useful to locate potential recall and reporting errors in the contextual conditions that exist outside of the research context. For instance, Johnson and Fendrich (2005) suggested that both types of errors are affected by contextual factors in participants' lives that may not be immediately identifiable by researchers such as "historical experiences of oppression, discrimination, exploitation, ongoing suspicions regarding the intention of the medical researchers…" (p. 187).

Conclusion

Recall is first and foremost a consequence of memory reconstruction. As memory reconstruction is more prominent in the context of events of neutral and low emotional valence, the incidence of recall errors is very high. The higher the emotional valence attached to an event and the higher the significance of this event for the autobiographical self (salience), the more persistently vivid and accurate memories become and the more important it is to maintain the integrity of the self (coherence). This perspective has so far been virtually overlooked in the context of discussions about recall bias. Existing strategies to manage recall bias have mainly focused on issues arising from memory recency and primacy. While these are essential, they are insufficient when considering the potential effects of memory salience and coherence on recall. This is especially the case in the context of health-care research where phenomena under scrutiny are often imbued with meaning, are associated to high emotional valence, and are of critical

significance to the self. We propose several strategies at every level of the research design and process to account for issues attached to memory salience and coherence when investigating such phenomena. We also suggest that recall bias is not as much of a threat as is usually anticipated if the sole justification is recency. It may then be more accurate to refer to reporting bias. Recall errors may still arise though these may need to be located in research approaches that may have triggered unforeseen emotional responses or be considered in the larger context of structural constraints.

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The search for safety, control and voice for mothers living with the legacy of childhood violence experiences: A critical feminist narrative inquiry.[1]

Mothering is a storied space filled with childhood memories of experiences with parents, family and friends. Mothering is further storied through the embodied and reflexive experience of being a mother to each child (Bergum, 1997; Ruddick, 1995) and the ideological expectations of what constitutes a 'good' or a 'bad' mother (Green, 2004; Hays, 1996). This space is also relational as being a mother means being open to support from others but also becoming visible and easily judged (Bergum, 1997; Green, 2004). The storied space of mothering is thus one of fluid interactions between private, relational, and normative forces.

Trust of self and others is necessary in the negotiation between the private, relational, and normative spaces of mothering, prenatally, and until the end of the child's first year of life (Bergum, 1997; Mercer, 1985, 1986; Wilkins, 2006). Research findings demonstrate that, in the absence of childhood violence experiences, women gain confidence in their mothering competence within the first six months after the birth of their infant (Mercer, 1985, 1986) especially if access to supportive resources is available (Wilkins, 2006). In the context of childhood violence experiences, however, women encounter many difficulties trusting themselves and others and these extend well beyond the end of their child's first year (Lasiuk, 2007; Mason, 2005).

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[1]*A version of this chapter has been published. Pitre, N.Y., Kushner, K.E. & Hegadoren, K.M., September 2011. Advances in Nursing Science, 34(3): 260-275.*

Discussions about the place of trust in maternal agency when children grow and gain independence are very limited. Studies investigating women mothering children after childhood violence experiences have primarily focused on (1) the presence of lingering symptoms of postpartum depression, or manifestations of ongoing depression (Buist, 2001); (2) parenting patterns and their effects on family dynamics (Banyard, 1997; Cole, Woolger, Power & Smith, 1992; Dubowitz et al., 2001) (3) and intergenerational transmission of abuse (Pears & Capadi, 2001; DiLillo & Damashek, 2003). A minority of researchers discussed the dilemmas that women experience regarding self-trust and trust of others, while mothering growing children (Cross, 2001; Herman, 1997; Lasiuk, 2007; Saltzberg, 2000). With few exceptions (e.g.Lasiuk, 2007), researchers sought participants from clinical populations of women affected by their childhood experiences. These studies concentrated on women's mothering difficulties, with little exploration of their embodied maternal experience. Discussions about women's agency to make positive changes, to transcend the past, and to create a new legacy for their children are largely overlooked. The forces that may sustain ongoing challenges, as women negotiate between past and present and mobilize agency to protect and nurture their children, are seldom recognized.

Through a critical feminist narrative inquiry, we retrospectively explored the experience of developing trust in one's mothering among women who live with a history of childhood violence experiences. We also sought to learn about the strategies women use to work through their fears and concerns. This report

specifically focuses on the loss of safety, control and voice, on women's trust of self and others, and its influence on their maternal agency. The findings presented here emerged in response to the questions: "*What is women's experience of trust/distrust in self, others and the world as they mother their children? How do they story the space of mothering given their experiences with distrust following childhood experiences? What conditions influence their agency as they manage related challenges?"*

Methods

Stories reflect storytellers' inner world, mirror outside influences, and connect individual experience to salient aspects of society and culture (Lieblich, Tuval-Mashiach & Zilber, 1998; Stuhlmiller & Thorsen, 1997). Narrative research explores how stories reveal the social worlds of people, their perceptions of agency, and their internalized or performed versions of life (Duffy, 2007). This study is a narrative inquiry informed by the triangulation of critical, feminist, and symbolic interaction lenses (Kushner & Morrow, 2003). Through this approach, historical and contextual forces are considered and traditionally invisible relations of power are exposed (Thorne & Varcoe, 1998), toward "emancipatory action to promote social justice in the context of women's issues" (Kushner & Morrow, 2003, p. 31).

From a critical feminist narrative inquiry perspective, narratives are viewed as storied spaces, sites where stories are shared about the engagement of social actors within their lives (see Chapter 2). Critical feminist narrative analysis specifically focuses on the agency of social actors who are considered experts in

their life space. As agency is enacted in response to rules, routines, territoriality and reflexivity, the interactions between storytellers and the personal, historical, social, structural and ideological contexts (Bryant & Livholts, 2007; Sack, 1993) of their life are explored. The forces and conditions that enable and constrain social actors' identity, choices, decisions, successes and challenges are scrutinized. Ultimately, storied spaces can be sites of conformity, contest, resistance, defiance and/or emancipation.

Participants

Women responded to an advertising feature in a local woman's magazine distributed throughout the city free of charge and also available online, as well as to a flyer posted on a large Western Canada university campus. They could participate in this study if 18 years old and above, and if their story included physical, emotional or sexual abuse in childhood. Participants needed to be mothers of (1) a child above the age of 3 years, if mothering only one child, or, (2) children of any age if they were also mothers of children above the age of 3.

Eighteen women inquired about this study. One did not meet inclusion criteria. Five others scheduled an interview and later cancelled as they changed their minds or lost interest. A total of 12 women were interviewed. Eight participants were married, 2 were divorced, 1 was a single mother, and 1was widowed. Eleven women were born and raised in Canada, 2 were of Aboriginal heritage and 1 grew up in South America. Women were between 32 and 55 years of age, and their children's ages ranged from 9 months (this mother also mothered an adolescent son and daughter) to 32 years (this mother was also grandmother).

Four women described challenges associated with mothering during and after perinatal loss, and 5 women spoke of their experiences mothering children with learning disabilities and behavioral challenges.

Ten women were finishing or had completed undergraduate or graduate university studies, and 2 had a technical diploma. Four women were single mothers and lived on a yearly income ranging between $15,000 and $35,000 due to disability and limited employment opportunities, divorce or widowhood. Most married participants' family income exceeded $100,000 a year. One participant's annual family income ($50,000), was below the median family income of $80,000 found in this city (Colin, 2007).

Data Generation

A first telephone conversation served to provide information and answer questions about the study. Women who chose to participate identified a time and place convenient to them for the interview. Written informed consent was obtained and confidentiality procedures were reviewed with each participant before beginning the interview. The freedom to stop the interview, to refuse to answer some questions or to withdraw from the study at any time was also reiterated.

Participants were interviewed using a semi-structured interview guide. The interview began with the open-ended question "can you tell me about a typical day for you as a mother these days?" and followed by "could you share with me 1 or 2 memories of being a mother to your children?" As mothering stories were told, more details about each story and about participants' experiences of comfort,

confidence, or trust in their self, in their mothering, or in others were elicited. Participants were invited to share stories about sources of support and non-support (Neufeld & Harrison, 2003), and about the place of mothering in their life as a whole given their childhood violence experiences. They were also asked to voice their concerns about available services, and to provide ideas for the development of programs and policies in light of their embedded mothering experiences. These latter strategies are consistent with a feminist perspective where women's voices are valued as a credible source of knowledge and where women have the opportunity to raise the consciousness of others through their research participation (Wuest, 1995). A demographic information sheet was completed at the end of the interview.

Interviews were digitally-recorded and transcribed verbatim by professional transcribers who signed a confidentiality agreement prior to the transcription of the data. All personal identifiers were removed before transcription, and pseudonyms were given to participants.

Ethics

Ethical approval was obtained from the University ethics review board. Considering the vulnerability of this population, strategies were developed to minimize any potential harm. These included interviews being conducted by one researcher who was an experienced clinical nurse specialist and mental health therapist highly sensitized to signs of potential distress during and immediately following the interview, reinforcement that participants always had choices (i.e.: in what they shared with the researcher), and assurance that they controlled the

extent of their involvement in the study. No participant disclosed issues related to intimate partner violence as they extensively described their current family functioning, and there was no evidence of child abuse or neglect as women spoke of their parenting choices and decisions. After the interview, participants were offered a list of available resources.

Most interviews lasted 2-2.5 hours, but several were 3.5 to 4.5 hours as participants shared in great depth stories about their mothering and their issues with comfort, confidence, and trust. Given the possible burden of the interview on these participants, they were asked if they would like to continue, to reschedule, or to withdraw from the process after a natural break in the conversation occurred around 2-2.5 hours. All participants but one chose to continue the interview, or to schedule another appointment to complete the interview.

Data Analysis

Data were analyzed through multiple constructions and reconstructions of the storied narratives (Lieblich et al, 1998) as well as through de-contextualization and re-contextualization of the narrated texts (Ayres, Kavanaugh & Knafl, 2003) to identify common attributes, noticeable differences, and salient variations that provided a nuanced understanding of particular experiences. Analysis proceeded along two lines of inquiry, first to gain a sense of the whole of women's experiences and of the significance they attributed to events and people in their lives, and second, to critically examine the forces acting upon women's agency, trust, and voice within their storied space (see Chapter 2). Stories were examined to understand women's historical context and the power of this legacy on their

maternal agency through their descriptions of interactions with others and the decisions they made within their symbolic social context. Stories of interactions with the broader social context were scrutinized to identify how the power of ideology (metanarratives), and of the rules and routines embedded within social structures and expert systems, served to facilitate or curtail maternal agency. Counterstories were also studied. These are stories where women's reflexivity as knowledgeable social actors led them to use their agency to resist, defy, contest or emancipate from historically oppressive circumstances or constraining influences or environments.

Representation and Rigor

Verification strategies were implemented throughout the research process to ensure the reliability and validity of the data (Morse et al, 2002). Specific attention was given to methodological coherence given the integration of a critical, feminist ontology and epistemology into narrative research (references will be provided on acceptance), a commitment to give voice to women's experiences in a context where silence is usually the norm, and to do research *for* women rather than *about* women. Participants from a diversity of contexts and experiences, and who possessed intimate knowledge of the phenomenon were sought. Data were analyzed dialectically and iteratively, with memos detailing analytic and interpretive decisions, and with emerging theoretical ideas being explored and modified in response to subsequent data verification. Particular emphasis was given to situating participants' experiences and agency within their embodied life circumstances (Polkinhorne, 2007; Thorne & Varcoe, 1998). Care

was also taken to preserve participants' authentic voice (Polkinhorne, 2007; Whittmore, Chase & Mandle, 2001) as tellers of their truth at the time of the interview, following the premises of "narrative intelligibility", that is, the assumption that participants chose stories that were both "recountable" to others and "followable" for oneself." (Cohler, 1991, p. 178).

Findings

Living the Legacy of Childhood Violence Experiences…

Women were never asked about their childhood experiences. They volunteered information about the conditions they faced as children to explain who they were, the choices they made as mothers, and the forces that made their mothering challenging. Six participants identified childhood experiences of sexual, physical *and* emotional violence, while the others spoke of experiences reflecting a combination of two out of these three forms of abuse. Seven women also spoke of witnessing family violence as they were growing up. Three women stressed that sexual abuse had not been part of their story. At the time of the interview, all but one participant had accessed counseling, seven spoke openly of having been affected by clinical depression, and four reported having felt suicidal or having attempted suicide. All participants described recalling vivid memories of their childhood throughout their mothering.

Every participant told stories about childhood experiences where life was constantly unpredictable and dangerous and where parents, siblings, and other adults were sources of harm or deliberately uninvolved witnesses. As demonstrated in a recent study (Roman, Hall & Bolton, 2008), participants'

stories alluded, or attributed, responsibility to maternal emotional or physical unavailability, erratic responses and unreliability or, abusive enforcement of silence. Many participants described stories of being “parentified”, that is, expected to unquestioningly take over the parenting role for their siblings, and to become responsible for all household chores at a very young age. Women ascribed the loss of safety, control, and voice they felt as children to these experiences of violence, neglect, and abandonment. They explained at length the ongoing legacy of these experiences on their maternal choices and decisions, and on their distrust of self and others.

The Storied Space of Mothering after Childhood Violence Experiences

Women positioned agency at the core of their mothering space. Agency took many forms as women explained what it was like for them to live with a history of childhood violence experiences; to search for a measure of safety, control and voice in their life; to still be fearful of potential harm from others; and to wrestle with issues of self-distrust as they mothered children. Stories revealed their determination to liberate themselves from the power of this painful legacy through purposeful choices made to change the story and to create a different mothering space than the one provided for them as children. They also vividly portrayed the tensions existing within their mothering space as they worked to defy influences from the past, contended with perceived expectations to conform to metanarratives, lived with pervasive self-doubt and lacked trusted mothering role models. Finally, they spoke about their distrust of others. They identified most contexts as sites of potential harm to their children or to themselves. Women

indicated that very few people were ever considered safe even if present in their mothering space.

Changing the story… In the name of safety, control, and voice…

Most women in this study considered mothering a gift, their most important priority, an impetus to focus on themselves and their children and to emancipate from a challenging heritage. All participants spoke about mothering as a space where they had the power to establish a different context for their children, to ensure they were protected and to help them develop as responsible adults. They all wanted to *change the story*. A most persistent narrative revolved around the opportunity to construct an environment where children were kept safe, were heard, supported, loved, and believed. Briana, a mother of 3 young children, echoed many other women's experiences as she described her endeavours to provide a safe mothering space:

> I like that my kids know that we're there for them. And, not just that we're physically there but we're - we'll back them up. So I try to make sure that they understand that. And I think, I think they do. I guess it comes from, I just didn't feel like my mom was there for me when I was growing up. And I want to make sure that - if something happened to my kids that they would come and tell me. So I think that's the biggest thing. And I think - I'm feeling fairly confident that they would. That they're understanding that. That we're there. And I think the other thing is that we'll believe them, that [we will] do something about it. And I think - I mean, that clearly stems from - I wasn't believed and that kind of stuff.

Participants spoke about mothering in ways that could honor the spirit of their children. They also wanted to provide an environment where their children could grow without being burdened with the unrelenting insecurities they themselves faced as children. For example, Larissa, a mother of 2 adult children, took control in the following way:

> My intention always remained the same. To raise a child who is free to celebrate his own spirit. I could give him, what do they say, you can give him roots and you can give him wings. And my intention has always been to raise a child so that they can celebrate their lives with the most balance and love and integrity possible. And that is why I don't, there has not been a lot of wavering in my own mothering because from the time I was very young I could see the tremendous holes in the parenting that my mother was doing and that she was basically a child… I just knew I could never ever rely on her for anything. And so in a way that was wonderful because then I knew exactly where I stood.

In contrast to the unreliability and unpredictability of their mothers, most women in this study felt it was most important to always 'be there' for their children. Many women also identified that it was essential that they be good role models. They talked about loving that there were no secrets in their household and that their children were willing to ask any questions, to speak with them about anything, even as adults. These behaviors signified to women that they had successfully changed the story and had provided their children with an environment where everyone could have a voice, feel safe speaking up, and be

accountable. Eva, a mother of 2 adult children, described listening to her inner voice and giving a voice to her children:

> I just KNEW. If I did the right thing from my heart - put them first. Didn't judge them. Didn't beat them. Didn't call them bad names. THAT - I would have a pretty good chance of raising some decent people... I just had an inner - an inner knowing. It came from - if I did something wrong, I felt it in my gut, I felt it in my heart. I made mistakes, of course I did. I wasn't perfect. But when I did make mistakes I used to - I used to come back and you know. Maybe I was too - too fast in saying this or, I've cooled off. Sorry I reacted the way I reacted. Can we talk about it? When you're ready, come and we can talk about it. You know, it didn't matter if they made mistakes, I loved them, hugged them anyways. And we talked about it and they learned from their mistakes. They're not afraid to ask me anything. When something's wrong I'm the first person they call, So. I think that kind of says and tells me that I did a pretty good job!

Every woman's intent was to change the story for her children's sake. For some women in this sample, life circumstances made it difficult to create or to maintain the conditions that could ensure their children were consistently safe, supported, and heard. Personal illness, lack of control or safety within their own life, or limited access to support, meant that they found themselves focused on a search for personal safety, control, and voice. Their children remained nonetheless the incentive to search for possibilities, and opportunities, to change the story.

Managing self-doubt… Walking on a Thin Line.

Women's agency and efforts to provide a more supportive, loving and wholesome environment for their children were constrained by self-distrust. The experience of self-doubt and insecurity usually occurs in reaction to the attitude of others, and also as a result of childhood experiences (McLeod, 2002). Individuals living with this historical and pervasive legacy often find it difficult to define, regulate, and integrate certain aspects of their self (Cole & Putnam, 1992; Saltzberg, 2000; van der kolk, 1994). Their concerns about loss of safety, control, or voice increase their perceptions of danger while the experience of self-doubt increases sensitivity to other's criticism (Govier, 1993). It becomes challenging to believe that one is competent and that one's choices are adequate. For the women who participated in this study, self-doubt generated tensions between resistance, defiance, and conformity as they sought to honor a personal commitment to change the story and to create a safer mothering space.

Three women identified having felt quite confident in their decisions as they mothered their children. All other participants lived with deep-rooted self-doubt and lacked confidence in their thoughts and actions. For example, Amy, the mother of 2 adult children, said:

> It's hard to think of being confident because that's the one thing that's always been like a demon I've had to battle - always - I think in every aspect of life, I second guess myself. So even I LOVE [my children] with all my heart and I KNOW that I do, I guess I can say I'm confident in knowing that I absolutely love them to pieces. At some really, really deep level, I second guess myself. There is always this measure of not being

> confident as a parent in making decisions because I just felt like - everybody else is smarter – or… more intuitive… or knowledgeable or something when it comes to being a parent than ME.

Despite intense self-doubt, all of the women in this study worked diligently to gain safety, control, and voice in their mothering space through a *search for anchors* and *constant comparisons* even if they did not always succeed in their efforts.

The pressure to be a 'good' parent was intense for all mothers in this sample, especially when determined to be different and better than their mothers had been to them. Many women were thankful that they had learned what not to do from their own mother. Many, however, were never sure if their own choices were good enough. They recognized that they had no other role models. Heather, a mother of two small children, vividly described what this was like for her:

> I felt some relief at least knowing what not to do, but feeling like I don't want a marriage where parents are hitting each other. I don't want a marriage where parents are throwing stuff at each other. I don't want a marriage where a parent disappears for hours and no one knows where the parent is. So okay I don't want those things, we are not doing those things. I don't want to hit my children. I don't want physical punishment to be the first line of defense when they do something. I want there to be financial security. I don't want to play mental mind games with my kids constantly. So I felt like okay I know what not to do but the hard part is not knowing always what to do [laugh] and not having that good example,

> right. You are kinda of floundering sometimes and I guess there is no normal but maybe you don't kind of experience that "normal happy family thing." Um… It is hard to recreate that sometimes or to feel like maybe what you are doing is enough. I have that feeling A LOT.

All women spoke about their *search for meaningful anchors* to compensate for their uncertainty about mothering decisions, and to guide them when unable to change the whole story given their mistakes. They wished to resist the imprint of their childhood on their maternal choices, but found that the legacy was not always easy to silence or ignore. Most women in this sample revealed that could not always prevent their children from being harmed by others, or from witnessing violence. They were not always able to prevent themselves from using harsh punishment, and many found it difficult to impose strict boundaries to their children. Dariele, the mother of a 4 year old child, found her confidence as a mother terribly perturbed when she realized that she had used similar mothering strategies to those her mother used to punish her. She stated: "Somehow you lose confidence because you just don't know what you, you, you know you're not doing right. I was very stressed, I was always asking people what they - what they were doing. How they were doing it, how they were coping with those things." Others, like Heather, talked about "constantly trying to inform myself and educate myself by watching other families. I feel like I am doing this all the time. I want to know what works and make that happen." A few women also revealed actively seeking information from other women, well before issues could arise, so they could glean strategies and devise back-up plans. For example, Isis attended

university when her 2 teenage children were younger. Upon noticing her young adult friends' behaviors, she would ask: "How did your parents – pull that off?" She learned that

> ...their parents kept them busy. They were in their LIFE. And I'm like, 'well what do you mean, in your life?' 'Well, they asked me about my friends, they met my friends' parents.' They had their phone number. If they didn't know the child's parents, 'I couldn't go over there' until they made that connection? And I learned SO much from ALL these people from university.

Isis, like many women in the study, also read countless books. One mother attended parenting classes. They all were searching for a mothering model that could help them exert some control over the legacy, and that would support their determination to change the story.

To limit the harmful effects of their experience of childhood violence on their mothering, and in their search for anchors, women's mothering space became a site of active resistance to one's past history through conformity to well-established metanarrratives. Socially embedded and largely accepted rules and routines (Bamberg, 2004) served as stabilizing forces when access to 'good' mothering models was limited. These represented an ideal to strive toward, anchored a need for control and safety, and helped to justify the power and responsibilities that fell upon women as mothers. In light of embedded Canadian neo-liberalist ideology (Ilcan, Oliver & O'Connor, 2007), women felt intensely and solely responsible for any deviations from normative expectations. They did

not allow themselves much space for divergence before considering themselves 'bad' mothers. Chloe, a mother of 3 adult children, described the thin line she felt she was walking between being a 'good' and a 'bad' mother, given her experience of self-doubt and the pressure of metanarratives:

> I don't think I have ever had confidence in anything and so when you become a mother it's like this is one thing that's all about you, right. You're the mother of this child and so the way that they turn out is because of who you are and what you are doing and how you are influencing these kids and so if something happens to them, you feel like you are not a good mom. You feel like ... you screwed up somehow…. if things go wrong with your kids, that's your whole self esteem, that's your whole life.

As Chloe illustrated, any deviation from the ideal was perceived in a negative light and further potentiated self-doubt. All the women who participated in this study described similar experiences and efforts to walk on the thin line between 'good' and 'bad' set by metanarratives.

Participants measured themselves against powerful social ideals, such as the 'normal' family, the 'good' mother, and the 'good' child, as they storied their mothering space. Pervasive self-doubt coupled with the pressure of socially accepted ideological expectations led to many tensions as women rarely considered their power to contest the demands embedded within these metanarratives. All of the 12 women who participated in this study found their self-confidence shattering when circumstances they could not control led to an

intense loss of power, safety, and voice within their mothering space, especially when adherence to 'good' mothering ideals, 'good' children behaviors, or 'good' family practices became impossible. Women blamed themselves, judged themselves harshly, and experienced a sense of intense failure, at least for a time, as they realized they could no longer measure up to 'ideal' standards. Some experienced suicidal thoughts, some identified now living with deep regrets and guilt, and others talked about feeling trapped by circumstances they did not choose, or of having been very depressed for a time. Some women recaptured a sense of control, safety, and voice by changing key elements in their mothering space. This served to decrease the intensity of self-doubt and failure, and helped them to be better mothers. Even as choices were made to modify their mothering space, these women's intent remained to strive toward the 'ideal' as constructed in dominant metanarratives.

The experience of self-doubt also meant *constant comparison* between self and others to determine if one was following the 'appropriate' mothering path, or if one was a good enough mother. Many participants talked about continuously questioning themselves as they searched for answers about maternal competence in light of their perceived or actual failings. For many, this reflexive process involved extensive comparison between one's choices and those apparently made by others in attempts to understand what made one different, or to find ways to become like others so children would behaved similarly. For example, Chloe stated

> I would look at these other moms and they would just, their kids would have no trouble and I would just think what is it that they are doing that I am not doing? Is it? Was I? Am I forcing this too much or is there too much conflict at home or what's going on that I am not doing? Did I not get them out enough? Did I not introduce them around enough? I don't know. You know was I too protective?

A few women tried to discern between 'normal' and 'abnormal' mothering choices and decisions given their childhood legacy. In comparing themselves to others, they vacillated between thinking of themselves as intensely different from the norm, and thinking that perhaps most mothers questioned their decisions and choices, irrespective of their backgrounds.

The persistence of distrust… setting boundaries I can live with. While women in this study used agency to change the story, and tried to manage self doubt as well as they could, the loss of safety, control, and voice they encountered as children also meant that they all contended with distrust of others in their mothering space. Individuals who are distrustful of others manifest a "confident *negative* expectation regarding another's conduct" (Lewicki, McAllister, & Bies, 1998, p. 439). They experience doubts and fears about the intentions and actions of others, and a sense of vulnerability given a constant anticipation of harm (van der Kolk, 1994). In the context of childhood violence experiences, distrust of others is often exacerbated by trauma-related symptoms (Herman, 1997; Luxenberg, Spinazzola & van der Kolk, 2001). These include *hyperarousal* (i.e., anxiety, hypervigilance), *intrusion* (i.e., persistent, and distressing thoughts or

flashbacks), and *constriction* (i.e., avoidance of place people or events reminding of the trauma). Many participants saw husbands, family members, friends and expert systems (e.g., teachers, health professionals) as possible sources of harm. Women responded to their acute need to protect themselves and their children through *hypervigilance* and *gatekeeping.* For many, most spaces were contested sites. Maternal agency served to set boundaries women could live with as they managed the relational expectations embedded within their mothering space.

Many women verbalized fearing loss of control and voice as their children`s horizons expanded beyond the home. They were also concerned about harm being done to their children once away from their vigilant supervision. *Hypervigilance,* or the hyper-awareness of similar circumstances repeating themselves (Willows, 2009), led all participants to develop extensive strategies to ensure that their children were safe. Many felt strongly that their children should not go anywhere without being accompanied by at least one parent and women structured their lives accordingly. A few women spoke of trusting very few people to look after their children so they preferred to keep their children at home, and to invite other children to visit in their home. They also organized their lives to have a parent at home with the children, or, as in Briana's case, to leave the children in the care of a nanny she was certain she could trust. Briana became unexpectedly incapacitated and then spent every day of a four month period observing and doing everything alongside the person she hired to help her to look after her infant. She emphasized that she likely would not have returned to work if it had not been for this unforeseen opportunity and further added "But I don't know

what I'd do if she left. Guess I'd have to quit work. {chuckles} I'd have to stay home four or five months. Watching somebody else."

Many women described their anxiety at letting their children gain independence. Fay explained how she coped with this experience: "The first time I let my kids go to the store and not even follow 'em, oh that killed me. It did, it just, you know, are they okay? Where are they? You know, so I'd phone somebody I knew on the route, have you seen my kids, are they walking to the store, are they coming back, what's going on? Oh, it was bad." Others like Dariele, needed to be sure their children could manage on their own before allowing them out of their sight:

> I was going to take her [to pre-school] last year and because she wasn't potty trained I spent the whole morning there. And somebody hit her and she couldn't talk still and she just aaahhh! {mimicking her daughter's voice} And I say… that's it. Probably she's ready. I'm not ready. Because I felt like uh somebody's going to beat on her and she's going just to let them do it because she doesn't know what to do. I say no. When she's potty trained, when she knows how to talk, how to express herself, to say he kicked me or you just don't hit me. Until THAT point I'm not ready. Probably she's ready… I'm not ready. I said thank you very much. I said I will stay home with her but I just don't, I won't do that to her. I - probably overprotected. Like uh I, I still miss, I still need to be around her. And she needs to be a stronger in order to go and do those things. And that's what I, now I know she's strong enough.

Interactions with expert systems, especially the school environment, presented many challenges. Women experienced a loss of voice and control in their management of the safety of their children. They told stories about dropping in unexpectedly at school, volunteering so they could have a voice, and creating alliances with teachers and principals. They only involved their children in activities where a parent could attend. All were strategies to ensure an ever-watchful presence in their children's environment. Participants wanted to be able to observe if their children were treated well, and to intervene or advocate on their behalf as soon as possible.

Gatekeeping helped women to retain a measure of control, safety and voice within their mothering space. They could pro-actively prevent harm to their children, protect their relationship with their children, and preserve their own integrity. Many women described setting clear limits with family members, including their partners. Rules were to be followed if these individuals wanted to remain involved in their children's lives as there would be no second chances. Amy set the rules before she married: "If [he] had given me just the slightest little niggling. That he was some kind of freak show. He would have been gone. I couldn't deal with that. And I told him straight up. I cannot cope with that... I will not put up with - because the sexual abuse from my stepfather and from my real dad - and I said so if I suspect for two seconds - you are gone…" Many participants who were sexually abused as children also emphatically stressed that that they would "kill" whomever harmed their children in the same way.

Chloe, a mother of 3 young adult children, faced hard choices when her husband broke one of her golden rules. Though she loved her husband, she could not abide by his decision to throw their youngest son out of the house in response to his acting-out behavior. This decision was taken while she was absent and in the heat of the moment. She identified that she felt as unreliable as her mother had been to her and this was unbearable. In addition, this event was "like having a child die." She could not live through this again, not after experiencing a perinatal loss several years earlier. In her need to regain control, a sense of safety and a voice, she identified that she was ready to leave him. Like many other women in this study, she identified that to protect her child from harmful influences, and to preserve the integrity of her mothering space, her relationship with her child took precedence over everything else. She stated:

> I told him "You fix this, you get this kid home and you fix this. We are his parents, you don't kick your children out of the house just 'cause you can't deal with them anymore, you deal with it. You don't let it be somebody else's problem. And you find a way to calm down." And ya it's probably the first time I ever really considered leaving him. And it made me feel like … I was so torn because I felt I wanted to support my husband because I loved my husband so much but man this kid is my responsibility and I am his mother and I am gonna protect him until my last breath. He had to do something because my son was not gonna be out there, this was his home and you deal with it and I feel very guilty about that, that he went to begin with and he left to begin with. I feel like I didn't stand up to

> [husband] enough for that. But I think [husband] knows that you know that will never ever ever happen again.

Chloe sent her husband to counseling as a first step in the reconstruction of her mothering space. For the first time in their married life, he agreed to go to settle this intense conflict in their relationship and in their family. In a different context, but still to protect her relationship with her children, Kirsten found gatekeeping to be the only way she could manage her anxiety about losing control and voice in her mothering space. A woman of 2 adult children, she identified herself as severely depressed all her life and suffering from an attachment disorder. She did not trust her growing children and others in their life, and feared being abandoned by her children:

> I thought that if anything ever happened to any of them that I would literally die, smothering them and being very controlling like not wanting to share them. I was always there, I was always like checking on them, not wanting them to have friends. I think I felt envious and jealous that they liked somebody else. Probably feeling jealous that other people liked them and that perhaps in turn they would stop loving me.

Gatekeeping also played a role in participants' self-preservation. Within their immediate mothering space, very few people were identified as sources of support given the primacy of distrust in their life. These usually included a husband, if the relationship was positive, only one or two friends, and for some, their adult children. Participants' parents were rarely any more reliable and predictable than they had been while they were children. They could however be

grandparents under specific rules and conditions. In-laws were often presented in a more positive light but seldom identified as meaningful support sources.

Beyond their mothering space, most women chose to remain silent about their heritage. They only spoke about their childhood experiences with carefully chosen counsellors. Some women remained in counseling for several years as this was the only place where they could openly bring concerns without being judged and receive support and tools to manage their anxieties and their mothering space. Interactions with expert health or socially oriented systems, however minimal, took place because women 'ought to' (i.e.: children's immunization), or in situations of crisis and were often detrimental to their sense of self. Women talked about not being heard or of being blamed, leading to further self-doubt, loss of safety and voice. To regain control, voice, and safety, most women in this study did not return to professionals who used words or actions that reinforced their distrust of self and others. Neither did they give another chance to service providers who offered suggestions and advice without attending to the rationale, or to the circumstances, underlying women's choices.

When women had reached a crisis point and saw no other option, this rule was overlooked to protect one's children and still change the story if possible. In this case, reaching out to 'abusive' professionals was considered a better choice than not reaching out at all. Chloe spoke of being at her wit's end mothering a young child with attention-deficit disorder and reaching out to an agency where she saw the psychiatrist as less than supportive, even harmful:

> So my lack of confidence in myself as a mother and in parenting and knowing what to do, I looked to this psychiatrist for advice, a lot of advice on how to parent [my son] and how to deal with a child with attention deficit. [The] advice I took from her, I followed it rather than questioning it and I really regret… I would have tried anything. I had no relief... first of all you feel like, you know why do I have a kid like this? What's made him be so badly behaved that you have to go and see a psychiatrist with this kid and then she was very much, her attitude was very, it was almost very blaming so it made me feel really insecure, incompetent, it was terrible. Because my whole life at that point was wrapped up in being a mother. That's all I knew right, that's all I was doing was mothering. So the experiences with the Psychiatrist really made me doubt myself, my ability to parent, you know what I was doing. Because they go on and on and on about how it is not only nature, it is nurture and it's the environment and so, of course, what am I doing wrong that is making this kid be the way he is?

Like Chloe, many women revealed that their encounters with various expert systems often left them feeling disempowered, and once again abused and abandoned, left to struggle on their own as they attempted to create a sense of control, voice and safety within their mothering space.

Discussion

Significance and Limitations

When women live with the legacy of childhood violence experiences, the storied space of mothering is clearly filled with many challenges. As demonstrated in studies about women who thrived while living with a history of childhood violence experiences (Humphreys, 2001; Roman et al, 2008), or intimate partner violence (Humphreys, 1995), the participants of this study were determined to create a better life for themselves and for their children. Whether they conformed, resisted, defied, contested, or emancipated from forces and conditions limiting their agency, their children were consistently the driving force behind women's choices, even when they could not totally protect their children. Yet, stories of women's struggles and efforts highlighting their thinking and agency as they strive to change the story in their children's lives are infrequent narratives in literature pertaining to intergenerational transmission of abuse. Questions are, however, surfacing. For example, Dixon and her colleagues (2009) recently observed:

> despite Cycle Breakers displaying poorer parenting and a greater number of risk factors than Controls, they do not abuse their child in the first 13 months after birth. Therefore, protective mechanisms other than positive parenting must exist that enable Cycle Breakers to stop the intergenerational transmission of child maltreatment" (p.118).

Finally, ideological beliefs such as dominant discourses about motherhood and family life, and structural forces such as the power embedded within existing social systems, are rarely considered as conditions that may significantly shape

experiences and considerably limit women's agency as they seek to change the story and prevent intergenerational transmission of abuse.

In this study, the pervasiveness of self-doubt and the lack of trusted role models hindered women's agency as they worked to change the story through their mothering. These findings are consistent with those of many authors who explored the effects of childhood sexual abuse on mothering (Herman, 1997; Mason et al, 2005) but had not been associated with childhood experiences of emotional or physical violence. The significant role of women's distrust of others on mothering choices and decisions is another contribution of this study. Distrust is currently identified as one of the consequences of traumatic childhood violence experiences and is linked to many post-traumatic manifestations (van der Kolk, 2005). The influence of distrust on maternal agency has not been discussed extensively except to acknowledge that women may fear harm coming to their children (Herman, 1997).

The findings of this study are limited by the fact that most participants were well-educated, involved in supportive relationships, and possessed the financial resources to access services (i.e.: counseling) to manage issues stemming from their childhood legacy. As the legacy of childhood violence on mothering has rarely been examined from the perspective of women from higher socioeconomic status, this study provides an added benefit. However, the voices of women living in less favorable economic conditions were far less prominent as were those of women from diverse cultural origins. Only one participant was a step-mother and only one participant was managing chronic mental health issues

as she mothered her children. Women mothering in the context of same-sex relationships did not come forward. These are all populations deserving to be heard in the context of future studies exploring mothering while living with the legacy of childhood violence experiences.

Implications for Research

This study represents a first methodological venture into narrative inquiry as informed by the triangulation of critical, feminist, and symbolic interaction lenses. As we analyzed and interpreted women's stories from these three perspectives, we found it became possible to simultaneously focus our attention on individual and collective experiences within their historical, embodied, structural, and ideological contexts (see Chapter 2). The storied space served to attend to women's voices as social actors interacting and exercising their agency within the private, relational, and normative contexts of their life. It therefore became important to reflect women's voices accurately through excerpts of their mothering stories that would reveal the dilemmas and decisions, as well as the forces, that acted upon them. The latter was all the more significant because participants believed that sharing their stories was an important form of social action. Not only did they see themselves as the voice of women who mothered under the same circumstances, they also hoped for social and structural changes. Women talked of entrusting their stories to us with the mission to let decision-makers, program planners, and policy makers know about their successes and challenges. Some volunteered to help design services that would meet their specific needs. Finally, all participants shared that they gained new insights about

their mothering choices. They also felt that they had been heard in a way that they had not previously experienced in response to questions no one had ever cared to ask them before. Ultimately, we aimed to identify, and to bring to light the salient interactions between women's agency to conform, defy, resist, contest, or emancipate, and the power of social structures and expert systems to shape experiences within the private, relational, and normative spaces of their mothering after childhood violence experiences.

In choosing to examine trust dynamics and their implications on mothering, we deliberately sought a population known to experience trust issues. Study findings clearly indicated that distrust influenced women's mothering experiences and their agency as they interacted with expert systems and almost uncompromisingly embraced metanarratives of motherhood and family. Women in this study, however, frequently wondered aloud – asking themselves or the interviewer – if the challenges they encountered in their mothering space and the questioning they struggled with as they mothered their children were 'normal', an experience shared by all mothers. Women talked about feeling very different from other mothers. Few participants saw their strengths because they mostly identified with the shortcomings that highlighted their differences from 'normal' parents and that increased their experiences of self-doubt. While much feminist research has examined the interaction of maternal agency with various metanarratives and expert systems (Chase, 2001; Green, 2004; Hays, 1996; Ruddick, 1995), little is known about the place of trust in these experiences in the absence of childhood violence experiences.

To further examine this phenomenon, future research will focus on the following question: What is the experience of developing trust in one's mothering among women who have no history of childhood violence experiences? The intent will be to examine how this population of women negotiates issues of self-trust, trust of others, and trust of the world (or distrust) as they reflect, make choices and decisions, and interact with forces and conditions affecting the private, relational and normative spaces of mothering. To gain a more holistic understanding of contemporary mothering/trust dynamics, variations in the context of women's histories of mothering (e.g., stepmother, intimate partner violence) and in the context of chronic physical or mental illness could be added. More diversity is also needed to gain a broader perspective of the additional challenges imposed by gender and cultural metanarratives.

Implications for Practice

The findings of this study revealed that women are reluctant to access expert systems (i.e.: health professionals) unless they are expected to do so (i.e.: children's immunizations). These encounters provide a forum for individualized discussions about mothering but participants do not frequently ask questions or challenge the information they are given, and rarely disclose their history of childhood violence experiences for fear of being judged. They instead worry in private, especially if they perceive the received information as unhelpful, or even harmful, given that it increased their self-doubt and distrust of others. As participants only give each health professional one chance, unless they are caught in a crisis situation, the window of opportunity to influence and support is very

narrow. As nurses, it is therefore important to consider that each encounter with women in the context of mothering may be the last, and to be cognizant of potentially alienating words or actions. It is also important to challenge assumptions that reflect adherence to metanarratives, and to question standard practices that do not consider varied experiences and needs. For example, it is usual practice to expect that mothers can or will automatically rely on family members for support. For obvious reasons, women in this population cannot or have misgivings about doing so, but often have no access to other sources of support and are left to manage as best they can on their own. As it is unlikely that they will come forward with questions or request support, it is incumbent on nurses to explore in depth women's access to resources and their level of comfort regarding each potential resource.

Participants further revealed that they seldom accessed programs and services designed to learn parenting skills unless they faced a mothering crisis. They worried about the risk of stigma when sharing their perceived or actual, mothering limitations with professionals, other mothers, or members of the general public. Rather, they requested community-based support groups and programs that would be geared to their specific population. The women of this study are looking for a safe sharing space where they could verbalize self-doubt, discuss together common concerns, fears, and strategies, and support each other through their challenging mothering experiences. This space would be a haven where they could access help from nurses who are sensitized to appreciate and respond to their struggles in dealing with issues related to self-distrust and distrust

of others, and in discriminating between ‘normal’, and ‘abnormal’. One participant suggested that nurses be available to consult in person, and over the phone, when women experience flashbacks and need someone who can help them make sense of what is happening. Nurses could also be available as resource persons on site when women meet in a peer support group to provide information in answer to questions or to encourage discussions about mothering to help women to voice their concerns and learn to differentiate between ‘normal’ and ‘abnormal’ experiences (Kushner, & Harrison, 2011). One-to-one counselling sessions could also be provided by nurses to support women in the prevention of a maternal crisis and to assist them in accessing meaningful resources in a timely fashion. Ultimately, in this space women could begin to explore possibilities and transcend the ‘footprints’ left from their childhood experiences.

Conclusion

This critical feminist narrative inquiry permitted a scrutiny of the private, relational, and normative contexts that influenced the ways women storied their mothering space while living with the legacy of childhood violence experiences. Women’s voices and stories emerged within a context where silence is predominant, and where assumptions of intergenerational transmission of abuse are pervasive and stigmatizing. The influence of childhood losses of safety, control, and voice on maternal distrust and agency were explored. The forces and conditions existing within their mothering space to facilitate or constrain maternal choices and decisions were examined. The findings of this study suggest the need to listen more closely and openly to women’s experiences, and to be sensitive to

potential manifestations of self-doubt and distrust of others as women mother children if we are to help women to change the story and gain confidence in their choices. Ultimately, this study has provided a context for active listening to women's intimate and stressful experiences of mothering after childhood violence experiences. As they storied their mothering space, the women who participated in this study created a rich understanding of the challenges they faced in their efforts to change the legacy. Their contribution to this research also shed light on the determination that fuelled the ongoing negotiations among their private, relational, and normative mothering space, irrespective of their current life circumstances.

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Reweaving a Self, and a World While Mothering in the Wake of Childhood Violence Experiences

Childhood maltreatment, a problem of global magnitude, is associated with long-term and often devastating consequences for individuals' physical and mental health (World Health Organization [WHO], 2010). It however is a phenomenon difficult to study because these experiences occur out of sight, usually at the hands of adults living within the home, and under conditions of enforced silence (Hall, 1996; Krug et al, 2002). Available statistics are thus likely to represent an incomplete picture of the situation (Department of Justice, Canada, [DJC], 2007). Sinha (2011) identified from police reported cases that in 2009, 214 children and youths (0-17) were victims of family violence for every 100,000 children living in Canada. Parents were named as perpetrators of sexual and physical abuse in fifty-nine percent (59%) of reported occurrences (Sinha, 2011). Female children were four times more likely to be hurt physically, emotionally, or sexually by a parent at any age (PHAC, 2006; Sinha, 2011).

Many female children who have experienced violence in childhood will eventually become mothers. Currently, most studies linking mothering to these experiences center on maternal challenges following childhood sexual abuse in the context of pregnancy, childbirth, and early mothering (Buist, 1998; Hobbins, 2004; Lasiuk, 2007; Leener et al, 2006). As researchers' gaze moves from early mothering to mothering growing children, the focus typically changes from women's personal experiences to the negative or harmful influences of their behaviors and attitudes on their children's growth and development (DiLillo &

Damashek, 2003; Dubowitz et al, 2001; Pears & Capaldi, 2001; Steele, Steele & Johansson, 2002).

For decades, research also has focused on the consequences of childhood adversity on health. Well-documented after effects include symptoms associated to DESNOS (Disorders of Extreme Stress Not Otherwise Specified; Luxenberg, Spinazzola & van der Kolk, 2001) or complex posttraumatic stress disorder (Herman, 1997), depression (Breslau, Davis, Peterson & Schultz, 2000), body image disturbances, fears of abandonment, distrust and self-harm (e.g., addictions, suicide attempts, eating disorders, cutting; Briere & Spinazzola, 2005; Herman, 1997; van der Kolk & Fisler, 1994). In addition, many individuals live with low self-esteem, social anxiety (Giant & Vartanian, 2003; Feerick & Snow, 2005), relationship difficulties (Romito, Crisma & Saurel-Cubizolles, 2003) and a tendency toward adult re-victimization (Herman, 1997; Irwin, 1999; Lang, Stein, Kennedy & Foy, 2004).

Positive adaptation in the wake of exposure to severe threats or adversity (i.e., childhood violence experiences) is generally attributed to personal resilience (Luthar, Cicchetti & Becker, 2000). Resilience is most often linked to the protective and vulnerability factors that are present in children's lives and that explain their adaptive behavioral responses, social competence, and successes in spite of recurrent adversity (Luthar & Cicchetti, 2000; Luthar, Cicchetti & Becker, 2000). Little is however known about resilience when adults live with the pervasive legacy of childhood violence experiences and independently interact within the confines of their symbolic, structural, and ideological worlds. Studies

focusing on dimensions of this phenomenon have revealed that ‘resilient’ or ‘thriving’ women had reached adulthood determined to rise above their childhood legacy, or had come to this awareness at some point during their adult years (Anderson & Danis, 2006; Bogar & Hulse-Killacky, 2006; Hall et al, 2009; Humphreys, 2001a, 2001b; McClure et al, 2008; Roman, Hall & Bolton, 2008; Thomas & Hall, 2008;Valentine & Feinhauer, 1993). All women eventually had taken the necessary steps to achieve their goal, despite episodes of emotional, psychological, or psychiatric challenges (i.e., substance use/misuse, depression, self-harm) or relationship difficulties (i.e., intimate partner violence).

These latter studies, however, remained largely focused on individuals, even when experiences of resilience were located within relational, historical, and social contexts (Hall et al, 2009; Humphreys, 2001a; Thomas & Hall, 2008). No studies explored the influence of structural and ideological systems on women’s process and progress toward resilience. Very few studies accounted for the place of mothering in the development of resilience. Humphreys (2001b) noted that the women in her study found that being a mother was important to them, and Thomas & Hall (2008) reported that mothering patterns were similar to those found in the wider population.

Yet, women who mother in the wake of childhood violence experiences face the need to interweave the threads of an inescapable history with the many and complex strands of mothering. Even in the best of circumstances, mothering calls for the interweaving of the following strands: childhood memories; the particular relationship of a mother with each of her children; relationships with

the immediate, extended, and broader social context; and the normative expectations about the ways a 'perfect' mother should behave and choose to raise 'good' children according to structurally sanctioned 'good' family practices (Bergum, 1997; Hays, 1996; Green 2004; Ruddick, 1995). Few researchers have studied mothering in the wake of childhood violence experiences to examine women's sense of self as mothers, their personal strengths in efforts to provide their children with a safer and more wholesome environment, their internal challenges, and the external barriers they encounter as they mother their children in an ideologically prescriptive, and largely neo-liberalist Canadian context.

The findings detailed in this paper specifically focus on such experiences, reporting on a study that retrospectively explored women's experience of developing trust in their mothering when also living with a history of childhood violence experiences. We found that the experience of self-doubt and distrust of others is salient in this context, and that it directly influences women's mothering choices and decisions (Pitre, Kushner, & Hegadoren, 2011; see Chapter 4). We report on the facilitating conditions that supported women's agency and the barriers they encountered in interaction with symbolic, structural, and ideological forces, as they searched for ways to reweave their life and constructively influence the life and world of their children. Two research questions guided our inquiry: *What internal and external challenges and conditions did women experience in their efforts to reweave a self and a world? In what ways did these experiences influence women's agency as they worked to reweave their life and weave a better world for their children?*

Reweaving: A Concept, a Process, and a Metaphor

We selected reweaving rather than resilience as the concept underpinning our exploration of women's long-term efforts to live and mother in the wake of childhood violence experiences. Reweaving basically implies the existence of an intricate web of threads, of connections and interconnections, woven together to create a cloth, a structure, a social or urban fabric, a life (Han, 2001; Lennard & Hayward, 2006; Reid, 1982; Smith & Porteous, 2006). Reweaving involves the repair of severed or damaged threads, with the intent to conserve the integrity of both the structure and the image (Lennard & Hayward, 2006). Reweaving also can require the thoughtful reconfiguration of a maze of pathways (Han), or call for the reconstruction of damaged areas in ways that specifically challenge the structure and alter the image (Reid, 1982). Reweaving is done with the recognition that old and new co-exist, areas of weakness need to be supported, areas of loss restored, and interconnections maintained or modified as definition is returned to the overall design (Han, 2001; Lennard & Hayward, 2006; Reid, 1982). Reweaving is ultimately a process realized under two assumptions: interwoven threads are connected through history and relationships; the nature of repairs or changes is affected by existing structural expectations and ideals (Han, 2001; Lennard & Hayward, 2006; Reid, 1982; Smith & Porteous, 2006).

Metaphorically, reweaving is a manifestation of agency when people are caught in a web of oppressive and harmful circumstances and believe that a better life is possible (Reid, 1982; Smith & Porteous, 2006). Individuals or collectivities engage in processes to "reweave the strands, altering colours, shapes, and textures

to create a new reality, one richly woven with hope and purpose" (Smith & Porteous, 2006, p. 84). The agency needed to reweave is however enhanced or curtailed by the forces and conditions interwoven within social actors' internal and external contexts (Han, 2001; Reid, 1982; Smith & Porteous, 2006). For instance, when living in the wake of childhood violence experiences, efforts to reweave a self and a world also mean contending with a harsh history. One participant in DeFrain and colleagues' study (2003) likened the pervasiveness of this legacy to "a dark thread woven through a piece of cloth. You can't pull it out without unravelling the whole thing. And it shows up here and there among all other threads" (p.143). The process of reweaving under these conditions thus is complex and deliberate and involves learning to manage the 'dark thread' to regain control and a sense of wholeness within one's personal space and larger world (Reid, 1982; Smith & Porteous, 2006). This requires reflexivity as a knowledgeable agent. As people reconfigure and reconstruct a self and a world through reweaving, they gain the opportunity to grow and heal. They empower themselves through new strengths and perspectives, greater visibility, and a louder voice as they 'name' and collectively issue 'calls to action' (Reid, 1982; Smith & Porteous, 2006). Reweaving efforts may however be hampered by external forces and conditions limiting available choices and possible decisions in the selection or modification of pathways and interactions (Han, 2001; Reid, 1982).

Method

This study is a narrative inquiry informed by the theoretical triangulation of critical, feminist, and symbolic interactionist ontology and epistemology (see

Chapter 2; Kushner & Morrow, 2003). This sociological approach to narrative inquiry is designed to explore the symbolic (historical), structural, and ideological forces and conditions that interact with, and influence participants' agency and identity, as described within the stories that they share in the context of one or more interviews (see Chapter 2). Storytellers' narratives are examined in the context of storied spaces, that is, sites of personal stories and experiences as well as sites of embedded rules, routines, and expectations related to a particular phenomenon (see Chapter 2). For this particular study, we explored women's experiences as narrated and located within the storied space of mothering, a space symbolically, structurally, and ideologically constituted of rules, routines, social power, and conceptions of territoriality (Sack, 1993; Vianello, 1996).

Recruitment Procedures

We obtained ethical approval from the University ethics review board prior to beginning this study. We sought a community sample of women residing in a large Western Canadian city, living in diverse circumstances, and possessing an intimate knowledge of the phenomenon. We published an advertising feature in a local woman's magazine distributed in print and online free of charge, and posted flyers on one of the city's University campuses. Women could participate in this study if they were 18 years of age or older and self-identified as having experienced sexual, physical, or emotional abuse as children. Women were eligible if they mothered one child who was above the age of three or multiple children, with one of them being at least three years of age or older. Eighteen women inquired about this study. One woman did not meet inclusion criteria and

five others cancelled their scheduled meeting. In total, 12 women were interviewed.

Participants Characteristics

Participants were between 32 and 55 years of age and their children were 9 months old (also a mother of two teenagers) to 32 years old (also a grandmother). Three women were teenagers when they became mothers, two were in their early 20's, and six were in their late 20's to early 40's. One woman had no children of her own but had been a stepmother for one year when she joined this study and another reported that one of her children was adopted. Four women experienced mothering challenges related to perinatal loss, and five women described their mothering of children with learning disabilities and behavioral difficulties.

Within this sample, 11 participants were born and raised in Canada, including two women of Aboriginal heritage. One woman grew up in South America. Eight women were married, two were divorced, one never married, and one was widowed. At the time of the interview, 10 of these women had earned or were completing an undergraduate or graduate degree, and two had received a technical diploma. As single mothers, four women lived on a limited yearly income ($15,000 - $35,000) due to physical disability and restricted employment choices or due to changes in marital status. With one exception, all married participants' lived on a family yearly income exceeding $100,000. One married woman's yearly family income of $50,000 was below the median family income of $80,000 in this city (Colin, 2007).

Data Generation and Analysis

Women initiated contact through a telephone call to a designated research phone number. They received information and answers to their questions about the study. If they chose to participate in the study, they identified a time and place convenient to them for the interview. Confidentiality procedures were reviewed prior to written consent and women were made aware that they could withdraw from the study at any time, stop the interview, or refuse to answer questions. At the end of the interview, women verbally reaffirmed their consent in view of the stories they shared. Interviews were digitally-recorded and transcribed verbatim by professional transcribers who first signed a confidentiality agreement. Participants were given pseudonyms.

A semi-structured interview guide consisting of open-ended questions was used to elicit participants' stories about mothering. The interview began with a question asking women to describe a typical day as a mother at the time of the interview and was followed by a request to share one or two memories about being a mother to their children. Stories were then elicited about mothering over the years; about women's experiences of comfort, confidence, trust in their self, in their mothering, or in others; and about the place of mothering in their life as a whole given their experiences of childhood violence. Participants also were asked to share stories about occurrences of support and nonsupport (Neufeld & Harrison, 2003), to identify their concerns about interactions with sources of non-support (e.g., available community service providers), and to provide suggestions about programs and policies given their particular mothering experiences. The interview was guided by feminist research strategies to ensure that women's

voices were heard and that they were valued as credible sources of knowledge (Wuest, 1995). A demographic information sheet was completed at the end of the interview.

Given the potential vulnerability of the participants, an experienced mental health therapist able to assess and respond quickly to signs of distress conducted all the interviews. Participants also were informed that they always had choices (i.e., in what they shared with the researcher), and always retained control of the extent of their involvement in the study. For example, many interviews extended to 3.5 to 4.5 hours due to participants' investment in telling their stories. Women were offered the choice to continue, reschedule, or withdraw from the process around 2-2.5 hours from the beginning of the interview. All participants continued or scheduled another appointment. One woman eventually chose to interrupt the interview process due to scheduling conflicts or loss of interest. She however confirmed that her contribution would remain useful to the study. Participants were offered a list of available resources at the end of the interview.

Analysis proceeded through multiple readings of the texts and extensive reflective writings (see Chapter 2), following constructions and reconstructions (Lieblich, Tuval-Mashiach & Zilber, 1998) as well as de-contextualization and re-contextualization (Ayres, Kavanaugh & Knafl, 2003) of the stories. To ensure rigor, these reflective writings were then reviewed by co-researchers, and further discussed for additional insights and varying interpretations (see Chapter 2). Memos detailing analytic and interpretive decisions served to guide and refine emerging theoretical ideas in a dialectic and iterative fashion in response to

evolving data verification (Morse et al, 2002). Finally, consistent with the premises of a critical feminist narrative inquiry (see Chapter 2), narratives were purposefully considered authentic representations of participants' truth at the time of the interview. Stories were told with "narrative intelligibility" as they were "recountable" to others and "followable" for oneself." (Cohler, 1991, p.178).

We used a double-hermeneutic process to analyze the stories (see Chapter 2). We first sought to understand women's experience as a whole and the significance of events and people in their lives. We then critically scrutinized the forces and conditions influencing women's agency in their interactions with their historical and symbolic world as well as with the structural and ideological rules and routines existing within the storied space of mothering (see Chapter 2). Through this process, we identified shared elements, visible distinctions, and relevant variations, as we acquired a nuanced appreciation of particular facets of their experience.

Findings

Women's stories revealed that reweaving efforts focused on ways to manage 'history' at the intersection of internal (self) and external contextual influences (world) through reflexivity as a knowledgeable agent. Women's decisions to conform, resist, defy, contest, or emancipate from oppressive circumstances or environments in efforts to reweave a self and a world were shaped by particular contextual intersections. Internal challenges (physical, emotional, or psychological) stemming from their history of childhood maltreatment fluctuated and created some reweaving difficulties for most women

in this sample. Reweaving work was further influenced, and often impeded, by the intersection of history, ideology (metanarratives), and interactions within women's symbolic world. Women also identified encounters with broader social systems where long-standing ideologically-driven practices limited and even unravelled their reweaving efforts.

Reweaving at the Intersection of 'Self' and 'World'

Managing 'history'. As women lived with the pervasive legacy of childhood violence experiences, their reweaving endeavors involved ongoing efforts to work with and around history. They sought to reconfigure or reconstruct pathways, boundaries, and relationships and to change the story for themselves and their children. All participants however acknowledged living with vivid memories of their childhood, and most women also experienced enduring self-doubt and distrust of others while mothering their children (Pitre et al, 2011; see Chapter 4). Flashbacks occurred frequently especially from the time their children neared the age when they themselves were abused. Some women revealed having engaged in self-destructive behaviors (e.g., substance abuse, cutting) at some point in their life to cope with the memories and the emotional pain. A few also discussed an ongoing physical legacy whereby sustaining a pregnancy was nearly impossible for one woman, and the damage that was done to another as a child continues to necessitate surgical interventions.

All women identified that living without safety, control, and voice as children greatly influenced their choices and decisions as adults, and as mothers. At the time of this study, all married participants were in stable and largely

supportive relationships and the other women were single. Some participants identified being involved in abusive relationships or marriages as teenagers and young adults. Seven women openly discussed the circumstances leading to clinical depression, that is, as memories of their childhood surfaced, or when they faced a situation causing an acute loss of control reminiscent of the powerlessness and helplessness they experienced as children. One participant said that she had been chronically depressed since she was a young child and found mothering very challenging as she experienced little relief from her depression while she raised her children. Four women identified that the events precipitating depression also led them to feel suicidal or to attempt suicide. All but one woman received counselling for emotional issues related to their childhood history. In some cases, women found that this was very helpful and continued to follow up with one therapist for several years, though not continuously. For others, counselling was experienced as a futile exercise.

Contending with the 'world'. Reweaving efforts were frequently impeded by the forces and conditions existing within the symbolic, structural, and ideological world surrounding women and inevitably constituting their mothering space. The symbolic world interwove with their reality through interactions and relationships with people living within their immediate and extended family and social circle. Reweaving also was influenced by interactions with the structural, societal context of their community, social determinants of health, and the power of the expert systems directly facilitating or constraining their agency. Finally, social ideologies (metanarratives), constituted of socially embedded and largely

accepted rules and routines guiding practices and ensuring social order (Bamberg 2004), sometimes supported but more often limited reweaving possibilities and efforts. Women's reweaving work is presented below through stories that highlight their interactions with this embodied context, their choices and decisions, and many of the constraining forces challenging agency and reweaving work.

Reweaving with a Purpose...

All women in this sample told stories of reweaving work intended to change their and their children's story. Reweaving did not always start with mothering. Women's narratives, however, revealed that all experienced mothering as an impetus. Many participants interrupted risky lifestyle behaviors or decided to look after their self more diligently once they found out they were pregnant. Other women chose to leave abusive relationships or to seek help once they were mothering, so their children would not suffer unduly from the effects of their history on their choices and decisions. Most women spoke of mothering as being the "best thing that ever happened" to them, the "most important" and the "best part" of their life. Most women also considered mothering a privilege, and a source of motivation, purpose, and hope.

Women explained that their reweaving efforts were born out of a determination to take back what was lost as a child, that is, one's sense of safety, one's voice, one's personal power and control, and one's identity. Women wanted to emancipate from a painful past and to create a new legacy for their children. They also wanted a space where they themselves could heal. Even if adverse

circumstances continued, and women were unable to reweave a new story for their children from the moment they were born, their children still gave them an incentive to persist and to try to change the story. These efforts have never stopped for the women of this sample. Fay, a grandmother who continues to support her adult daughters in their efforts to find their own voice, to reweave their own stories, and her grandchildren's stories, described her persistence:

> You know, like I, I'd push myself. Constantly pushing myself. And even when I felt there was no one there for me, I still had - I pushed myself at the thought that - I'm the only mother my kids got. And this is the only way I've got - to do it. I've - don't really have a mother figure. And I don't have everything I need, but - I had to break the cycle. Because that's what it is – abuse starts here, and it continues. ... With me - it took the [nervous] breakdown. To finally - clue in to what the hell was going on. And I was the one that decided I had to try and break it. Uhhh - I tried. I haven't been able to totally. But I've got my kids thinking. And as long as they're thinking, that's helping.

Reweaving History

In order to reweave history, women became conscious that it would be necessary to take a stand against the past, to seize opportunities, and to deliberately make alternative choices. For some women, this work became possible through the agency that comes with becoming a mother and responsible for the welfare of a child. For example, Amy shared that as soon as her first child

was born, a daughter, she realized that she had the power and control to mother differently:

> I kind of was cranky inside or judgmental maybe might be a better word. And I thought - okay, first of all you have those feelings you love your baby. And then the second part, the cranky side was kind of like just do EVERYTHING opposite she did... So this one verse in the Bible that had said if any man is in Christ, then he's a new creation. So I thought I LIKE that, I BELIEVE that. So I thought there you go. "Is a new creation..." - So I can be new - I don't have to follow the footsteps of my mom...

Women also found that it was necessary to reclaim their voice if they were to reweave a self and a world. As children, a few participants were coerced into silence, many spoke up and no one listened or believed them, and still others just 'knew' that keeping the secret was the expected behavior in their social context. As adults, all participants lived with self-doubt and distrust of others. While they now could speak up, many found it difficult to determine how, with whom, and when to raise their voice to set boundaries, or to seek help. Mothering, however, offered a legitimate context for them to do so, especially if it involved the protection of their children or a need to transcend the past. For example, Kirsten, a single mother, called her physician shortly after her first child was born because she was fearful of the thoughts in her head. She was on the verge of postpartum psychosis. She also called Child Welfare workers when she realized that she was poised to repeat a story of childhood violence experiences. Others raised their voice to set definite parenting and grandparenting rules and expectations to

protect their children from anticipated harm from family members or to regain a sense of control when feeling helpless or powerless (Pitre et al, 2011; see Chapter 4). And many women, like Larissa, reclaimed their voice by breaking their silence through counselling. Larissa eventually reached out to a counsellor after giving birth to one daughter following a very difficult pregnancy and then living through several miscarriages and one final perinatal loss. Larissa said that her baby's death "was bigger than my need to keep this obscene secret and I felt it was a price I had to pay. [pause] It wasn't worth it anymore." With the help of therapists, she regained her voice as she worked on the issues attached to the "history that had literally robbed me of a family."

Women in this study also identified a need to create a sense of safety within their life, interwoven for many with a strong urge to claim an identity that extended beyond 'mother', if they wanted to reweave a self and a world. Heather created conditions that allowed her to feel safe, that ensured that her children would never know life in a chaotic environment like the one of her childhood, and that would allow her to retain her identity as a woman. She could not allow mothering to be her only definition:

> My mother I felt like she was very compliant and just went along with things and never stood her ground. I think growing up in that household now I am like the one that "wears the pants" or you know it kind of turned me into this opposite female, I guess from seeing that I don't want to be pushed around. I want to make sure that, like right now, I don't necessarily need to work for the household to survive but in the back of my mind there

> is always this feeling that if I had to do it alone, I could do it alone. If I had to raise my kids alone, I would raise my kids, if I HAD TO. I just like always want to have that option. I [also] really want [daughter] to grow up with a mother who kind of works and has a life outside of the home. I kind of see that is a possibility or important and I don't mean to mock stay-at-home mothers or anything like that... I want her to have that model. So it is important to me, I feel like I do have to work a lot on myself in order to do that for them.

As a mother of two children under five years old, Heather admitted that she had set a tall order for herself and that this was very much a work in progress.

Many women also spoke of the opportunity to reweave through mothering as coming to an awareness of the missing pieces. For example, Briana said "It's another chance I guess. You know, some of the things, the safety and the security that I didn't have, I, I GET it now". Others spoke of mothering as a space where healing was possible as they played with their children, read them stories, got involved in their activities. Amy described this experience in vivid terms:

> It's almost like they [my children] brought healing to that place deep in my heart in some respects that I didn't have growing up. It was - probably better for me than it was even for my kids.... like the sun on your body just soothing and comforting that spot that really ached. It's like I was getting something back that had been stolen from ME.

Reweaving History in Interaction with the Symbolic World

The reweaving of a self and a world necessarily involves contending with historical connections, interactions, and expectations from the symbolic world where one lives. This world is shaped by interwoven social rules, routines, and ideals that dictate what constitutes 'good' mothering, being a 'good' daughter and a 'good' wife, following 'good' family practices, and raising 'good' children. When mothering in the wake of childhood violence experiences, many of the interconnections existing within women's symbolic world arise from interactions with people who have been sources of harm (i.e., family members) and this creates ongoing internal challenges for them. Women in this sample found that these interactions and the ideological expectations embedded within the symbolic world impeded or catalyzed their reweaving efforts.

Interactions with significant others. Women involved in supportive relationships credited their husband with helping them to reweave their self and their world. In a context of self-doubt and distrust of others, supportive partners, usually fathers, helped women to think through situations when feeling anxious and disorganized or threatened. These encouraging partners openly valued women's mothering choices and decisions, and respected their need to retain most of the control over parenting decisions. Challenges in reweaving a self and a world emerged when women felt a loss of power and control due to fathering choices reminiscent of their childhood experiences, or a loss of safety as 'good' mothers because of constant criticism from their partner. In these circumstances, some women struggled with the decision to either conform to or defy normative roles given the conflicting demands between being a 'good wife' who respects her

husband's parenting decisions and being a 'good mother' who protects her children. For example, Eva stated "I went from my mother - being so critical - to having a husband who was extremely critical." In order to reweave her self and her children's world in spite of this, Eva first undermined his parenting and eventually decided to mother her children on her own terms. She experienced misgivings about this decision, but ultimately she was not prepared to let him harm her children like she had been as a child.

> So I didn't mean to undermine his parenting, but ... because of my experience, - my mom hit me with - you know - the weeping willow trees? She hit me with those ... I made him not spank. I said there's different ways of doing it, you know?... I just left him in the dust, sorry. I just continued mothering the way {pause} I did. It was the right way to do it.

Interactions with extended family members. Reweaving efforts also took place in the context of ongoing relationships with extended family members. These relationships often brought much internal conflict as they were measured against 'good family' practices and expectations, as well as 'good' daughter metanarratives. The two were interwoven when women attempted to conform to and to replicate the 'fantasy' of the ideal family. A few mothers identified their parents as 'good' grandparents to their grandchildren so long as they followed some pre-determined and strict rules. Other women found that attempts to include their parents in their family circle to recapture a sense of family for the sake of their children, and to reweave a self through potentially improved relationships, ultimately undermined their confidence as mothers. Their parents still had the

power to psychologically abuse them, even as adults. For example, Amy invited her father in her life. He was one of the perpetrators of abuse when she was a child and a man she had only seen a few times in the past 10 years. She said:

> I was caught. Even though my dad was not a good dad, there's that part of me that wanted to have a relationship with my dad - hungering in a sense for something that was lost, hoping it could be normal. God knows it cannot be normal, but - but you know that feeling inside? And so now I have my own little girl and my dad would always be criticizing me. It's hard because you're caught between that emotional thing of yeah, it'd be nice to have my dad's approval, to even hear my dad maybe say he loves me, instead of this all the time - ... it was just the way it was so that was just kind of tough. They had their ideas about how I should be a mom. They did NOT think I was a good mom.

Amy abandoned the idea of remaining connected to her father and continued a difficult relationship with her mother so her children could have a least one grandparent in their life.

She believed, like other women in this study, that she was reweaving a better world for her children by exposing them to 'good' family ties and practices even if it came at a cost to her.

A few women in this study encouraged relationships with grandparents only to find later that they perpetrated violence against their grandchildren when left in their care without the participant's supervision. In these situations, the reweaving of a self was pursued with the intent of improving their children's

world. In one situation, grandparents were the only available support for childcare in circumstances of limited financial resources and restricted access to community resources given 'night shift' work. While some women expressed having experienced misgivings regarding grandparents' reliability, for most, assumptions of safety within 'good' family circles and expectations of 'good' family practices overrode these concerns. All these women found it very painful to eventually recognize that their assumptions about the 'ideal' family hurt their children, that they had once again been betrayed by their parents, and that they needed to sever these threads. As Fay said:

> I figured well she's safe if she goes to my mom's. No she wasn't safe and that just killed me because here I'm supposed to be able to trust MY mother. I COULDN'T - I didn't protect them enough. From the people I shouldn't have HAD to protect them from. And that's what pissed me off so much more. Because people that I'm supposed to trust, and my children should be able to trust - I can't trust and they can't trust.

Many participants, however, found that severing ties was easier said than done. A few women found that their choices and expectations were overlooked and that grandparents showed up unannounced, effectively silencing them or taking away their power to control their environment and protect their children. Other women were severely criticized by family members for preventing access to grandparents and chastised for their defiance and resistance, thereby potentiating self-doubt and requiring much determination and energy to pursue reweaving efforts against normative expectations. One participant, Dariele, eventually chose

to conform to ‘good family’ metanarratives yet to remain vigilant in order to maintain family harmony. She was extremely upset because her child was disciplined, against her expressed wishes, while visiting some family relatives. She eventually discussed the incident with this family member. Though nothing was resolved because of their different perspectives about discipline, Dariele said, “we never talk about this again and we never go back to that. Because - because it’s family and I don’t want to get over those things and make things worse. We just have to keep working as a family.” Dariele chose this approach because, on the whole, this family still represented a ‘good’ family, a better family than her family of origin. In addition, they were her husband’s relatives and the only ones living nearby. She could not impose on her husband that ties be severed and she may not have wanted to isolate herself. She chose to find other ways to retain power, control, and safety in her world, and to protect her daughter.

Reweaving History in Interaction with Social Structures

Women’s reweaving efforts also involved interactions with structural social systems as they sought professional assistance (i.e., legal, medical, psychological or social). These expert systems often operate according to embedded sets of rules and routines reflecting dominant and oppressive ideologies (Giddens, 1984). Assessments, decisions, and interventions may therefore follow protocols that universalize rather than contextualize situations and responses. There may be little time, motivation, or freedom to reflect on the fact that these chosen strategies may do more harm than good and even sabotage women’s efforts to reweave a self and a world.

Interactions with social systems. All women identified that a few individuals were significant and had a positive influence on their sense of self, their sense of agency as individuals and mothers, and their ability to reweave a self and a world at some point in their lives. Four women encountered during their childhood one or more caring and encouraging adults outside of their immediate family environment (i.e., family relative or friend, teacher). The remaining participants did not meet supportive individuals until they were teenagers or adults. In many cases, these were health professionals, social workers, law enforcement, or legal assistance professionals.

Positive and constructive interactions with social systems, and related opportunity to reweave a self and a world, however, were dependent upon the social context where women found themselves, as well as the rules and routines embedded within these professionals' practices. The few participants who sought assistance from social service agencies (i.e.: social workers, Child Welfare agencies) found that they were heard and supported, and that their needs were met. Only one participant identified a few instances where she and her daughter were treated as second-rate citizens and verbally abused by a social worker. Each time, through self-advocacy, a manager intervened and provided more meaningful and appropriate responses. None of the participants of this study however encountered this system because they were 'reported' to social authorities. Many women in fact disclosed their choice not to reveal mothering concerns and difficulties to anyone unless in crisis because they expected structural systems to be punitive and threatening rather than supportive of their reweaving efforts.

A few women encountered larger structural systems that unquestioningly functioned according to socially prescribed patriarchal metanarratives and that actually severely constrained their reweaving work. For example, as long as Fay lived in the small community where she grew up, she and her children had no protection against the perpetrator who abused her mother, herself, and her children. She gave many examples of the barriers she encountered as she attempted to escape the perpetrator's manipulations and intrusions as her children were growing up. She could not rely on police, or courts, because she experienced several instances where the culture of the small town where she lived ensured that her words were dismissed whereas his prevailed. In addition, the only available woman's shelter was considered unsafe territory because a relative was an employee. She eventually found the conditions that allowed her to reweave a self and a world when she moved to a bigger city. She then had access to protection and support from police officers, social workers, and school teachers, to limit the perpetrator's contact with her children, and eventually with her grandchildren. For the first time in her life, her voice was heard and respected, and safety concerns took precedence over family ties.

The reweaving efforts of another participant, Jade, were also impeded by a patriarchal social structure where rules and routines enforced dependence and control. As an Aboriginal woman with the status of "Treaty Indian", she identified herself as "the property of the Queen." She described at length how, several years ago, this made it possible for Federal laws to considerably limit women's agency while endangering their life and the one of their children, especially in

circumstances of family violence like those she was experiencing. She identified that the laws have now changed and are more sensitive to women's needs. Jade, however, left the Reserve and never returned. She has continued to reweave a self and world and to change the story for herself and her children outside of the constraining boundaries of this structure in order to retain power and control and ensure the safety and welfare of her family.

Interactions with health systems. While only a few women shared stories of their interactions with social systems, most identified interactions with health professionals (physicians, psychiatrists, psychologists) as they worked to reweave a self and a world. Women spoke favourably about their experiences with counsellors who were quickly available, and who could be accessed frequently over a long period of time to help them make sense of painful or confusing situations as they worked to reweave a self and a world. For some women, it was also helpful if their counsellor was a mother as they could ask questions to someone with valued experience in a safe environment. Women also appreciated those who helped them reframe challenging thought processes and to recognize that their childhood violence experiences provided them with strengths that could help them to effectively reweave their self and their world. For example, Briana described what she learned:

> I followed up with a counselor five years. ... She really worked with me to find what skills I have that people don't have because they weren't in an experience like that. And how to use those skills to make life easier. ... So I mean, I could look at it and "oh, I always want to know where my kids

> are because I'm afraid that something's going to happen to them 'cause something happened to me when I was a kid". Or I can look at it as - I'm very perceptive. ... She was really good about helping me feel more - I'm not, not necessarily confident but just - strong. Strong. And there's a strength in surviving... She was very good about focusing on that, and how much that would help me.

Given their need for safety, power and control, voice, and identity, as well as a reluctance to share their childhood history, participants valued and were receptive to health professionals who interacted with them in particular ways. These individuals took the time to listen to women and to hear the rationale behind their choices, were interested in and encouraged women's reweaving efforts, and sensitively provided alternative and concrete strategies and suggestions to enhance these undertakings. Health professionals who did not interact with women in these ways were quickly dismissed, but not without frustration and feelings of abandonment. For example, Fay described an interaction with a psychiatrist who did not recognize her need for support as she proceeded with her reweaving work:

> I had a nervous breakdown, I tried to commit suicide. The whole nine yards. And when I come to and the first thing I did was I went and seen my doctor, I said I need a psychiatrist. He goes why, what's going on? I said I tried to commit suicide and there's a bunch of weird stuff in my brain that just doesn't make sense to me and I NEED to see a psychiatrist. So he sent me to one. And the psychiatrist looked at me and he says well

> you don't really need help, you know what you did wrong. That's not the point. The point is I want to find out how to deal with me. I have to deal with - this stuff and I have to try and make sure it doesn't interfere with my children. Just listen! We need someone that ... that will listen to us - and HEAR the pain - and know that we WANT to try to FIX - what we didn't have. Don't want that damage to influence them, [our children].

Similarly, Grace, said that when she saw a psychologist, she was not given the opportunity to express her thoughts in meaningful ways. The psychologist insisted that she was a 'good' mother and focused on her strengths. Grace could not accept this description because she knew her thoughts regarding her role as a new stepmother were powerfully critical. She was not given the opportunity, or may not have been ready, to verbalize these thoughts at the time. Grace did not return to this counsellor and was still trying to make sense of her inner turmoil so she could reweave a self and a world according to her needs.

Conversely, some participants shared their frustrations with professional practices that focused on deficits due to assumptions connected to the metanarrative of the 'victim of childhood violence experiences'. Fay said. "I am an abused person. BUT, I'm not a victim. I'm still alive, I'm still here! I am a survivor. And anything that'll make me stronger makes me that much more of a survivor." The latter perspective was shared by many other women in this study. In addition, some women suggested that health professionals need to learn to appreciate women's challenges and value the fact that they are continuously working at reweaving their life and their world when living with a history of

childhood violence experiences. Others identified that it would be more useful to receive support than to be categorized according to one's history or responses, one of the reasons women in this study seldom disclosed this part of their childhood history to most health professionals.

Discussion

Significance and Limitations

We contend that reweaving is a significant process in the development and maintenance of adult resilience. While current definitions recognize that a process is involved (Luthar and Cicchetti, 2000), the forces and conditions that may be conducive to ongoing resilience once children reach adulthood are not well understood. Consistent with studies that explored facets of adult resilience (e.g., Anderson & Danis, 2006; Bogar & Hulse-Killacky, 2006; Hall et al, 2009; Humphreys, 2001b; Roman, Hall & Bolton, 2008; Humphreys, 2001a; Thomas & Hall, 2008; Valentine & Feinhauer, 1993), our research revealed women's determination to change the story, to thrive in spite of their experiences. We further identified that a process of ongoing reweaving of a self and a world underlies women's efforts as they seek to reclaim what was lost in childhood, that is, safety, voice, power, and identity. We also found that the ability to reweave a self and a world depended on the availability and salience of internal and external resources. Furthermore, given that we specifically explored mothering in the wake of childhood violence experiences, we learned that women are committed to change the story for their children as well as for themselves. In fact, mothering is often the impetus, the source of energy that feeds the work of reweaving as

women are committed to provide a better life for, and better mothering to, their children than they received themselves. Reweaving, however, is a process not solely dependent upon a person's internal resources, volition, and agency. As our study demonstrated, reweaving efforts are also facilitated or constrained by the symbolic, structural, and ideological forces and conditions that constitute a person's world.

This study is one of few exploring women's strengths and strategies not only to survive but also to thrive in the wake of childhood violence experiences. Our study also is one of few studies exploring this phenomenon through the narrative analysis of women's voices and stories (Hall et al, 2009; Roman, Hall & Bolton, 2008; Thomas & Hall, 2000). And ours is the only that specifically sought and explored women's narratives from a critical feminist perspective that takes into account women's stories of interactions with their internal, symbolic, structural, and ideological world (see Chapter 2). Our findings, however, are limited by the fact that most women in this sample had the financial means to access resources to facilitate reweaving and that many were in supportive relationships. Most also were well-educated and all eventually found resources in their search for support even if these did not always meet their needs. Women who work to reweave a self and a world in the context of socioeconomic disadvantage, chronic mental health issues, various mothering conditions (i.e.: same-sex relationships, step-mothering) and sociocultural conditions (i.e.: new immigrant or refugees) also need to be heard.

Implications for Research

Research designed to identify effective and responsive means to support women who mother in the wake of childhood violence experiences is needed. Most studies so far have explored the phenomenon of resilience in children, adolescents, and young adults to identify the forces and conditions influencing development, functioning, and positive adaptation (Luthar & Cicchetti, 2000; Luthar, Cicchetti & Becker, 2000). Luthar and her colleagues (2000) have recommended that intervention research address children's evolving needs as they progress through developmental stages. We now suggest that research focusing on adult developmental transitions also is warranted. The dynamic and fluid process of developing or maintaining adult resilience may be related to shifting issues at the intersection of internal, symbolic, structural, and ideological forces and conditions as adult negotiate various transitions. Findings may offer needed information about context-specific interventions. For example, through research centered on mothering, a significant developmental transition in women's life, we learned that this identity provided a context and the impetus to reweave a self and a world even in the face of ongoing adverse circumstances. We also learned about some of the challenges women encountered in their reweaving efforts as they interacted with the people and systems constituting their embodied context. This information has provided us with important knowledge as we now explore models of interventions that could better meet women's needs as they mother their children, better support their reweaving work, and ultimately foster ongoing resilience.

We further suggest that researchers exploring adult resilience scrutinize ideologically-driven metanarratives, and associated rules and routines influencing expert systems' processes and decisions, as they study individual capacity to adapt and thrive. Conditions found in adults' symbolic world (i.e., family, community), as well as those linked to social determinants of health, also need to be examined. Currently, the latter are considered in the context of childhood resilience (Luthar, Cicchetti & Becker, 2000). In the exploration of adult resilience (Anderson & Danis, 2006; Bogar & Hulse-Killacky, 2006; Humphreys, 2001b) or thriving (Hall et al, 2009; Roman, Hall & Bolton, 2008; Thomas & Hall, 2008), the focus remains on individual processes. At least in Canada, a sole focus on people as individuals rather than an exploration of their reality in the context of larger systems is informed by a neo-liberal political context emphasizing autonomy, personal responsibilities, and self-care (Ilcan, Oliver & O'Connor, 2007). Yet, our findings are similar to those of other researchers who explored constraints on women's agency in the context of intimate partner violence (Varcoe & Irwin, 2004; Wuest & Merrit-Gray, 2001). Women in our study identified many difficulties in their interactions with the symbolic, structural, and ideological world surrounding them due to well-ingrained assumptions regarding women's roles, women's rights, and related patriarchal policies and practices. While women in our study described some helpful interactions, many more were found to hamper their reweaving endeavors, to discredit their efforts, and to constrain their agency as they made choices designed to change the story for themselves and their children.

Finally, it would be important for researchers to explore adults' reflexivity as they investigate the conditions facilitating and constraining reweaving processes in the development and maintenance of resilience. Resilience interventions presently focus on educating children to conform to social norms of behavior given harmful influences in their life and the need to encourage non-violent choices as they search for belonging and control (Luthar & Cicchetti, 2000; Luthar, Cicchetti & Becker, 2000). Our research however demonstrated that to reweave a self and a world as adults and mothers, women needed to reflect and often to respond to situations through defiance, resistance, or contest rather than through conformity to socially prescribed norms. In many cases, conformity to normative conduct led them to regret their decision as it harmed their children and potentiated their emotional or psychological turmoil, internal conflicts, and self-doubt. Anytime women chose to conform to, abide by, or challenge the rules and routines driving metanarratives and expert systems, they engaged in reflexivity and carefully considered the consequences of their actions. Even the decisions that reflected conformity and that proved to be misguided were made in view of the limitations of women's personal and social contexts. These also consistently indicated attempts to reweave a self and a world, with the intent to support personal healing and to protect their children.

Implications for Practice and Policy

Luthar and Cicchetti (2000) suggested that policies and programs designed to promote childhood resilience will be more effective and sustainable if efforts and resources are directed toward the "promotion of dimensions of positive

adaptation or competence" (p.867) rather than focus on crisis, decompensation, and harm. Similarly, the promotion of adult resilience would benefit from interventions that recognize women's strengths while also acknowledging that their reweaving efforts are challenging and that meaningful supports are needed to sustain healing before the emergence of crises.

Our research findings however revealed that women found a paucity of resources designed to meet their needs. They identified that they were searching for professionals who could support their reweaving efforts as they worked to reclaim safety, voice, control, and identity. Any unreflexive and unresponsive practice preventing such occurrence led to further silencing, distrust, and disempowerment. Women found their interactions with professionals very constraining when the latter held a pathological view of individuals living with the legacy of childhood violence experience and considered them 'victims'. In their experiences, this worldview meant that their accomplishments, strengths, and the energy they invested in the ongoing reweaving of a self and a world were overlooked or minimized. Women also found that being considered so strong for having survived, or for making 'good' decisions, was constraining as support was often withheld. In addition, professionals who practiced under the unquestioned influence of socially prescribed metanarratives (i.e.: good mother, good children, good wife, good families) were found to be blaming and considered harmful. Women identified that these practices reinforced the stigma attached to their experiences, precluded them from revealing their history, and potentiated their self-doubt. In addition, it confirmed that they were effectively alone, that is, no

one was apparently interested to hear and to understand where they came from, or what they aimed to accomplish through their choices and reweaving efforts.

In the context of childhood resilience, Luthar and Cicchetti (2000) also suggested that interventions be structured to provide "enduring social, psychological, and health benefits [through] comprehensive, multifaceted programs that produce substantive changes at the level of environmental systems" (p.876). The women who participated in this study proposed similar interventions. They suggested that services be offered in centralized and easily accessible locations. They indicated that supports could be available from a variety of health professionals and services (i.e.: social services, nursing, medical, childhood and adult education, psychology and psychiatry) to facilitate and support their reweaving efforts as issues and questions arise. They also imagined that such programs and services could provide a space where they could meet and discuss issues particular to their childhood and adult circumstances in a safe, familiar, and supportive context.

All participants verbalized that they used the forum of this study to be heard because they hoped for interventions that would finally support their reweaving work both for their sake and the one of their children. In the end, women's suggestions reflected a need for interventions that recognize that the reweaving of a self and a world is a lifelong endeavour if resilience is to be maintained in the aftermath of childhood violence experiences. The promotion of resilience however requires that the people directly affected by the long-term consequences of this legacy be invited to collaborate in partnerships with expert

systems as a means to effectively influence policy, programs, and social change (Luthar & Cicchetti, 2000). In addition, programs and policies need to be context-specific, responsive to intersecting axes of oppression limiting or curtailing reweaving efforts, and sustainable from within the community. Professionals dedicated to women's health in the context of such a legacy are best positioned to advocate for such services and policies so that the constraints imposed by structural practices and ideological beliefs known to unravel reweaving work can be addressed and minimized.

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General Discussion and Conclusion

This study was conceptualized with a critical feminist perspective and a social justice agenda in mind including the explicit intent to value women's words, to validate their experiences, and to do research *for* them rather than *about* them (Harding 1987, Mies, 1999; Smith, 1992; Thorne & Varcoe, 1998). The experience of developing trust in one's mothering amongst women living with a history of childhood maltreatment was explored. The place of trust in maternal choices, decisions, and interactions was more particularly examined in light of the relational, societal, and normative expectations, rules, and routines ascribed to mothering. Women's stories were sought, as narratives of mothering are easier to access and to tell especially when attached to potentially painful recollections. Storytelling served as a forum for women's voices to be heard on their terms and was considered by women as a type of social action, a means to become part of the solution. The stories that were told also located social actors in interaction with their symbolic, structural, and ideological world.

In the pages that follow, the main findings of this study will be summarized and discussed for their implications in light of a social justice perspective, a critical feminist worldview, and recommended health promotion actions identified in the Ottawa Charter for Health Promotion (World Health Organization,1986). These actions reflect a commitment to (1) build healthy public policy, (2) create supportive environments, (3) strengthen community actions, (4) develop personal skills, and (5) re-orient health services. Implications for nursing practice and research also reflect the nursing mandate to (1) respond

with sensitivity and through empowering strategies when caring for those who experience health inequities, (2) influence contextual changes so that social conditions leading to health inequities can be addressed, and (3) engage in advocacy work toward policies and program development (Reutter & Kushner, 2010).

Summary of Findings

The findings of this study revealed that women who mother and live with the legacy of childhood violence experiences are determined to protect their children. They are also tenacious and perseverant in their efforts to create a safer, more wholesome and supportive environment for their children than the one they were exposed to as they were growing up. At the same time, most women who participated to this study contended with pervasive self-doubt while a few coped with episodes of overwhelming distrust of self when faced with circumstances causing loss of control and safety. All experienced persistent distrust of others. All sought to create conditions in their lives that would help them to recapture what was lost through childhood violence experiences, that is, safety, control, voice, and identity. These internal forces and conditions influenced women's decision-making in view of the choices available to them as they worked to reweave a self and a world and to change the story for themselves and their children. Women used their reflexivity as knowledgeable social actors to determine whether to conform, challenge, defy, resist, contest, or emancipate from established rules, routines, and expectations as they explored possibilities and strived to meet their goals.

As women interacted with their symbolic, structural, and ideological world, multiple intersections contributed to experiences of oppression, stigmatization, and marginalization, and limited their efforts to rise above a challenging legacy. These intersecting axes of oppression involved conditions such as social class differences, economic disadvantage, gender, uneven distribution of power, constraining social norms, structural influences, and history (Edwards & Di Ruggiero, 2011; Hankivsky & Christoffersen, 2008; McCall, 2005). A neo-liberalist worldview locating responsibilities and limitations within the individual while virtually ignoring external influences (Edwards & Di Ruggiero, 2011; Hankivsky & Christoffersen, 2008; Ilcan, Oliver & O'Connor, 2007; Reutter & Kushner, 2010) also contributed to the intergenerational transmission of abuse.

Women also identified that little support was available to them when they struggled due to the intersection of history and mothering realities, unless they reached a crisis requiring interventions. The few services accessible to them from that point on embraced deficit-oriented practices, and focused on parental education and family surveillance to protect children from harm (Donelan-McCall, Eckenrode & Olds, 2009; Luthar & Cichetti, 2000; Luthar, Cichetti & Becker, 2000; MacMillan et al., 2005). The symbolic, structural, and ideological constraints that women faced and that often contributed to the development of a crisis were rarely addressed.

In all of their efforts to change the story for themselves and their children, the women who participated to this study demonstrated agency and

resourcefulness. These strengths were seldom recognized by nurses or other health professionals. In many cases participants' strengths were either measured against existing metanarratives and deemed inadequate, or misguidedly considered sufficient enough to withhold support. Women were acutely aware that professionals expected them to be 'good' and 'healthy' mothers who raised 'good' and 'well-behaved' children according to socially prescribed rules and routines. Most women were very protective of their history given these societal norms and their associated concerns about marginalization and stigmatization. Any challenging of their maternal competence according to traditionally deficit-oriented and ideologically-driven practices (Lind & Smith, 2008), especially those accompanied by blame and censure, created conditions reminiscent of childhood violence experiences (Hooper & Warwick, 2006) for women. These oppressive interventions thus potentiated distrust of self and others, and exacerbated feelings of marginalization (Vasas, 2005) and stigmatization (Courtwright, 2009).

Current Context of Practice and Interventions

Most disciplines currently link the legacy of childhood violence experiences to pathology or the intergenerational transmission of abuse, and plan interventions according to identified or projected maternal deficits or pathology. The focus is largely on crisis intervention followed by the promotion of parenting competence through education, surveillance, and intensive family support with appropriate referrals for family issues (Luthar & Cichetti, 2000; Luthar, Cichetti & Becker. 2000; MacMillan et al, 2005). Preventive services are usually offered to single women of low economic means during early childhood and these follow

similar objectives (Donelan-McCall et al., 2009). Once children grow beyond the age of three, few services are available to women to support their response to ongoing growth and development challenges. The needs of women who are socioeconomically privileged are not addressed outside of crises.

In most programs geared toward the prevention of intergenerational transmission of abuse, public health nurses are the professionals who provide family support (Donelan-McCall et al., 2009; MacMillan et al, 2005). Their formal education and their ability to respond to questions related to infant and early childhood development or health-related concerns are believed to enhance their credibility with family members (Donelan-McCall et al., 2009). Nurses are also chosen because of their experience working with socially disadvantaged families (MacMillan et al, 2005).

Nurse home visitation models so far have been found more effective before the occurrence of child maltreatment than once patterns have been established (Donelan-McCall et al., 2009; MacMillan et al, 2005). In all assessments of effectiveness, however, outcome measures focus on children's growth and development and reported or identified incidences of child abuse (Donelan-McCall et al., 2009; MacMillan et al, 2005). There is virtually no reference to women's personal experiences of mothering. Intersecting influences fostering health inequities are not considered or discussed.

Implications for Nursing Practice

In light of this study's findings and current practices, important implications surface if nursing practice is to become sensitive and empowering to

ensure that women who mother in the wake of childhood violence experiences gain access to health and health-care. Existing deficit-oriented approaches actually challenge support-seeking efforts in this population of women as strengths and resources are seldom acknowledged while problems, pathology, and expert interventions are emphasized (Blundo, 2001). This approach is incongruent with everything that women are searching for. Their need for safety, control, voice, and identity beyond the one of 'victim', 'damaged', and even 'strong', are all severely challenged when health professionals present themselves as experts and deny the value of women's practical wisdom and intimate knowledge of their own experiences to favour prescriptive rules, routines, and expectations. Opportunities to explore the root causes of their need for support in view of the symbolic, structural, and ideological forces and conditions that constitute their world are therefore lost.

In order to be sensitive to intersecting axes of oppression and open to collaborative and empowering practice with clients, it is necessary for health professionals to explore their beliefs, values and assumptions about the individuals who constitute their target population (Logsdon & Davis, 2010). In a context of practice where nurses work with women and their children, it may be useful to consider assumptions and beliefs about the following: (1) the place of women in society, (2) the intersection of gender with history, social location, identity, and other social determinants of health, (3) the long-term effects of childhood violence experiences on agency and capabilities in view of usual assumptions of pathology, chronicity, and disability, and (4) metanarratives

concerning ‘good’ mothering and ‘good’ family practices as well as what constitute empowering nursing interventions.

To avoid imposing patriarchal and paternalistic views, and to foster a context of practice favouring social justice, a strength-based approach to client/community –nurse relationship is also encouraged (Lind & Smith, 2009). St-Jacques and her colleagues (2009), however, have identified than even when frameworks of practice are in place to favour the use of strength-based interventions, and practitioners can verbalize the corresponding rhetoric to describe their goals, their practices still focused on clients’ weaknesses. Conversely, Grant and Cadell (2009) identified that a sole focus on strengths may lead professionals to overlook sources of difficulties and pain. This may in turn create barriers to the expression of needs and the provision of adequate support.

Sensitive and Empowering Practices

When women were asked to let nurses and other health professionals know what forms of interventions would be most effective to meet their needs, most suggested multilevel approaches, with services offered in a centralized and accessible location. They imagined nurses as well as professionals from other disciplines as people who would be educated about and respectful of women’s issues of distrust (self and others), interested in their stories and circumstances, and sensitive to their needs. They expected that these professionals would provide them with support when needed or requested in light of the many forces and conditions influencing their mothering.

Women also pictured having access to a friendly peer-support environment where they could convene as a homogenous group to discuss and support each other in their mothering work. They preferred the latter because they anticipated experiences of stigmatization and marginalization from members of the broader societal context given that their childhood history influenced mothering choices and decisions. While this approach could further potentiate stigma and marginalization, women saw this as a way to acquire "horizontal power, [a power] exhibited by peripheralized people in response to their marginalization" (Vasas, 2005, p. 197). Through common experiences and a sense of community, such a space becomes a site of resistance and possibilities especially if self-respect and agency are fostered (Courtwright, 2009; Vasas, 2005).

Such an initiative could become reality if it followed the principles of a highly successful model called 'Centering Pregnancy' (Carlson & Lowe, 2006; Reid, 2007; Rising, Kennedy & Klima, 2004; Rising & Senterfit, 2009), a community based program where women begin involvement with prenatal care. This program is structured according to the 13 principles underpinning the "centering model of care" (Rising & Senterfit, 2009, p.180, 182). The same model has been expanded to support parents during the first year of their child's life (Rising, 2010). This collaborative approach to care could be tailored to meet the needs of women who have experienced childhood violence and who are now pregnant, with the possibility that the program would expand to support women as their children grow.

This approach is structured to give women a voice so that they can learn from and support each other as they grow in self-understandings, explore personal wisdom, and share joys and concerns (Rising & Senterfit, 2009). It is also a model where care providers (currently a nurse and a nurse-midwife) are members of the group. They do not impart their knowledge but rather listen carefully and learn from the beliefs and values expressed by women. They provide answers to specific question or contribute when it is important to demystify or clarify in view of evidenced-based knowledge. Meetings have a flexible structure to first meet women's needs. Members of other disciplines are invited in response to members' voiced concerns.

Changing Underlying Conditions and Tackling Health Inequities through Advocacy

The above strategy follows the premises of "feminist gender-based" (Nichols, 2011, p.113) interventions models. The latter is an approach that emphasizes women as rational social actors and capable decision-makers as opposed to passive, in need of protection, and lacking agency (Nichols, 2011). It is conducive to empowerment as the focus is on strength building rather than problem-fixing on the basis of perceived incapabilities in need of expert-driven solutions (Lind & Smith, 2008). It can become a forum where "appreciative inquiry" (Lind & Smith, 2008, p.32) also contributes to health promotion. Participants have the opportunity to share their stories, be listened to and find their ideas valued in an environment fostering self-respect through the respect emanating from others (Courtwright, 2009; Lind & Smith, 2008). Lastly, it is a

space where communal plans toward self and group advocacy can be engendered. Women can be supported to determine initiatives (i.e., program, policy) that would promote favourable changes in view of their identified issues. Information and resources can then be provided by nurses and others to facilitate movement toward social justice and the recognition of their health care needs.

Nurses are also in a position to recognize where their privileged location may best support women's advocacy efforts and address underlying sources of health inequities. Nurses are located at the "intersection where societal attitudes, government policies, and people's lives meet" (Falk-Rafael, 2005, p.219). It is therefore important that they pursue advocacy work. For example, as Wuest and her colleagues (2002) identified, to question previously unchallenged societal norms, and to expose the contextual forces that interact and intersect in women's lives to constrain their agency and health potential is insufficient. It is also necessary for researchers to seek service providers', program planners', and policy makers' perspectives about their working realities. The latter is an opportunity to better understand the rules and routines that inform structural practices while also raising decision makers' awareness about the strengths and limitations of their practices (Wuest, Merritt-Gray, Berman & Ford-Gilboe, 2002). Such efforts are beneficial and essential if women's health promotion initiatives are to be successful and respond to issues of social justice (Evans, 2005; Nichols, 2011; Wuest et al, 2002). In addition, these endeavours constitute first steps in policy advocacy as they build "emancipatory knowledge among those who can

effect change [and pose] difficult questions that probe the root causes of inequities" (Reutter & Kushner, 2010, p.275).

From another perspective, Reutter and Kushner (2010) proposed that health inequities often are perpetuated by those who are in privileged position and who actually have the power to change the status quo. These authors suggested that it would be useful for researchers to explore these persons' views about those who are vulnerable in order to expand social consciousness, as well as to inform policy agenda and advocacy initiatives. This is all the more important when strategies to meet basic needs become 'interventions' calling for controlled studies to evaluate effectiveness when they are offered to disadvantaged populations while these same measures are easily accessible to the majority of advantaged populations (Smith, 2007). Similarly, as demonstrated through this study, services may be available to populations in crisis in the form of clinical and social interventions, whereas people attempting to prevent a crisis and searching for support to maintain healthy functioning have very limited recourses.

As I further advance my research program with a focus on family health in conditions of diversity and vulnerability, I plan to initiate collaborations with service providers as a means to begin a process of feminist advocacy (Evans, 2005) toward policy and program development. I will first need to disseminate the findings of this study and, potentially through focus groups, invite service providers' views of these findings in light of their working realities as they strive to respond to issues related to the intergenerational transmission of abuse. It may then become possible to create partnerships and collaborations serving to initiate

multilevel intervention planning, implementation, and research. At that point, it will be important to include women interested in participating in such endeavours as a means to advocate for themselves and others in similar situations as well as members of different disciplines (Edwards & Di Ruggiero, 2011). Several strategies will be needed to address multiple levels of interventions and evaluations studies will include multilevel and multi-method approaches (Edwards, Mill & Kothari, 2004).

Implications for Research with Marginalized Populations

This narrative analysis proceeded from "the standpoint of the marginalized" (Sprague, 2005, p.143). The intent was to highlight the forces and conditions that influenced the way women (a) viewed themselves, (b) interpreted their experiences of power or powerlessness in interaction with others, and (c) acted upon external and internal forces to mother children in the wake of childhood violence experiences. Few guidelines were available or suitable and a double-hermeneutic approach was devised and refined to that effect. Individual experiences *as well as* practices and constraints embedded in participants' daily lives as a result of symbolic, structural and ideological rules, routines, and expectations were examined. Intersecting dominant discourses, social contexts, conditions leading to advantage, or to disadvantage and discrimination, were also scrutinized for their influence on women's choices to conform, defy, challenge, contest, or emancipate from normative expectations.

This double-hermeneutic strategy made it possible to juxtapose a theoretically triangulated critical feminist perspective with narrative inquiry. This

approach is congruent with one main aim of narrative inquiry, that is, to locate social actors within their social context in light of the stories they tell (Riessman, 2008). It is also consistent with a social justice agenda (Edwards & Di Ruggiero, 2001; Reutter & Kushner, 2010) as it is possible to identify embedded power relations fostering health inequities and constraining women's agency. It finally reflects the premises underlying the intersectionality paradigm (Hankivsky & Christoffersen, 2008; Hancock, 2007) through a contextual analysis of multiple intersections between gender, history, identity, and social location to identify sources of oppression, marginalization, and stigmatization. This theoretically triangulated critical feminist narrative inquiry thus represents a promising approach for nursing researchers invested in a social justice agenda and investigating phenomena in the context of marginalized and vulnerable populations.

As the findings of this study mostly represent the reality of white, married, middle-class and well-educated heterosexual women, intersecting axes of health inequities associated with class, culture, ethnicity, differing mothering conditions, and the experience of chronic mental illness were only marginally examined. Most participants' position of relative advantage afforded them the space and resources to reflect and to make choices and decisions that supported their efforts to change the story. A number of these participants actually recognized that their social location gave them privileges that may be far less accessible to less educated and financially stable women. It remains to be seen whether the pursuit of similar studies with women living under the influence of different conditions

and intersecting axes of oppression would provide additional perspectives to consider as programs and policies are developed. The few women who provided glimpses of such experiences did identify differing incidents and needs. It, however, is possible that well-planned interventions could respond to the needs of women living with a range of conditions producing health inequities.

Implications for Research Practices with Vulnerable Populations.

This study was planned with the intent to prevent harm and to enhance women's control, in keeping with both ethical research practices and a critical feminist standpoint. As the recruitment and data generation process evolved, it became obvious that women were using many strategies to ensure memory coherence (i.e., the recall of certain memories over others to ensure the integrity of the self; Conway, 2005) in response to memory salience (i.e., significance of memories for the autobiographical self; Berntsen, 2001; Morse & O'Brien, 1995; Reviere & Bakeman, 2001; Shum & Rips, 1999; Stull, Leidy, Parasuraman & Chassany, 2009; Talarico, LaBar & Rubin, 2004; van der Kolk & Fisler, 1995). They were also using coping mechanisms to protect themselves and it was necessary that I, as the researcher, remain vigilant and responsive to emerging needs and choices.

Concerns about the vulnerability of research participants have been raised when research is done with populations experiencing health inequities, mental illness, limited access to support, fatigue, or pain (Gardner, 2010; Tait, 2009). Rarely is gender considered a source of vulnerability in light of its intersection with many sources of health inequities. In the context of this study, participants

belonged to a traditionally silenced and marginalized population due to the intersection of gender, history, and social location. During the interview, evidence of women's sense of vulnerability and need to assert their power emerged. Matters related to trust, distrust, social action, vivid childhood memories, and the co-construction of stories arose and required responses that would best serve women and address emerging vulnerabilities.

Trust, Distrust, and Social Action

In light of the population of women I sought to interview, I was not surprised that issues of distrust emerged quickly and manifested in several ways. As a mental health therapist, I was prepared to respond to their need to be reassured that their voices and stories would be honoured and received with support rather than judgment. As an emerging critical feminist researcher, I also was determined to respect their verbalized desire for social action through their participation in this research. I, however, became most concerned with the fact that as a result, many interviews lasted well beyond two hours. I questioned at length the ethicality of the process I was following and seemingly imposing on women despite their reassurance to the contrary. I ultimately needed to reconcile the tension arising from my duty to protect from harm and to prevent duress or difficulties, and my desire to create conditions that fostered empowerment. I eventually came to realize that as a feminist researcher, if I wanted to minimize or prevent vulnerability, I also needed to recognize women's strengths and resourcefulness lest I recreate a context that would rob them of control and discount their power to choose and determine their own limitations. I therefore

chose to trust the process and to follow their lead. I also learned quickly to always remain conscious of my role as a researcher. I needed to recognize that women were managing their life competently without my support even though their stories revealed emotional tensions. I still remained alert to signs of distress.

The Legacy of Childhood Violence Experiences.

Twelve participants were interviewed although 18 women came forward to indicate their interest in study participation and only one did not meet inclusion criteria. At least one potential participant eventually cancelled her appointment due to her mounting anxiety. Painful and vivid childhood memories flooded her as the date of her interview neared. It is possible that others faced the same situation.

Available statistics reveal that *at least* 20% of female children are sexually abused as children and up to 50% are physically abused (Department of Justice, Canada, [DJC], 2007; Krug, Dahlberg, Mercy, Zwi, & Lozano, 2002; Public Health Agency of Canada [PHAC], 2006). It thus is safe to expect that in any sample of women participating in a study, a portion of them will be living with the legacy of childhood violence experiences unbeknownst to the researcher. We also know that many will become involved in abusive relationships (Herman, 1997; Irwin, 1999; Lang, Stein, Kennedy & Foy, 2004). Depending on the purpose of the study, it may be prudent to ask questions at the time of recruitment to identify risk for safety due to family violence. Answers may determine the location of an interview as well as plans to maintain women's safety after the interview. I did not screen for intimate partner violence as women contacted me and volunteered to participate in this study. None of the participants indicated that

they were currently involved in such a situation. It is possible that at least one potential participant who could no longer be found by the time of the interview was experiencing family violence. This may be an issue to consider in any research involving women, especially when multiple intersecting axes of inequities (i.e., class, culture, ethnicity, sexual orientation) can be identified or are purposefully sought.

Participants were never asked about their history of childhood violence experiences and most shared many vivid and upsetting memories of their painful childhood to explain influences on their mothering decisions. Such memories were willingly shared but also may have been elicited through some of the questions that I posed. In one instance, I observed the beginning of a dissociative episode as the participant answered a question. I had omitted to anticipate that the response to this question could be connected to intensely vivid and difficult childhood memories. At other times, I avoided selected questions in response to my observations (at the time, intuitively) of women's body language or hesitations. It therefore would be advisable for researchers to anticipate potential memory links to past events of strong and even traumatic emotional valence as they plan research questions. In addition, it would be prudent for interviews to be conducted by interviewers who are knowledgeable and skilled in their response to covert and overt signs of distress as these may determine when and how much to probe and to respond to signs of distress. I also discovered that to ask women to volunteer suggestions for other women and toward program development proved to be an effective strategy to help them recover a sense of control and

empowerment after sharing emotionally laden stories. The same effect could likely be achieved by inviting participants to share their thoughts about the interview process as a means to learn about those areas that are more sensitive to issues of memory salience and coherence. Participants could identify their perception of the difficult questions and offer suggestions for improvement in question wording, or about the interview process or structure. This strategy could help researchers identify areas of potential difficulties as they proceed with data analysis and interpretation.

The Co-Construction of Stories.

Women were free to disclose as much or as little as they wished and it was clear throughout the interviews that they were choosing the stories they wanted to tell. Some stories were identified as 'tellable' and others were not. Some questions were answered obliquely and others were not. Most women quickly identified mothering challenges while others began with stories that ensured that I would first know them as 'good' mothers who were raising or who had raised 'good' children. At the end of the interview, however, only one woman wondered if she had said too much. When asked to indicate which segments of her story she wished to delete, she briefly reflected and decided that the whole story needed to be told. These storytelling strategies were respected. They reflected responses to internal boundaries, narrative intelligibility (Cohler, 1991), and participants' truth at the time.

It was evident that in the context of this study recall bias was not an issue. Women had no difficulty vividly recollecting intense and distressing memories of

childhood violence. These were highly significant to their historical and current self. Similarly, in the context of health care research where phenomena of high emotional valence are often investigated, it is unlikely that recall bias due to memory decay will be as much of an issue as is usually assumed. To presume recall bias may even be devaluing or invalidating the contribution of the participant (Campbell, 1997; Quirk & DePrince, 1996). To question the authenticity of disclosed information about traumatic memories is essentially to call into question a person's competence as a rememberer (Campbell, 1997). This is potentially unethical, when evidence now exists that memories of high emotional valence and significance for the autobiographical self survive the passage of time and remain precise and accurate though perhaps incomplete (Berntsen, 2001; Porter & Birt, 2001; Talarico, LaBar & Rubin, 2004; van der Kolk & Fisler, 1995).

Reporting bias might be far more of a concern as it usually arises when respondents are looking for social acceptance in the interview context, perceive questions as threats to the self, or are worried about the context of self-disclosure (Catania, 1999). Recall and reporting bias seldom are considered an issue for qualitative researchers. Instead, the focus is on the dialogical context of the inquiry with the expectation that answers are constructed in response to a specific context and moment in time and that they describe prior and current experience in view of social and cultural norms (Sandelowski, 1993; Gardner, 2010). Reporting bias, however, is worth exploring in greater depth in the context of quantitative

studies when scrutiny is directed to issues of high emotional valence and significance for the autobiographical self (Berntsen, 2001).

Process and Power

In keeping with many narrative research traditions, my in-depth narrative analysis was reviewed by my co-supervisors, my research team, as a means to ensure rigor (Whitmore, Chase & Mandle, 2001). In addition, it was important that I did not impose my assumptions on these data (Mauther & Doucet, 2008). Procedures consistent with feminist and qualitative research practices were followed (i.e., field notes, journals, memos, audit trail). An analytic framework was eventually generated once we agreed that no new information was forthcoming from in-depth analysis. All participants' narratives were then coded accordingly. This framework became very detailed through an iterative and dialectical analysis of the data. This strategy helped me to appreciate the complexity of women's experiences in interaction with multiple forces and conditions (Hall & Stevens, 1991; Whittmore, Chase & Mandle, 2001).

The process of developing a double-hermeneutic approach to narrative inquiry was very lengthy. This became a source of tremendous discomfort for me as a researcher. All the participants in this study had given me consent to contact them so they could provide thoughts and suggestions about my interpretation. I wanted to honour this commitment and ensure that women continued to have a voice and a role in the interpretation of *their* voice. I could not do this until my analysis reached higher levels of abstraction. In time, I realized that a follow-up process should have been in place before I even began this study.

Participant involvement became a very pressing issue for me once I wrote the first manuscript and submitted it for publication. I first needed to know that women were comfortable with me using the stories I had chosen and the way they were represented (Polkinhorne, 2007; Sprague, 2005). Secondly, I still wanted to verify if my interpretation resonated with them. By then, more than a year had elapsed since the interviews and I could reach only six participants. Of these, only two sent me feedback, leading me to question if contact at such a late date had been such a good idea. In future studies, I may discuss this possibility with research participants but not formally request consent at that point. I may also review a planned follow-up process and asked participants if they would be interested in keeping abreast of progress. If such a plan had been in place, I might have been able to reach more participants. It also would now be easier to support ongoing participation from the six women who identified at the end of the interview that they would like to be involved in any advocacy work that may result from this study. Only one of these women was reached for feedback and she provided an extensive response.

Conclusion

This study represents the first stage toward social justice action to tackle underlying health inequities when mothering in the wake of childhood violence experiences. The findings of this study are powerful, though likely as yet insufficient to effectively mobilize well established ways of knowing, thinking and doing. If women's voices are never heard, however, nothing will ever change. Similarly, it is only in exposing intersecting forces and influences fostering

oppression and health inequities that we will eventually succeed in creating a safer community for women and their children. This was my ultimate goal as I engaged in this research. The findings of this study represent one step in this direction. For the time being, necessary partnerships will need to be developed before the successful implementation of a program such as the one described above. These will be explored through community engagement as well as contacts with the director of Centering Pregnancy program. Knowledge dissemination and translation strategies to inform service providers, health professionals, policy makers, and community organizations will also serve to advance this agenda. Further research exploring this same phenomenon with diverse populations arguably experiencing additional intersecting and oppressive forces and influences will also be considered. As demonstrated with this study, a theoretically triangulated critical feminist narrative inquiry remains well-suited to ongoing research focused on this phenomenon. This approach to inquiry is also potentially well suited for other research initiatives where issues of social justice are at stake and where populations are traditionally silenced, marginalized, and vulnerable as they cope with multiple intersecting axes of oppression.

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Appendices

Appendix 1: Individual Interview Guide

PREAMBLE: Mothering is a demanding experience for any woman. It can be sometimes very difficult to gain and maintain comfort and confidence in our own mothering. I want to know what mothering has been like for you, what has helped, and how you have felt about trust as you mothered your children. I also want to understand what was not helpful and how all these experiences affected your life. If you brought something that has special significance to you in terms of your mothering experience, feel free to bring it into the conversation at any time.

1. Could you please tell me about a typical day for you as a mother?

2. Could you please share with me one or two memories that come to your mind as you think about the time you became a mother to your children? Being a mother to your growing children?

3. For each memory shared: How did this event/circumstance/etc… relate to/ impact/influence your comfort and confidence in yourself as a mom? Your comfort and confidence in your mothering decisions? Your sense of comfort and confidence in others?

4. Can you share with me one of your best memories of feeling comfort and confidence in yourself as a mom? Of feeling comfort and confidence in your mothering? One of your most challenging memories?

5. Who and what helped? What happened? (r/t confidence in self, mothering and others)
   [Examples: inner resources, partner, parents, siblings, friends, community services/agencies (i.e., pre-school, health unit, parenting classes, support groups), health professionals] What was best?

6. Who and what was not so helpful? What happened? (r/t confidence in self, mothering, others) [Examples: inner resources, partner, parents, siblings, friends, community services/agencies (i.e., pre-school, health unit, parenting classes, support groups), health professionals] What was most challenging?

7. We've been talking about comfort, confidence and trust. What do these words mean to you? How are they different? Similar? What meaning do they have in relation to as a mom? To your mothering?

8. How have your mothering experiences affected your confidence in yourself, in your mothering and in others over the years? Affected your

life as a whole (relationships, health, decisions, turning points, changes, challenges)?

If a chosen object is available and has not been discussed yet….

9. What does this object mean to you in terms of your mothering experiences and feelings of trust in your mothering?

10. What does mothering mean to you? What does it mean to you to be a mother?

11. If you were to share some of what you have learned about mothering with other women who have had similar childhood experiences, what would you like them to know
    a) that might help them develop confidence in their mothering?
    b) to help them develop confidence in their self?
    c) to help them develop confidence in others who might help them?

12. What would you like professionals who want to help women like you as they mother their children to know (advice/suggestions)?

13. What services do you wish would be available to help mothers in your situation?

Before we finish, is there anything more you would like to share with me that we have not already talked about?

Now that you know what you have shared with me, I want to confirm that you are willing to let me include this interview in the study. Are you still willing that I include what you shared with me in the study?

I would also like to invite you to help me, by letting me know if what I understand from our talk today is on track with what you were telling me. This would mean that I would send you a short summary of main ideas to read over, and that I would phone you to find out about your impressions and your thoughts. This phone conversation might take about 30 minutes or so, or you could e-mail me your thoughts if you would like. These would be used to further my analysis and to potentially draw my attention to perspectives I may have overlooked. Is this something you would be interested in doing in a while?

Appendix 2: Participant Screening Form

Date: _____

Thank you for calling me to find out more about the Mothering and Trust study

How did you hear about the study?

_____

___

I WANT TO TALK WITH WOMEN WHO ARE MOTHERS AND WHO EXPERIENCED ABUSE WHEN THEY WERE CHILDREN. DOES THIS SOUND LIKE A FIT FOR YOU?

I ALSO WANT TO TALK WITH MOTHERS WHO ARE 18 YEARS OF AGE OR OLDER AND WHO HAVE NO CHILDREN YOUNGER THAN 3 YEARS OF AGE. DOES THIS FIT WITH YOUR SITUATION?

(IF YES), Would you like to hear more about the study?
Can you please give me the correct spelling of your name*:*
_____

Phone number: _____
Alternate number: _____
E-mail: _____

A bit more about the study:
Purpose:

- I want to know what mothering has been like for you. I want to learn what helps and does not help women's sense of comfort or confidence in their mothering as they mother growing children. I want to understand how these mothering experiences affect women's lives.
- You will not directly benefit from telling me about your experiences of mothering. You also may become upset as you tell me your story. What you tell me may become helpful to people who plan programs to help mothers in your situation and their families.
- I will keep what you say private. Your name will never appear anywhere. Your words may be used but never your name. I will keep your personal information locked up.
- You can tell me at anytime that you do not want to answer a question and you won't have to. You can also tell me at anytime that you do not want to participate in the study anymore and we will stop immediately.

Are you interested in participating in the study? Yes_____ No ____
(you will be asked to sign a consent when I come to see you)

Address and Directions:

_____
_____
_____
_____
_____
_____
_____

Special considerations to be aware of (backdoor, dogs, parking, buzzer number etc.)

_____

Scheduling of interview:

Date: _____

Time: _____

Before we finish:

We will be speaking about your stories of mothering and experiences with comfort or confidence in your mothering. There may be songs, poems, stories you have read, pictures or photographs that remind you of important stories that are meaningful for you. If you wish, and you have something in mind that would help you perhaps to tell a story or that means something particular about your experiences of mothering in relation to trust in mothering, I would like you to bring it to the interview or have it available for us to talk about. You do not need to do this if you don't want to.

Appendix 3: Informed Consent Information Sheet

Study title: *The Experience of Developing Trust in One's Mothering Among Women Who Have a History of Childhood Violence Experiences*

Principal Investigators: Kaysi Eastlick Kushner, RN, PhD, Associate Professor, Faculty of Nursing, University of Alberta, phone: 492-5667, e-mail address: kaysi.kushner@ualberta.ca

Kathy Hegadoren, RN, PhD, Professor, Faculty of Nursing, University of Alberta, phone: 492-4591, e-mail address: kathy.hegadoren@ualberta.ca

Co-Investigator: Nicole Y. Pitre RN, PhD candidate, Faculty of Nursing, University of Alberta, phone: 492-6099, e-mail address: npitre@ualberta.ca

Study Purpose: *The purpose of this study is to learn about women's experiences of mothering and trust when there has been a history of abuse in childhood. Abuse as a child can have lingering effects on later experiences like mothering. I want to know what mothering has been like for you, what has helped, and how you have felt about trust as you mothered your children. I also want to understand what was not helpful and how all these experiences affected your life.*

What will happen? *I will talk with you by yourself one time in person. If you agree, I will also talk with you one or two times over the phone. The talks will be tape recorded. I expect that it will take about 2 hours for us to talk together. The phone calls will not be more than 30 minutes long. I will invite you to read a short summary of what I find if we talk on the phone.*

What are the benefits of the study? *Your stories will help me to learn about mothering and what helps and does not help women be mothers as their children get older. What you tell me may be helpful to people who plan programs to support mothers and their families.*

Are there any risks to me? *The only risk to you is to possibly feel uneasy or upset about what you tell me. If you feel upset during the interview, I will talk with you and help you decide how to deal with your feelings. You can decide to stop at this time. I will also help you to find support or treatment if necessary. I can also suggest places to ask for help and provide you with the names and numbers if you are interested.*

Will my privacy be kept? *I will keep your name and what you say private. I will use a code number on study materials. Only the research team and the person*

who types out the taped interviews will know what you said. This person will sign an oath to keep what you said private. You will not be named in any reports or talks about this study. Your actual words may be used, but not your name. I will keep the data of this study locked up. The study data will be kept for at least five years after the study has been done. The study data may be used again in another study with approval from an ethics board. All information will be held private except when professional codes of ethics or the law requires reporting.

It's your choice *It is your choice to be part of this study. You may choose to talk with me only this time. You may choose not to answer a question. You may turn off the tape recorder at any time. You may stop being in the study at any time. You may ask questions at any time. If there are things that are upsetting you, I will find someone for you to talk to.*

Reimbursement of expenses *You will be given a $20.00 gift card for your time.*

If you have any questions You can call Nicole Pitre at 492-6099 or e-mail me at npitre@ualberta.ca

Additional contact If you have concerns about the study, you can phone Dr. Christine Newburn-Cook, Associate Dean Research, Faculty of Nursing, University of Alberta, at
492-6831. The Associate Dean is not part of this study.

Study findings If you want a summary of the results of this study, please call Nicole Pitre at 492-6099. Please leave your name, mailing address including a postal code.

Appendix 4: Informed Consent Form

Part 1 (to be completed by the Principal Investigator)

Title of project: *The Experience of Developing Trust in One's Mothering Among Women Who Have a History of Childhood Violence Experiences*

Principal Investigators: Kaysi Eastlick Kushner, RN, PhD, Associate Professor, Faculty of Nursing, University of Alberta, phone: 492-5667, e-mail address: kaysi.kushner@ualberta.ca
Kathy Hegadoren, RN, PhD, Professor, Faculty of Nursing, University of Alberta, phone: 492-4591, e-mail address: kathy.hegadoren@ualberta.ca

Co-Investigator: Nicole Y. Pitre RN, PhD candidate, Faculty of Nursing, University of Alberta, phone: 492-6099, e-mail address: npitre@ualberta.ca

Part 2 (to be completed by the research participant)

	Yes	No
Do you understand that you have been asked to be in a research study?	□	□
Have you read and received a copy of the attached Information sheet?	□	□
Do you understand the risks and benefits involved in taking part in this research study?	□	□
Have you had an opportunity to ask questions and discuss this study?	□	□
Do you understand that you can withdraw at any time from the study without having to give a reason? Withdrawing from the study will not affect your care in hospital or in the community.	□	□
Has the issue of confidentiality been explained to you?	□	□
Do you understand who will have access to your records?	□	□
Do you understand that the interview will be audiotaped?	□	□
Do you authorize that your records be utilized for another research project following the submission of a new research proposal to an ethic review board and received approval?	□	□

This study was explained to me by _____

I agree to take part in this study

_____ _____
Signature of the research participant Date

_____
Printed Name

I believe that the person signing this consent form understands what is involved in the study and voluntarily agrees to participate.

_____ _____
Signature of the Investigator or Designee Date

The information sheet must be attached to this consent form and a copy given to the research participant.