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**AN ANALYSIS OF THE MANIFESTATIONS OF TRAUMA FOLLOWING
PSYCHOLOGICAL ABUSE, AND AN EXAMINATION OF THE PROCESS
OF RECOVERY**

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This work has not been previously submitted in whole, or in part, for the award of any
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dissertation from the work, or works, of other people has been attributed, and has been
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CONTENTS

	<u>Page</u>
Abstract	1
Chapter One: Introduction	
• Violence against women: a societal disaster of devastating proportion	2
• Trauma and partner abuse	2
• Aim of the study	4
Chapter Two: Literature Review	
• Acknowledgement and affirmation: the history of psychological trauma	5
• Manifestations of psychological trauma: debates within the field	6
○ Traditional understandings of trauma: PTSD	7
○ Critique of DSM-IV diagnostic construct PTSD	9
○ Prolonged and repeated trauma: the need for a new concept	10
○ The syndrome of prolonged and repeated trauma: Complex PTSD	14
○ The need for an increasingly inclusive conceptualization of trauma: emotional abuse	15
• The nature of psychological captivity	17
○ Learned helplessness and the Battered Women's Syndrome	17
○ Understanding the psychological process of entrapment in an abusive relationship	18
○ Traumatic bonding: Stockholm Syndrome and other theories	23
○ Other areas in need of investigation	26

• The process of recovery following prolonged and repeated abuse	26
○ Establishing safety and control over the self and the environment	27
○ Trauma narratives: sharing one's pain	27
○ Recreating a new life	28
○ Identification with other survivors and the healing power of forgiveness	29
• Gender relations: are gender imbalances a psychosocial factor in abuse experiences?	30
• The aim of the current research	31
 Chapter Three: Methodology	
• Research design and data collection	33
• Sample/participants	34
• Sampling procedure	35
• Procedure and analysis	36
• Ethical considerations	38
• Reflexivity	39
 Chapter Four: Results and Discussion	
• The psychological consequences of exposure to prolonged psychological abuse	41
○ Affective consequences	43
○ Disturbances in identity	57
○ Disturbances in the manner of relating in subsequent relationships	60
○ Intrusive thoughts and concentration difficulties	65
○ Behavioural disturbances: self-destructive behaviour	68
○ Discussion	70
• Why do they stay: the nature of psychological captivity	75
○ The perception of captivity	75

○ Manipulation and control through love and caring at the start of the relationship	78
○ The inhibition and annihilation of independence	80
○ Isolation	85
○ Fear: being caught between a rock and a hard place	88
○ Intermittent kindness and the perception of 'love'	93
○ Verbal and sexual degradation	97
○ Incorrect attributions of blame	100
○ Adoption of the abuser's worldview	102
○ The use of defense mechanisms and rationalizations	103
○ Minimization: the subtlety of the abuse	104
○ Discussion	106
● The process of recovery	
○ Rationalizations of 'growth': finding meaning in their experiences	109
○ Reconnection, social support and the value of narrating the trauma experience	110
○ You are not alone: the healing power of commonality	114
○ Discussion	115
Chapter Five: Conclusion	118
References	122
Appendix A: Interview schedule	131
Appendix B: Consent Form	137

Abstract

This research aimed to provide an in-depth analysis of the experiences of unmarried women subjected to prolonged psychological and emotional abuse within intimate relationships. The manifestations of trauma were investigated, including the psychological ramifications of exposure to repeated emotional abuse, as well as the nature of psychological captivity and the factors that prevented these women from leaving their abusers. The influence of societal gender relations on the women's experiences of abuse was explored, and an examination of the women's processes of recovery was conducted. The sample consisted of 10 women: four white participants, four black participants, and two coloured participants. The age of the participants at the time of interviewing ranged from 19 years of age to 30 years of age. Individual, in-depth, semi-structured interviews were conducted, and data was analysed using thematic analysis. Five broad areas of disturbance, understood as the ramifications of exposure to abuse, were identified. These were: affective consequences; disturbances in identity; disturbances in the ability to relate; intrusive thoughts and concentration difficulties; and behavioural disturbances largely in the form of self-destructiveness. The mechanisms that prevented women from leaving their abusers included an interaction of the following themes: destruction of the women's independence; isolation; fear; intermittent kindness; degradation; incorrect attributions of blame; and rationalizations. Themes of recovery included: meaning-making; reconnection through the creation of trauma narratives and social support; and commonality. This research suggests that Post-Traumatic Stress Disorder (PTSD) is an inadequate construct when considering the nature of trauma following prolonged psychological abuse, and indicates the need for an expanded diagnostic construct. It also draws attention to the psychological nature of entrapment in abusive intimate relationships in the absence of marital constraints.

CHAPTER 1: INTRODUCTION

Violence against women: a societal disaster of devastating proportion

Historically, and in the present day, instances of chronic domestic abuse are pervasive within every society (Herman, 1992). South Africa is no exception. In a recent study Jewkes, Penn-Kekana, Levin, Ratsaka and Schreiber (1999) reported that the prevalence rates of physical abuse were as high as 28.4% in South Africa. Furthermore, the Medical Research Council of South Africa (2001) recently revealed statistics released by Human Rights Watch, an organisation based in the United States of America, including the fact that every six days one South African woman is killed by a man she is intimately involved with, and that one in every four South African women has suffered abuse at the hands of her partner. Theorists point out that such statistics may only represent the tip of the iceberg of this societal disaster, as many women are hesitant or categorically fearful of reporting their abuse and revealing their abusers (Medical Research Council, 2001).

The problem of partner abuse is currently receiving widespread media attention in South Africa, as the rates of violence and their devastating ramifications appear to be escalating rapidly. Contemporary South African newspaper articles demonstrate this media awareness. A recent article by Harvey (2006) entitled: "Fight the scourge of 'invisible' violence", focused attention upon domestic abuse and the fact that such violence so often remains hidden from individuals and society. Another article by Adams (2006) entitled: "Women in the most danger at home, research shows" reported that one in five South African women is raped or abused by an intimate partner. Adams (2006) points out that frequently, a woman's home, far from being the sanctuary it is supposed to be, is a place of imminent and lethal danger. Furthermore, Meyer (2006) reported that ten South African women had died at the hands of their intimate partners in the space of a single week, in an article aptly entitled "The abusive, murderous face of South Africa's men".

Trauma and partner abuse

Studies of domestic violence have shown overwhelmingly that violence and abuse generate psychological effects that are often devastating to victims. The notion that domestic abuse constitutes a traumatic experience, and results in a traumatic response, is

now well held (Bean & Moller, 2002; Gallers & Lawrence, 1991; Gleason, 1993; Golding, 1999; Graham & Rawlings, 1991; Herman, 1992; Walker, 1984). These points indicate, in part, the purpose of this research: to explore and discuss the nature and manifestations of psychological trauma in a group of women who have experienced prolonged psychological abuse within intimate relationships. Research of this nature is vital, as it is essential that the ramifications of abuse be fully understood, so that appropriate treatment can be provided to this group of survivors to facilitate recovery.

Trauma can be understood as both an experience, and a response to that experience. A traumatic experience is defined by the Diagnostic and Statistical Manual IV (DSM-IV) as an “event in which the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of the self or others” (American Psychiatric Association, 1994, p. 427). A traumatic response is said to occur when the person’s reaction to the experience/s “involved intense fear, helplessness, or horror” (American Psychiatric Association, 1994, p. 427). Thus a traumatic response develops because of a subjective sense of powerlessness, helplessness and fear when confronted with a traumatic experience. With these points in mind, one should be able to understand why domestic abuse constitutes a traumatic experience for many victims.

The name that has been given to the symptoms of a traumatic response is Post Traumatic Stress Disorder (PTSD). The symptoms of PTSD are a natural response to overwhelming events. Brison (2002) explains how in trauma experiences the ordinary physical and psychological responses that humans have in response to danger, that prepare them to fight a threat or escape it, no longer work. As Herman (1992, p. 34) goes on to explain: “when neither resistance nor escape is possible...the human system of self-defense becomes overwhelmed and disorganized and each component of the ordinary adaptive response to danger, having lost its utility, tends to persist in an altered and exaggerated state long after the actual danger is past”. And it is these altered components of the overwhelmed self-defense system that form the basis of the traumatic response, PTSD.

This quote additionally highlights the helplessness and powerlessness that victims of trauma and abuse may feel: they cannot fight the threat, and they cannot escape it. They must feel as if there is nothing they can do to stop it. This lack of power is a feeling that pervades the experiences of abused women (Graham & Rawlings 1991; Herman, 1992; Walker, 1984). It is an element of trauma that many theorists have identified, including Becker (1995), Brison (1999) and Figley and Kleber (1995). In fact psychological trauma, Herman (1992, p. 33) informs us, is “an affliction on the powerless”.

Aim of the study

This research draws on the findings of past studies that have focused on the nature of trauma following abuse within intimate relationships, and aims to investigate the psychological impact of exposure to abuse in a sample of women. The study focuses on women’s exposure to emotional abuse in the absence of physical violence, in intimate relationships outside of marriage. The following central questions are addressed: what is the nature of emotional abuse endured by unmarried women in heterosexual relationships? What are the short-term and long-term consequences of intimate emotional abuse, in this particular group of women? What are the factors that prevented these women from leaving their abusers? And how did these women cope and recover in the aftermath of this trauma? Furthermore, the influences of societal gender relations on these women’s experiences of abuse and consequential trauma are explored.

CHAPTER 2: LITERATURE REVIEW

Acknowledgement and affirmation: the history of psychological trauma

In order to understand the problem and effects of men's violence towards women, it is necessary to consider the problem of violence against women in a clear historical context (Hearn, 1996). According to Van der Kolk, Weisaeth and Van der Hart (1996), the history and development of psychological trauma theory is marked by periods of recognition and dismissal with regard to the psychological effects of traumatic experiences. These oscillations in acknowledgment have often resulted in the silencing of women and their experiences of abuse (Hearn, 1996; Herman, 1992).

The first important developmental phase of trauma theory occurred in the 19th century, when researchers focused attention upon women and the phenomenon of hysteria. This was the first historical occasion in which the aforementioned oscillations in acknowledgment occurred: the reality of psychological trauma was briefly recognized, only to be dismissed by a disbelieving society. This historical phase had the effect of silencing women and their experiences in particular (Herman, 1992). After careful analysis of many women who were suffering from hysteria, Freud claimed that the symptoms of hysteria were the result of childhood sexual trauma. This theory sparked societal outrage and disbelief due to its radical implications: people refused to accept that a phenomenon as appalling as child abuse was so rampant. The theory was swiftly dismissed (Wastell, 2005), and the acknowledgment offered to women by the traumatic theory of hysteria was replaced by societal hostility and blame (Herman, 1992).

The next important developmental phase in trauma theory occurred when World War I and World War II confronted the world with the reality of psychological trauma again. Combat veterans started suffering from 'shell-shock' and 'war neurosis' in response to the trauma that they were exposed to on the battlefields (Van der Kolk, Weisaeth & Van der Hart, 1996). Once again however the reality of psychological trauma was dismissed, this time by a society that wished to forget the atrocities of the wars (Herman, 1992). It was only in the context of the antiwar movement, and the political and social disenchantment following the Vietnam War in the 1970s, that psychological trauma was

able to receive recognition and be named. The American Psychological Association introduced the world to the concept of Post Traumatic Stress Disorder (PTSD), placing it in the Diagnostic and Statistical Manual III (DSM III) in 1980 (Wastell, 2005). The reality of psychological trauma was finally formally affirmed.

A final important phase in the development of trauma theory involved the acknowledgment of women's experiences of trauma. This was initiated by the women's liberation movement in the 1970s, which created awareness that the most common traumatic disorders were not those of men in war, but of women in everyday life (Herman, 1992). Research first focused on the psychological effects of rape, and symptoms similar to those seen in combat veterans were described. Eventually domestic abuse started to receive attention, and constructs such as 'rape trauma syndrome' and 'battered women's syndrome' came into being (Wastell, 2005). Only in 1980 did it become clear that the syndrome seen in survivors of rape and domestic battery was essentially the same as the syndrome evidenced in survivors of war. These different syndromes were all subsumed under the new diagnostic construct PTSD (Herman, 1992; Van der Kolk, Weisaeth & Van der Hart, 1996).

Manifestations of psychological trauma: debates within the field

The field of trauma is complex one. Critical debates constantly surround the concept of psychological trauma, and there is continuous acknowledgement of increasingly inclusive conceptualizations of what constitutes trauma. For example, historically much of the research on psychological trauma, and the definitions used to define trauma events, focused upon single traumatic events. Critical perspectives of psychological trauma now reach beyond the currently accepted notion of psychological trauma resulting from a single dramatic event (Becker, 1995; Gallers & Lawrence, 1991; Graham & Rawlings, 1991; Herman, 1992; Loring, 1994; Stark & Flitcraft, 1996; Terr, 1991; Walker, 1984).

There is still much work to be done however. Issues in need of examination include exploring and refining questions surrounding the issue of what exactly trauma *is*. Questions focusing on what constitutes a traumatic event and what the manifestations and

nature of trauma following intimate partner abuse are, are in need of further exploration, refinement and clarification. This research will contribute towards addressing these questions. Attention will now be turned to critical debates surrounding these questions, in the trauma literature.

Traditional understandings of psychological trauma: PTSD

The currently accepted view of a trauma response is outlined by the DSM-IV diagnostic criteria for PTSD, which require an individual to have been exposed to an event in which: “the person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others” (American Psychiatric Association, 1994, p. 427). The person’s reaction to the experience/s must involve “intense fear, helplessness, or horror” (American Psychiatric Association, 1994, p. 427). The symptoms of PTSD fall into three symptom clusters, as outlined by the DSM-IV: re-experiencing of the traumatic event, avoidance and emotional numbing/detachment, and increased arousal (American Psychiatric Association, 1994; Wastell, 2005). Re-experiencing phenomenon can include:

- Intrusive and repetitive thoughts, images or perceptions of the traumatic event
- Recurring nightmares or flashbacks of the trauma event/s, in which people feel as if they are reliving the trauma
- Severe psychological unease and physiological reactions when confronted with “internal or external cues that symbolize or resemble an aspect of the traumatic event” (American Psychiatric Association, 1994, p. 428)

Avoidance and emotional numbing can manifest as:

- Avoidance of thoughts and conversations about the trauma
- Avoidance of people, places and activities reminiscent of the trauma
- Difficulty remembering important aspects of the trauma events
- Withdrawal and lack of interest in activities
- Feelings of emotional numbness and detachment from others or the self
- Restricted range of affect, in which people are unable to feel certain emotions

- Survivors no longer anticipate having a future (American Psychiatric Association, 1994)

Herman (1992) explains avoidance symptoms as being the result of a psychological process called dissociation. At the extreme, people dissociate during trauma experiences: they escape the otherwise inescapable experiences by altering their state of consciousness. This manifests in changes in perception and sensation, which may be numbed or distorted, or feelings of emotional detachment and profound passivity, in which all efforts of struggle cease. This protection against unbearable trauma becomes maladaptive once danger has passed, as the feelings of emotional detachment and passivity continue to haunt and restrict victims' lives. Wastell (2005, p. 152) explains that this is because dissociation is a "psychological process whereby parts of a person's experience are kept out of conscious awareness". Thoughts and memories are split-off and cannot be integrated into the victim's personal narrative, a process vital for healing.

The final group of PTSD symptoms, increased arousal/hypervigilance, can include:

- Fearful reactions to sounds or images that remind people of their trauma
- Poor concentration
- Sleep difficulties
- Feelings of irritability, and outbursts of anger (American Psychiatric Association, 1994)

The symptoms of the re-experiencing and avoidance clusters are opposing, and establish a fluctuating rhythm in survivors' lives. Traumatized people are "caught between the extremes of amnesia or reliving the trauma, between floods of intense, overwhelming feeling or arid states of no feeling at all, between irritable, impulsive action and complete inhibition of action" (Herman, 1992, p. 47). This illustrates the helplessness survivors must feel - they seem to have no control over their trauma symptoms. It is as if the subjective sense of helplessness they experienced during the trauma, when they felt that there was nothing they could do to stop it, persists in the aftermath of the events. This is

especially pertinent for this research as lack of control and power is central to abused women's experiences (Graham & Rawlings, 1991; Marshall, 1996; Walker, 1984).

Janoff-Bulman (1992) proposes that post-traumatic stress is largely due to the shattering of a victim's basic assumptions. Three particular assumptions are called into question: the belief in personal invulnerability, in which one believes the self and world are safe; the perception that the world is a meaningful place, in which one believes that negative things only happen to 'bad' people; and the perception of oneself as positive, in which one holds a positive self-image of oneself. When these assumptions are shattered victims no longer perceive the self or the world to be safe and fear the trauma will recur, events no longer have meaning as their victimization doesn't make sense to them, and negative self-images are triggered causing a severe loss of self-esteem. Thus, as a result of trauma experiences, victims' views of the world and the self are altered (Janoff-Bulman, 1992).

Brison (1999) explains that in addition to the shattering of these assumptions, those who experience human induced trauma feel that the connections between themselves and the rest of humanity are destroyed. This is because victims are "reduced to mere objects by their tormentors: their subjectivity is rendered useless and viewed as worthless" (Brison, 1999, p. 41). As a result victims feel they can no longer be themselves in relation to others, or even in relation to themselves. The self, and the ability to relate with others, is often irrevocably damaged by trauma experiences (Brison, 1999; Herman, 1992).

Critique of DSM-IV diagnostic construct PTSD

The DSM-IV diagnostic criterion and understanding of what trauma is have been heavily debated. The problems that have been identified fall into two main categories. Firstly, the current formulation of PTSD derives primarily from observations of survivors of relatively limited traumatic events. Traditionally accepted examples of trauma experiences include combat trauma, violent personal assault, physical abuse and rape, or exposure to natural disasters. Many theorists and researchers feel that the definition of PTSD overlooks those exposed to prolonged and repeated trauma, in preference to those

exposed to a single traumatic event (Gallers & Lawrence, 1991; Herman, 1992; Stark & Flitcraft, 1996; Terr, 1991; Wastell, 2005).

Secondly, until recently, little attention has been paid to the consequences of psychological and emotional abuse in the absence of violent physical abuse. However, the 1990s has witnessed a growing awareness surrounding the issue of psychological and emotional abuse (Arias & Pape, 1999; Jezl, Molidor & Wright, 1996; Loring, 1994; Marshall, 1996). This research aims to contribute to this relatively recent and emerging awareness of emotional abuse, as a sub-field of trauma research.

Prolonged and repeated trauma: the need for a new concept

Theorists feel that while the diagnosis of PTSD accurately describes the symptoms that result from a single traumatic event, the diagnosis is not sufficient when considering the experiences of those subjected to prolonged trauma, such as exposure to war (Niederland, 1968), childhood abuse (Terr, 1991), or abuse within intimate relationships (Herman, 1992; Loring, 1994; Stark & Flitcraft, 1996). A complex set of pathological disorders have been found to co-exist with PTSD in victims of repeated trauma. Theorists have found that the PTSD diagnosis overlooks the complex symptom picture seen in survivors of prolonged trauma, as well as the identity and relational disturbances that so often occur, and many of the affective consequences that occur in response to trauma of a repeated nature. Stark and Flitcraft (1996) illustrate this point succinctly, stating that in addition to eliciting dramatic behavioural problems such as suicidality and addiction, trauma of a repeated nature can cause severe psychological dysfunction including major depression, sexual and dissociative disorders, and identity and relational disturbances.

The following discussion illustrates why the PTSD diagnosis falls short, starting with an illustration of the complexity of the trauma response that has been documented as following prolonged abuse. Such debates began when Walker (1979) explained that women develop a cluster of psychological symptoms from living in violent relationships called Battered Woman's Syndrome (BWS), a stress reaction in response to prolonged, repeated trauma (Walker, 1984). The central element of BWS, learned helplessness, will

be discussed in a later section in the literature review. Major components of the BWS have been found in subsequent research by Gleason (1993) and Stark and Flitcraft (1996) who noted high prevalence's of psychosexual dysfunction, major depression, generalized anxiety disorders, and obsessive-compulsive disorders in samples of abused women.

Similarly, Hilberman (1980) and Marais, De Villiers, Moller and Stein (1999) found evidence that women subjected to domestic violence suffer from a range of psychiatric symptoms including anxiety and depression. Kirkwood (1993) explains how anxiety manifests within subsequent relationships as the fear that something bad is going to happen in the present relationship, just like it did in the former abusive relationship. Subsequent paragraphs illustrate how this can result in profound relational instability.

Reenactments are another manifestation of trauma that add to the complexity of the trauma reaction and symptom picture seen after prolonged trauma. After prolonged trauma survivors are at risk for repeated harm either self-inflicted or at the hands of others (Herman, 1992). Self-destructiveness may manifest in a range of behaviours such as eating disorders, self-harm, and alcohol and drug problems (Golding, 1999; Herman, 1992; Loring, 1994; Stark & Flitcraft, 1996; Van der Kolk, 1989). Re-victimization in subsequent relationships is also a common trauma manifestation: women who have left their abusers often become involved in other abusive relationships (Van der Kolk, 1989).

“Traumatic reenactment has been defined as living in the unremembered past” (Bloom, 1996, p. 1). This tendency to reenact the past has tragic consequences for women who have managed to escape abusive relationships as they are never truly free. These reenactments, whether they manifest as self-inflicted harm or entrapment in another abusive relationship, have the effect of reviving the trauma that was so much a part of their past. It is thought that the function served by reenactment is to gain mastery over trauma experiences, but clinical experience has shown that this rarely happens. Instead, repetition causes further suffering for victims themselves or for people around them (Van der Kolk, 1989).

There are other features of repeated trauma that do not readily fall into the classic diagnostic criteria for PTSD. Victims of prolonged abuse come to rely on dissociation, minimization, and denial mechanisms, as a means to cope with their unbearable reality (Herman, 1992). Such coping mechanisms can result in profound passivity. Hilberman (1980) points out that the lives of abused women are characterized by passivity and an inability to act. They are fatigued, numb and lack energy. They also have a pervasive sense of helplessness and despair, are ridden with guilt and shame, and see their selves as unworthy, incompetent and unlovable. Similarly, Ihanus (2005) states the psychological effects of terror include aimlessness, apathy and psychic numbing, as well as feelings of guilt and shame, all adding to the complexity of the trauma reaction to prolonged abuse.

Another coping mechanism related to the psychological strategies of dissociation and denial is splitting. Graham, Rawlings and Rigsby (1994) explain four long term outcomes of prolonged abuse that they observed in their research with abused women: splitting, intense push-pull dynamics in relationship with others, displaced anger, and a lack of a sense of self. In the phenomenon of splitting victims see their abuser as 'all good' or 'all bad' during the relationship. If they did not do this their terror would overwhelm them and they would lose hope of survival. The terrible experiences of abuse and terrifying aspects of the abuser are split off so that the victim can justify staying in the relationship. While this is a coping mechanism within the abusive relationship, splitting occurs in all subsequent relationships too, and this results in dramatic relational disturbances.

In addition to splitting, push-pull dynamics within abusive relationships also generalize to subsequent relationships (Graham, Rawlings & Rigsby, 1994). Herman (1992) suggests that this is because of two things. Firstly, no ordinary relationship offers the same degree of intensity as the traumatically induced bond with the abuser, but survivors experience intense feelings of need for this kind of bond. Traumatic bonding refers to strong emotional ties that develop between two people when one intermittently abuses the other (Dutton & Painter, 1981). Secondly, and paradoxically, women have difficulties with trust and withdraw from relationships over time as a result. Thus "survivors oscillate between intense attachment and terrified withdrawal" (Herman, 1992, p. 93), in their

post-trauma relationships. What these paragraphs increasingly illustrate is that abused women don't ever seem to be truly liberated, as they are never free from their trauma.

In addition to these problems, Graham, Rawlings & Rigsby (1994) explain that victims often experience intense anger during the abusive relationship. Frequently this anger is suppressed in order to avoid retaliation from the abuser, but after the abuse ends victims are often overwhelmed with the rage they have denied for so long. This anger is displaced: it is either turned inwards and women blame themselves, resulting in self-hatred and lowered self-esteem, or it is expressed at, or taken out on, other people. Displaced anger can therefore result in relational difficulties when the blame is displaced onto others, and disturbances in a victim's identity and sense of self when it is displaced onto the self (Bean & Moller, 2002; Graham, Rawlings & Rigsby, 1994; Kirkwood, 1993). Hanmer (1996) insists that emotional abuse in particular, undermines women's self-worth, resulting in feelings of profoundly low self-esteem.

The final problem identified by Graham, Rawlings and Rigsby (1994) involves the victim's sense of self as experienced through the eyes of the abuser. During the relationship of abuse a victim may come to envision the self through the eyes of the abuser, as a means of survival. This exacerbates feelings of lowered self-esteem described above, as women come to believe that they are worthless or unattractive (Loring, 1994; Marshall, 1996). The victim's sense of self is no longer her own, but the abuser's sense of the victim. After liberation, in the absence of the abuser, victims find that they no longer know who they are: they lack a sense of self (Graham, Rawlings & Rigsby, 1994; Herman, 1992). Loring (1994) explains how negative feedback given to women by their abusers is often internalized. Consequently victims describe their selves as destroyed: they no longer know who they are or what their real perceptions and feelings are.

Brison (1999) reinforces this point stating that survivors of trauma frequently feel that they are not the same people that they were before the trauma. Brison (2002) explains that victims dissociate to avoid destruction of the self. This response to trauma is an

“attempt to distance oneself from the bodily self that is being degraded and whose survival demands that one do, or at any rate be subjected to, degrading things” (Brisson, 2002, p. 49). However, such attempts are never completely successful, and victims’ identities are often enduringly altered by the trauma experiences. Hanmer (1996) agrees that at the extreme, particularly when women dissociate, they refer to the self that existed before the abusive relationship as a lost person who no longer exists. This represents the survivor’s completely altered sense of self. Even though dissociation is intended to ‘save’ the victim’s identity, it actually exacerbates the destruction of one’s sense of self.

The findings of the theorists outlined above illustrate the limitations of the existing diagnostic category, PTSD. Often, because survivors’ symptoms do not fit the PTSD diagnosis accurately, they receive a range of diagnoses including various anxiety disorders or depression. Misdiagnoses of traumatic reactions amongst victims of prolonged abuse fall into three main diagnostic areas: somatization disorder, borderline personality disorder and dissociative identity disorder (Herman, 1992). As a result of these misdiagnoses, the source of distress among victims is often overlooked, as survivors’ symptoms are not understood to exist in relation to their true source: the trauma. Consequently, survivors receive inappropriate treatment. The lack of an accurate diagnostic concept therefore, has serious consequences for survivors’ recovery processes.

The syndrome of prolonged and repeated trauma: Complex PTSD

The literature reviewed so far seems to suggest a reexamination of the PTSD diagnosis. There may be relevance in Herman’s (1992) proposition that there exists a continuum of traumatic disorders ranging from the effects of a single overwhelming event to the more complicated effects of prolonged and repeated abuse. She has coined the term Complex PTSD to describe the syndrome that follows prolonged, repeated trauma. According to Herman (1992) there are three broad areas of disturbance that follow prolonged abuse, which go beyond, and are not represented by, the simple PTSD diagnostic construct:

- Symptomatic: the symptom picture in survivors of prolonged trauma often appears to be more complex than in simple PTSD. The symptoms picture

includes: additional anxiety disorders such as obsessive-compulsive disorder, depression, sexual dysfunction, dissociative features, and affective consequences such as guilt, anger, self-blame, and lowered self-esteem

- Characterological: survivors of prolonged abuse develop characteristic personality changes including difficulties in their ability to relate, and changes in identity
- Survivors' vulnerability to repeated harm is prevalent: both self-inflicted and at the hands of others, as a result of destructive reenactments

Complex PTSD adds to the PTSD diagnosis, delineating the ramifications of prolonged abuse that supercede the symptoms outlined by the PTSD diagnosis. Golding (1999) points out that when trauma victim's symptoms are understood as PTSD, such victims are depathologized. Since the PTSD diagnosis illustrates the link between violence and symptoms, it facilitates understanding and consequently healing. The diagnosis of Complex PTSD may do the same for victims of prolonged abuse. This research, along with the endeavors of multiple researchers, may in time contribute to the creation of an appropriate diagnosis for this group of survivors.

The need for an increasingly inclusive conceptualization of trauma: emotional abuse

Herman's (1992) theory takes a huge step towards the redefinition of PTSD. However, there are still gaps that Herman's (1992) diagnostic label does not address. A limitation of her concept is that it still focuses on the experiences of severely physically abused women. Arias (1999) argues this point against trauma research in general, stating that research exploring marital violence and its consequences has focused primarily on physical violence, and relatively little attention has been devoted to psychological abuse. An important group of women are "probably overlooked since the absence of physical assault prevents researchers and practitioners from labeling them as victims" (Arias, 1999, p. 144). Marshall (1996) advises that even when psychological abuse has received attention, most researchers have addressed it from a violence perspective. This implies that "violent acts provide the context for psychological abuse" (Marshall, 1996, p. 380).

Increasingly a growing number of scholars in the field of trauma are shifting focus from physical abuse to emotional abuse (Aguilar & Nightingale, 1994; Arias, 1999; Arias & Pape, 1999; Jezl, Molidor & Wright, 1996; Loring, 1994; Marshall, 1996). Arias and Pape (1999) for example found that women fear and resent psychological abuse and its effects more than those of physical abuse, and that psychological abuse often results in symptoms of PTSD. In their study women who reported psychological abuse to be worse than physical abuse reported more fear, shame, loss of self-esteem, depression and anxiety, suggesting the intensely negative effects that emotional abuse has on women's psychological health. According to Loring (1994) emotional abuse can lead to a diminished or annihilated sense of self and feelings of terror that are characteristic of PTSD. Trauma as a result of emotional abuse most commonly manifests in "symptoms such as suicidal ideation, intrusive thoughts, terrified clinging behaviour, and pervasive feelings of confusion and unreality" (Loring, 1994, p. 1). Some researchers have found that those exposed to psychological abuse report even lower levels of self-esteem than those who have been physically abused (Aguilar & Nightingale, 1994; Jezl, Molidor & Wright, 1996).

Marshall (1996) has argued that psychological abuse, which attacks thoughts and feelings, can profoundly undermine and alter a women's sense of self, as well as her views of other people. In Marshall's (1996) research, higher levels of psychological abuse were related to lower levels of perceived power and control and relationship satisfaction, and higher frequencies of chronic illness and use of psychotropic medication. She points out that psychological abuse is associated with PTSD and results in serious physical and psychological pathology, and that psychological abuse may in fact have a stronger impact on victims of intimate abuse than physical violence.

Arias and Pape (1999) feel that trauma victims of psychological and physical abuse may have different psychological reactions characterized by different patterns of PTSD symptoms. While the consequences of physical and emotional abuse may share similarities, theories need to be developed outlining the trauma manifestations following purely psychological abuse. This research seeks to draw from these findings and to

examine the impact of psychological and emotional abuse in the absence of physical violence in a small sample of women. It suggests that women who have been psychologically abused suffer significant psychological effects, just like those who have been physically abused.

The nature of psychological captivity

A question that is common to all experiences of abuse is: why do women stay in the abusive relationships? Of equal importance to the examination of the manifestations of trauma in this research sample, is an investigation of the factors that prevented these women from leaving the men responsible for their abuse. A discussion of studies that have addressed this issue, from the past and the present, shall now be presented. Two broad themes are explored in the literature, both considering the centrality of the process of *captivity* to these women's experiences. These themes include the concept of Battered Women's Syndrome (BWS) and more recently, the notion of entrapment.

Learned helplessness and the Battered Women's Syndrome (BWS)

The understanding of why women find it difficult to leave abusive relationships began with the work of Walker (1979; 1984). Walker (1984) asserted that women find it difficult to leave their abusers due to psychological symptoms that develop from being in an abusive relationship. She termed this the Battered Women's Syndrome (BWS) and implicated its central feature 'learned helplessness', a process in which women become cognitively and behaviourally passive in the face of repeated abuse, as keeping women trapped in abusive relationships. Coercive techniques were also implicated as entrapping women within abusive relationships, including physical, sexual, and economic abuse, as well as social battery, and difficulties caused by family conflict (Walker, 1979). Additionally, Walker (1979) explained how a cyclic process of violence, in which batterers were experienced as alternately abusive or kind, exacerbated women's entrapment.

BWS took a step politically and socially towards giving women who were being battered the understanding and acknowledgement that they deserved. It was a counter to the

prevailing ‘masochism theory’ of the time, which placed the blame on women, stating that they stayed in abusive relationships to fulfill their own deviant, masochistic needs (Kirkwood, 1993). It was suggested that the psychological symptoms seen in battered women overlapped with the diagnostic criteria for PTSD. BWS was eventually subsumed within the diagnosis of PTSD when the American Psychiatric Association introduced the diagnosis in 1980 (Van der Kolk, Weisaeth & Van der Hart, 1996). As a result, women were supposedly relinquished of the unfortunate status they had owned for so long, in which they were the ones to blame.

Despite these contributions however, this theory came under criticism. Theorists felt that Walker (1979) introduced the idea that women were helpless, and created the incorrect impression of a passive woman rendered psychologically unable to perform in her best interests. In this way, she did not challenge the basic assumption, held by masochism theories, that women who were repeatedly beaten suffered from psychological abnormalities. Walker (1979) overlooked women’s agency, and her theory provided an insufficient understanding of the dynamics of women battering (Gobodo-Madikizela & Foster, 2005; Kirkwood, 1993). It has been challenged since. Research in the 1980s began to view battered women as ‘survivors’, and no longer passive victims. Studies delineated the psychological aspects of battering as opposed to individual personality characteristics. Such views began to acknowledge abuse from women’s perspectives, and to include recognition of gender socialization as a factor contributing to abuse. Theorists began to view women’s difficulties leaving, as a result of psychological captivity and control, created by the abuser and society (Kirkwood, 1993).

Understanding the psychological process of entrapment in an abusive relationship

Herman (1992) stresses that prolonged and repeated trauma only occurs under circumstances of coercion and control, which create a situation of captivity. “Repeated trauma occurs when a victim is a prisoner, unable to flee and under the control of the perpetrator” (p. 75). These conditions can exist in prisons, concentration camps, brothels, religious cults and families. Domestic ‘captivity’ however, is largely concealed, as there are no physically identifiable barriers enforcing captivity. Herman (1992) explains that

instead of obvious physical methods of entrapment, women are held captive by other means. She identifies economic, social, and legal factors, as well as physical force and methods designed to create psychological subordination, as creating a 'captive' woman.

It is now understood and advocated that captivity, which brings a victim into prolonged contact with an abuser, creates a particular kind of relationship: one of *coercive control*. A perpetrator's goal seems to be "enslavement of his victim and he accomplishes this goal by exercising despotic control over every aspect of the victim's life" (Herman, 1992, p. 75). And it is the existence of this relationship that makes it difficult for women to leave their abusers. Walker (1979) observed that abusers' coercive techniques "although unique for each individual, were still remarkably similar" (p. 76). Herman (1992) goes on to explain that "the methods of establishing control over another person are based upon the systematic, repetitive infliction of psychological trauma. These are organized techniques of disempowerment and disconnection" (p. 77). But what are these methods and what happens in this process of entrapment? The ensuing paragraphs explore such questions.

Multiple theorists implicate *fear* as a method used to acquire control over victims (Gamache, 1991; Graham & Rawlings, 1991; Herman, 1992; Hilberman, 1980; Kirkwood, 1993; Moore, 1979; Walker, 1984). But fear of what exactly? Of a number of things, one of which, is fear of violence or harm. Theorists point out however, that while physical violence creates intense fear, and consequently compliance, it is not actually required. The mere *threat* of harm can cause fear and be just as effective. Threats cause fear because they remind women that their abusers have the ability to enforce their demands (Gamache, 1991; Herman, 1992; Walker, 1984). Kirkwood (1993) asserts that fear can be connected to the threat of destruction on a *psychological* rather than a physical level. Psychological abuse, which causes changes in self-perception, can make women feel that their emotional safety is under threat, consequently eliciting intense fear.

Theorists go on to explain *how* and *why* fear creates entrapment. Kirkwood (1993) explains that when these threats to victims' physical and emotional safety create intense fears of damage or death, women will do whatever it takes to survive, and often this

excludes the option of leaving. Gamache (1991) asserts that threats, and consequent fear, create control because they are used to enforce an abuser's controlling demands. Direct threats to the woman or her family, threats of suicide or homicide, or threats to expose secrets, all keep victims in a state of subordination. Hilberman (1980) explains how threats and violence prevent escape because the fear they elicit immobilizes victims, ruling their actions, decisions and lives. In this state of vulnerability and need traumatic attachments to the abuser develop, exacerbating a woman's inability to escape.

Two other aspects of fear that make it difficult for victims to leave their abusers, are fear of losing the only relationship available, and fear of losing the only identity that remains i.e. the self as seen through the eyes of the abuser. These are expressed through fear of abandonment, and not being able to live without the abuser, and fear of not knowing who one is and feeling empty. Living without the abuser or a sense of self is experienced by women as a threat to their psychic survival, making it difficult for them to leave (Graham & Rawlings, 1991). Moore (1979) summarizes the impact of fear in entrapment stating that feelings of fear include: the terror of death if a woman stays, or the fear of loneliness and loss if she leaves. It has been said that the goal of an abuser is not only to create feelings of fear however, but also, and paradoxically, gratitude for life, for when an abuser spares a woman from harm, she comes to view him as her savior (Herman, 1992).

In addition to inducing fear another method of control is a perpetrator's *destruction of the victim's sense of autonomy*. This is achieved through control of victims' bodies and their bodily functions, as well as management of aspects of their appearance, weight and social interactions. The loss of autonomy leads to feelings of shame and demoralization. With females, control almost always involves sexual threats and violations, including marital rape (Herman, 1992; Loring, 1994; Walker, 1984). Kirkwood (1993) refers to this process as objectification: abused women are made to feel like objects with no individuality, and the aforementioned tactics create the impression that women are the property of men. Not only does this lead to shame and lowered self-esteem, which in turn permits the abuse to continue, but it also leads to isolation, another factor that prevents the woman leaving.

If victims maintain connections with others an abusers power is limited, and as a result, another method used to enforce control is the *isolation* of the victim. Abusers cut their victims off from their friends, family and emotional support (Dutton & Painter, 1981; Ferarro, 1983; Loring, 1994), often through a process of bad-mouthing them (Herman, 1992). Additionally, abused women are often jealously monitored. This can involve surveillance of women's daily movements including their social interactions. Explosive episodes of jealousy and accusations, commonly of infidelity, occur if an abuser is displeased by a woman's actions (Herman, 1992; Loring, 1994; Walker, 1983). Women are embarrassed and fearful of what others may think of them, and of what the abuser may do to her or her allies. As a result they cut themselves off from friends and family and this results in isolation (Herman, 1992; Walker, 1984).

To begin with, women often interpret this increasing demand for isolation, and the abuser's accusations, as a jealous form of love and find it flattering. But theorists warn that it is not the case. These accusations are actually manipulations used to create feelings of guilt and thus compliance. The use of social isolation as a coercive technique works together with aspects of women's fear and abuser's threats: women get the impression that if they do not obey their abusers orders they will be harmed. They often chose to avoid social events due to their batterer's unpredictability (Herman, 1992; Walker, 1979). Loring (1994) explains how once isolation from others is established, abusers often use withdrawal within the relationship as another form of control. When abusers withdraw from women, the women feel isolated and greatly fear "emotional abandonment" (p. 30). Women will therefore comply with an abusers demands to avoid his angry withdrawal.

"In isolation the victim becomes increasingly dependent on the perpetrator not only for survival and basic bodily needs but also for information and emotional sustenance. The more frightened she becomes the more likely she is to cling to the one relationship that is allowed: the relationship with the perpetrator" (Herman, 1992, p. 81). Without other human bonds and opinions a woman will have no other perspective than that of the perpetrator, and will thus see no reason to leave (Gamache, 1991). Once social isolation

is complete a woman is powerless. Psychological devastation is the result. She feels there is nothing she can do to get out of the situation and hates herself for this (Walker, 1979).

The use of *intermittent kindness* to bind a victim to an abuser is another step in the establishment of control, and the psychological breakdown of an abused woman (Dutton & Painter, 1981). “The capricious granting of small indulgences undermines the psychological resistance of the victim far more effectively than unremitting deprivation and fear” (Herman, 1992, p. 78). Women are often persuaded to stay by apologies, expressions of love, promises of reform, and appeals to loyalty (Walker, 1984). Graham and Rawlings (1991), whose theory is discussed ahead, state that the perception of kindness in an atmosphere of terror is one of the conditions that give rise to the psychodynamics that keep women trapped in abusive relationships. Walker (1979) points out how women often learn to depend on their abuser to ease the emotional distress that he himself has created. In this way emotional dependency is enforced and sustained.

Another tool in the psychological control of a victim is *degradation*. Psychologically this may be the most destructive of all the methods, as it creates feelings of self-hatred (Herman, 1992). Degradation can take the form of sexual violation, when women are either forced to have sex or are forced into sexual acts they consider to be immoral (Hamner, 1996). Participation in degrading sexual practices creates control and prevents women from leaving, either because women feel ashamed by their behaviour and feel that they deserve the beatings and should not leave (Gamache, 1991), or because men may threaten to tell others about their sexual behaviour (Walker, 1979). Additionally, forced sex is by its very nature a form of violent power and control. Rape is designed to produce psychological trauma: to dominate a victim and render her helpless (Herman, 1992).

Kirkwood (1993) identified similar elements of control surrounding the processes of moral violation, the consequential loss of self-worth, and the role this plays in women’s inability to leave. In her research, degradation was pinpointed as an essential element in the process of psychological captivity and control. She explains how degradation causes feelings of shame and pain about the self, transforming a women’s self-value, and

creating a vulnerability through which further abuse can be carried out. Gamache (1991) points out that insults and mind games seem to destroy women's independence and self-esteem so that they will comply with abuser's demands. Once their self-worth has been destroyed, women feel they deserve the abuse, and that no one else would have them. Such feelings prevent women from even considering the option of leaving their abusers.

These theorists explain and illustrate the entrapment and captivity that constitutes the reality of so many women's lives. One can see how the psychologically damaging techniques an abuser employs facilitate, reinforce and interact with one another to create a relationship of coercive control. This relationship maintains the psychological sense of captivity, as women feel increasingly unable to leave their abusers. Abused women are quite literally psychological prisoners.

Traumatic bonding: Stockholm Syndrome and other theories

Some theorists have used the concept of traumatic bonding as an explanation for why women find it difficult to leave their abusers. Traumatic bonding refers to the "formation of strong emotional attachments under conditions of intermittent maltreatment" (Dutton & Painter, 1981, p. 146). In specific, when a victim is threatened by a perpetrator, who is also kind in some way, the victim tends to bond to the positive side of the perpetrator and feel warmly toward them (Graham, Rawlings & Rimini, 1990). Graham, Rawlings and Rimini (1990) refer to the process of traumatic bonding as Stockholm Syndrome (SS). The concept of SS was originally developed to account for the seemingly inexplicable psychological responses of hostages to their captors: post-liberation hostages were frequently found to have intensely positive feelings towards their captors, the very people who had threatened their lives. Graham, Rawlings and Rimini (1990) feel that SS can be applied to battering relationships and can explain women's difficulties leaving.

Certain conditions that lead to traumatic bonding have been identified. Dutton and Painter (1981) and Graham, Rawlings and Rimini (1990) both identify a power imbalance between the two people, and the intermittent nature of the abuse, in which the perpetrator is perceived as showing some kindness to the victim, as essential factors

leading to traumatic bonding. Victims must also be isolated, so that the only perspective available to them is the perpetrator's (Graham, Rawlings & Rimini, 1990), and no alternate relationships are available to them (Dutton & Painter, 1981). The power imbalance exists because the victim cannot escape, or perceives the situation to be inescapable, thus her life depends on the perpetrator, placing him in a position of power (Graham, Rawlings & Rimini, 1990). Dutton and Painter (1981) explain that the affect of this imbalance on victims, is to lower their self-esteem, to make them feel incapable of looking after themselves, and to make them feel they need the abuser in order to survive.

Traumatic bonding occurs in the following way. On the occasions that abusers harm women, the women feel in need of love and protection. Because they are isolated, and have no one else to turn to, they have to turn to their abuser for this emotional comfort (Dutton & Painter, 1981). Women feel hopeful when abusers show some kindness, and although they feel intense anger towards their abuser, they deny it, along with the 'bad side' of the abuser, because the expression of anger could result in harm (Graham, Rawlings & Rimini, 1990). Women hope that their abuser will not harm them and instead show his positive side, and as a result they try to keep him happy by becoming aware of, and attuned to, his wishes and moods. To ascertain what will make abusers happy, women have to think and feel like the abusers do: consequently women utilize the defense mechanism 'identification with the aggressor' in which the worldview of the abuser is adopted (Dutton & Painter, 1981; Graham, Rawlings & Rimini, 1990).

With the denial of the terrifying side of the abuser and their own rage, the hope women feel at the abusers occasional kindness, the adoption of his worldview and the desperate need for emotional support and comfort, the victim manages to bond to the positive side of the abuser (Graham & Rawlings, 1991). There are additional factors that maintain the entrapment of abused women in the process of traumatic bonding. It is well established that women engage in acts of denial: they normalize, rationalize or justify their abuse. Hilberman (1980) states that women have a set of beliefs to explain violence to themselves, and such justifications contribute to their inability to leave. These techniques of rationalization are outlined in the proceeding paragraphs below.

Battered women often believe that their abuser is actually a good person, whose actions are the result of problems that they can help him to overcome (Ferraro, 1983). Abusive men are often described as childlike and in need of care, and women often feel sorry for such men because of the men's own histories of abuse (Hilberman, 1980). Such histories represent some of the problems that women consider to be responsible for their abusers' behaviour, and it becomes imperative that they do not also let these men down like others have done. Women feel that by accepting the man's violence, they will show him this kind of loyalty and faithfulness (Walker, 1979). Women often hope that by loving and understanding their abuser, they can transform him into a better person (Seuffert, 1999).

Sometimes women may deny the abuser's responsibility for his own behaviour. In this process women blame external factors beyond either their or their abuser's control, for the abuse (Ferraro, 1983). Bograd (1988) states that women often explain violence as the result of factors that momentarily hinder their husbands' self-control such as intoxication, or external stresses such as problems at work, or with their children. Additionally, women often deny that any injury has resulted from the abuse: it initially creates feelings of shock and disbelief, but as weeks go by women often feel as if the abuse never actually happened. As it is less painful to be abused than to "abandon the feelings and images upon which her marriage is based", the woman may deny that the abuse ever occurred (Ferraro, 1983, p. 207). When physical damage is not obvious, especially in instances of emotional abuse, the technique of denial of injury may be especially simple to perform.

Sometimes a batterer can convince a woman that she is to blame for the abuse, and consequently make her feel that she is not a victim. In cases like this women often deny that they *are* victims, and accept the blame (Ferraro, 1983). This is exacerbated by the fact that battering produces feelings of self-blame anyway. Women have also been explained to accept the blame as a cognitive coping mechanism: a way to reestablish their 'lost' control (Dutton & Painter, 1981). In other instances, women deny that they have practical or emotional options, a rationalization that is usually exacerbated by the abusers constant reminders she has no one else to turn to. These techniques of rationalization, described in the preceding paragraphs, depict a number of beliefs and fears that hamper a

woman's decision to break away from a violent relationship. Ferraro (1983) insists that these can be applied to all forms of interpersonal violence, not just physical abuse.

Other areas in need of investigation

An area in need on further investigation in the domain of intimate partner abuse, is abuse that occurs outside of marriage relationships. The aforementioned research studies have focused to a large extent on *spousal relationships*. These studies have examined the factors that prevent married women from leaving their abusive husbands, and have found that abused women are unable to flee due to a combination of psychological *and* *sociological* factors. While this may be a true reflection of married women's experiences, it does not necessarily apply to those being abused outside of marriage. Marriage is perceived by its very nature to be binding, with men in the position of control. While psychological and sociological factors contributing to entrapment are all significant, it is also important to consider the question of whether or not these same factors contribute to unmarried women's difficulties in leaving abusers. Or are these women's experiences different in some way? This is a question that is vitally important to consider and explore.

Much of the explanation in theories of the factors that hold women in relationships include legal, economic, housing and material restraints that prevent the woman from leaving. However including such restraints may create difficulties when trying to understand the experiences of women who are not subjected to such restraints. Such as abuse occurring between an unmarried couple. In such cases women may be completely independent physically, financially and legally, and could actually flee in the absence of these physical and material restraints. The psychological process occurring here needs to be explored, as constructs outlined by Herman (1992), as well as theories like Stockholm Syndrome and Battered Woman Syndrome, may not actually apply appropriately to unmarried women. There may be additional and unique processes occurring in such situations. This research considers women who have experienced abuse outside of marriage relationships, and in so doing may make a small contribution to trauma theory.

The process of recovery following prolonged and repeated abuse

An additional area that this research aims to explore is the process of recovery following prolonged and repeated abuse. How did this particular group of survivors go about the process of rebuilding their lives? And how did they manage to function in the aftermath of abuse? These are important questions to explore in order to help survivors cope with their lives that have been altered and sometimes devastated, by repeated violations and prolonged exposure to traumatic events. An exploration of the processes of coping and recovery that have been identified by researchers and clinicians shall now be conducted.

Establishing safety and control over the self and the environment

In order to recover in the aftermath of abuse a survivor needs to feel safe, and recover a sense of control over their environment (Herman, 1992; Brison, 1999). This is a fundamental goal of recovery because it stands in contrast to the survivor's general belief that the world (Wastell, 2005), as well as the self and relationships (Herman, 1992), are unsafe and out of control. Establishing a sense of safety and control involves finding place of safety, establishing control over one's body, and controlling aspects of one's environment. Wastell (2005) and Brison (1999) point out that in the process of recovery survivors also need to develop confidence in their ability to protect themselves and to control their disturbing symptoms. This involves regaining control of one's emotional responses and placing traumatic experiences within the larger context of one's life.

Trauma narratives: sharing one's pain

A vital step for recovery, identified by multiple theorists, is that a survivor tell the story of the trauma (Brison, 1999; Gobodo-Madikizela, 2003; Herman, 1992; Kelly, 1990; Kirkwood, 1993). It was illustrated in a previous section that the destruction of the self is a common consequence of prolonged abuse. Brison (1999) focuses on the role of trauma narratives, which she calls "speech acts of memory" (p. 39) in the 'remaking of the self'. By telling the story of the trauma, with the help and understanding of people who offer to listen, a survivor can begin to integrate the trauma episode into their life (Brison, 1999), and receive validation for their pain (Gallers & Lawrence, 1991). Additionally, in the process of narrating a trauma story, a survivor can speak about the traumatic events: what

they meant to her and how she felt about them, and consequently explore the beliefs and values that were destroyed as a result of the trauma experiences. Thus, through the transformation of traumatic memory into narrative memory in the presence of an audience who offer to listen, the risk of PTSD may be reduced (Herman, 1992).

Gobodo-Madikizela (2001) agrees that remembering trauma in the presence of others is an essential part of a survivor's recovery. Focusing on the tendency for trauma re-enactment in the lives of trauma victims, she argues that if remembering and narrating trauma is carried out to maintain and reinforce old hatreds, then the process may lead to more pain, not recovery. If the narration of a trauma experiences is executed in order to overcome the trauma experience however, the process has the power to heal.

While remembering is essential for recovery, Kelly (1990) points out that forgetting is unfortunately frequently used as a means of coping. One difficulty, which leads to forgetting, can be seen in the process of trying to 'name' traumatic experiences, especially psychological ones. Gobodo-Madikizela (2003) points out the difficulty that survivors can have with trauma narratives: that they often find language inadequate to describe the horror they suffered. Kelly (1990) goes on to explain that if one has no words to explain, and thus cannot name an experience, one is likely to forget it.

It is especially difficult to name experiences when an event does not fit traditional stereotypes. The commonly held view that experiences like assault and rape occur with *strangers* often confuses women, who are not certain what such experiences within intimate relationships mean. Relevant to this research is the unquestioned, somewhat exclusive focus on abused women as *wives*, which may disqualify some women's experiences. Those experiencing abuse outside a marriage relationship may feel unable to 'name' their situation (Kirkwood, 1993). There is a lack of an appropriate language for some experiences, and this may lead to the silencing of some women, especially in instances of emotional abuse. Thus these paragraphs indicate the value of this research. It may contribute minimally, along with other research in the field, towards naming these previously neglected areas of abuse, and in so doing promote recovery.

Recreating a new life

In addition to speaking about one's traumatic past, survivors need to focus upon, and create, a new future for themselves. Survivors need to understand and assimilate the lessons of the trauma into their lives, learn to trust again and create solid relationships, begin to reestablish control over themselves, and find ways to protect themselves against future harm (Herman, 1992). Brison (2002) suggests learning basic self-defense, or challenging the societal beliefs that one holds as a result of socialization, which make one vulnerable to abuse. Most survivors are satisfied to resolve the trauma within their personal lives, but some feel the urge to enter the social world, and tackle the issues that allowed, condoned, or encouraged their victimization. Thus recovery to some people involves a process of helping others who have been victimized, or engaging in efforts to create awareness, and prevent the occurrence of abuse in the first place (Herman, 1992).

To promote recovery a victim needs to acknowledge and accept that she has in fact been a victim, and understand the effects that this has had on her. During this process survivors need to accept their shattered assumptions, reconstruct their assumptive world, and assimilate their experiences of victimization within it (Herman, 1992; Janoff-Bulman, 1985). Essentially, the consequences of trauma need to be accepted and understood and the survivor needs to move on and cast away their 'victim' image.

Identification with other survivors and the healing power of forgiveness

An occurrence that can greatly assist in a survivor's recovery, is an encounter with another person who has experienced similar victimization. Such an encounter helps to ease the feelings of isolation, shame and stigma that are so often attached to experiences of trauma, and especially abuse, and can therefore empower survivors (Herman, 1992; Levy, 1991). Because victims of abuse often feel isolated and defiled by their experiences, survivor groups have an important place in their recovery process. "The survivor who has achieved commonality with others can rest from her labours. Her recovery is accomplished, all that remains before her is life" (Herman, 1992, p. 236).

Another step in the process of recovery may include the concept of forgiveness, an area that is gaining attention in the trauma field. Victims of trauma live with anger and resentment towards the people who caused their pain. These emotions have the unfortunate effect of tying a survivor to their victimizer long after the trauma, such as abuse, has ended. Gobodo-Madikizela (2003) explains how hateful emotions often connect people to loved ones who they have lost to trauma: victims seem to hold on to what they may feel is the only connection left to their loved one. The current author suggests that the same process may occur with the 'loss of the self' in abuse. Victims may hold onto hateful emotions towards their abusers and themselves, as a way to hold onto parts of the self that they feel were destroyed by the trauma. These emotions prevent victims from accepting and dealing with trauma however, and hold them back from recovery. Forgiveness on the other hand, can create the space for a victim to heal, as it can end this hatred that connects victims to their abusers (Gobodo-Madikizela, 2003).

Gender relations: are gender imbalances a psychosocial factor in abuse experiences?

Another question that this research considers is: what role do societal expectations and gender imbalances play in this sample of women's experiences of abuse? As the following section illustrates, multiple theorists implicate gender-role socialization and gender imbalances, as factors inherent to women's experiences of violation, as well as contributing factors to their inability to leave their abusers. To understand trauma, research must explore "beyond the individual and take into account the sociopolitical dynamics of abuse" (Gobodo-Madikizela & Foster, 2005, p. 14).

Many theorists advocate the need for approaches that understand woman battering as a product of current gender roles, and social structures, beliefs and expectations (Fawcett, Featherstone, Hearn & Toft, 1996; Graham, Rawlings & Rigsby, 1994; Hanmer, 1987; Kirkwood, 1993). Hansen and Haraway (1993) explain that society has socialized women into believing they have no choice but to be victims. "Sex role socialization in young children leaves women vulnerable to becoming victims of men who are socialized into committing acts of violence against them" (Walker, 1979, p. 16). Ferraro and Johnson (1983) assert that social expectations of women are among the reasons for women's

disinclination to leave abusive relationships. They explain that through socialization, many women learn to believe that being a 'good wife' is vital, and that it is more important to please and obey a man, than to defend or protect the self.

Theorists argue that these socially held beliefs serve to normalize abuse (Hilberman, 1980) and/or to simply hide the fact that it is happening (Moore, 1979). Similarly, research on the relationship between patriarchy and women abuse has been conducted in South Africa (Jewkes et al, 1999), and has found that to a great extent the root of violence against women lies in the patriarchal attitudes of the society. Jewkes et al's (1999) study found that women are viewed as inferior to men, and in need of being controlled. The issue of patriarchy and gender power has also been studied amongst others. Some theorists have even implicated dominant societal discourses of love, which portray abuse as a part of romantic love, as facilitating or encouraging abusive relationships. "In a society structured by gender power differentials these constructions of romance and desire create, perpetuate and facilitate the domination of women" (Seuffert, 1999, p. 10). The preceding paragraphs illustrate how gender relations and imbalances within society impact on the experiences of women, and facilitate the occurrence of abuse.

This in-depth review of relevant literature has provided an illustration of the relevant debates surrounding the four main issues/questions that this research is addressing. These four questions include an exploration of: the psychological consequences of emotional abuse in the absence of physical violence in this sample of women; the mechanisms that make it difficult for these women to leave their abusers; their processes of recovery and coping mechanisms; and the contribution of societal gender imbalances and expectations, to their experiences of abuse. The literature review describes and examines the current theories and state of knowledge on these four issues. It also outlines the potential gaps in current theories that need to be addressed further, or given more attention. The literature review thereby illustrates that the questions this research addresses are critical ones.

The aim of the current research

The aim of this study is to conduct an in-depth examination of women's experiences of prolonged emotional abuse, within unmarried intimate relationships, and to explore the following questions. What is the impact of emotional abuse on these women and their mental health, and what are the manifestations of trauma? What are the factors that contribute to these women's difficulties leaving their abusers, including those at a societal level? Finally, what helps these women to cope in a successful manner, and how do they recover in the aftermath of such trauma? This study will attempt to address these questions, and add to the growing literature and investigations in the field of trauma. It aims to contribute towards creating an understanding of the consequences of this kind of abuse, and the mechanisms that allow it to occur.

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CHAPTER 3: METHODOLOGY

Research design and data collection

This research study is qualitative and exploratory in design, and was conducted within the interpretive research paradigm. The aim of this research is to explore and understand the experiences of women in emotionally abusive intimate relationships, while focusing on several broad themes relating to their experiences. Essentially, it aims to gain an understanding of the participants' worlds, their feelings, and their experiences of abuse. Considering these research aims, and the nature of the research questions, an interpretive approach was most appropriate for this study. That is because interpretive methods try to "describe and interpret people's feelings and experiences in human terms rather than through quantification and measurement" (Terre Blanche and Kelly, 1999, p. 123).

Terre Blanche and Durrheim (1999) point out that an interpretive approach aims to explore the subjective reasons and meanings that underlie social phenomena, such as abusive relationships. Ontologically, researchers working in this paradigm believe that "reality consists of people's subjective experiences of the external world" (Terre Blanche & Durrheim, 1999, p. 6). In other words social phenomena, in this case abuse, can only be understood by examining people's subjective experiences. Furthermore, Terre Blanche and Kelly (1999) explain that epistemologically, participants' reality can only be understood through the process of interacting with them and listening to what they say: thereby exploring their subjective experiences. Hence the interpretive approach was perfectly suited to this research, as it facilitated an exploration of the subjective realities of these women, and their experiences of trauma and abuse – the aims of the research.

With regards to methodology, Terre Blanche and Kelly (1999) point out that qualitative research techniques are best suited to an interpretative research endeavor. Individual, in-depth, semi-structured interviews were therefore conducted for the purposes of this research. Semi-structured interviewing is a method of data collection that adheres to the assumption behind the interpretive paradigm of exposure to the subjective experiences of the participants. Semi-structured interviews are open-ended, but follow a structure. As Terre Blanche and Kelly (1999) explain, this provides an opportunity for the researcher to

hear the participant talk about a particular aspect of their experience, as the question asked by the researcher acts as a trigger that encourages the participant to talk. Therefore the researcher can guide the interview to obtain the kind of data that will answer the research question, but at the same time allow the participants the freedom to express themselves fully.

The aforementioned characteristics were vital for the current research, to ensure that the subjective experiences of intimate abuse were captured: the participants needed some degree of guidance as to what the researcher wanted them to speak about; but they also required a degree of freedom and flexibility to interpret and answer the questions in their own way. Kvale (1996) explains that an advantage of semi-structured interviewing is that it has a series of themes and questions to be covered, yet at the same time the researcher is at liberty to change the sequence and nature of the questions, in order to follow up the particular answers given by each individual participant. Since the experiences, and themes that arose with each participant varied in content and timing to a certain degree, this aspect of semi-structured interviewing was advantageous to the research process.

In addition to these points, semi-structured interviewing is a method of data collection that is compatible with thematic analysis (Terre Blanche & Kelly, 1999), the method of analysis used in this research. Semi-structured interviewing was therefore the method of data collection most suitable for this research as it complimented the research question and the method of data analysis. A semi-structured interview schedule was designed (*Appendix A*), with open-ended questions pertaining to the issues at hand. The questions focused on the four areas of interest in this research: the manifestations of trauma in this sample of women; the mechanisms that made it difficult for the participants to leave their abusers; their processes of recovery; and the influence of gender imbalances on their experiences of abuse. This interview schedule was followed with each participant.

Sample/participants

The sample consisted of 10 South African women currently residing in the Cape Town region. All participants had endured psychological or emotional abuse in the absence of

physical violence, within intimate relationships outside of marriage. All relationships had ended before the interviews were conducted, as participation requirements demanded that the women had left their abusers. These conditions were the selection criteria. The length of time since relationship termination varied between the participants, as no upper or lower limit with regards to this issue was stipulated. The subjects spanned various racial groups: the sample consisted of four white participants, four black participants, and two coloured participants. With regard to economic status, all participants and their families, fell into the grouping generally referred to as 'middle class South African'. All subjects had completed a university degree, or were in the process of doing so.

The age of the participants at the time of interviewing ranged from 19 years of age to 30 years of age. This is a retrospective study however, therefore all subjects were younger at the time of the abusive relationship. Their age at the start of the abusive relationship varied, ranging between 16 years of age to 25 years of age. The length of the relationships varied from participant to participant, and again no minimum or maximum length was stipulated or required.

Sampling procedure

All subjects volunteered their participation in response to a request for participants who had endured psychologically or emotionally abusive relationships, and who had found it difficult to leave the man responsible for their abuse. The wording implied that they had to have left the man to participate in the study. Requests were directed at the general public as well as the university population through the process of placing advertisements in newspapers and around a local University campus. Participants either responded directly to the advertisement, or were acknowledged and alerted to the study by acquaintances. While more than 10 women responded, and were interviewed for the research, only 10 fitted the requirements of the study: that abuse occurred outside of marriage, and that they experienced emotional/psychological abuse in the absence of physical violence.

Procedure and analysis

Interviews took place at a location of the participants choosing to ensure maximum comfort and to provide them with a sense of autonomy and control. The data was captured by a Dictaphone, used to record the interviews. As analysis required repeated reading of the interview transcripts, taking notes was just not plausible in this situation, and recording the interviews was imperative. Permission was gained from participants to record their interviews. The recorded data was first listened to and then transcribed. In the formal analysis that followed, the transcripts were then read and reread repeatedly. In the process of reading the researcher looked for central, and common themes and concepts, which arose from the participants' narratives.

Qualitative techniques were then used in the analysis of the data. Analysis of the interviews involved thematic analysis. In this approach, answers to the research questions are attained by exploring participants' experiences, recorded as narratives, and identifying common themes in their experiences. These themes are then used to understand, or answer, the questions the research set out to explore. The process of this approach is described by Rubin and Rubin (1995) (as cited in Mouton, 2001, p. 198) as follows: "data analysis begins while the interview is still underway...this tells you how to redesign your questions to focus on central themes as you continue interviewing". This flexibility was a vital element to this research, and was facilitated by the method of data collection, semi-structured interviewing. As each participant spoke about their experiences, the researcher was able to focus, and create new questions on the themes that were arising from each participant's subjective experiences (Mouton, 2001).

The data was then analysed with each of the four main areas of interest in mind: the manifestations of trauma; the mechanisms that made it difficult for these women to leave their abusers; their processes of recovery; and the influence of gender imbalances on their experiences. When many of the participants mentioned the same concept or experience, it became a theme of the overarching question to which it was pertinent. The way that this was done was that the data was coded. This entails "marking sections of the data as being instances of, or relevant to, one or more of your themes" (Terre Blanche & Kelly, 1999,

p. 143). The researcher set about coding by highlighting the different themes that were arising in the interview transcripts with different coloured pens - essentially breaking the data down into labeled pieces.

The next step involved grouping the examples/instances of each theme from each interview together, and giving them a name. This was where the coding made the process simple as the codes were used to group the data. This was accomplished using the cut-and-paste facility on a computer. Each theme was then analyzed as a theme to determine whether any other themes arose from it. For example 'fear' was one of the themes to arise in the 'mechanisms that make it difficult to leave' question. 'Fear' was then analysed into further themes by considering the question: 'fear of what?'

The themes within each of the four areas of the research were then analysed in relation to one another to determine how they fitted together and if they influenced one another in any way. Finally the themes within each of the areas were considered in relation to the themes within the other three areas under study to assess if, and how, they fitted together. For example, themes arising from the area focusing on the psychological consequences of exposure to emotional abuse were often considered in relation to themes arising from the area focusing on the nature of women's psychological captivity. This was because often manifestations of trauma contributed to the women's difficulties leaving their abusers. This is the principle of the 'hermeneutical circle' in which it is prescribed that: "in the interpretation of a text, the meaning of the parts should be considered in relation to the meaning of the whole, which itself can only be understood in respect of its constituent parts" (Kelly, 1999, p. 406). Throughout the process of analysis any part of the text could have belonged to more than one theme and was coded as such.

According to Rubin and Rubin (1995) eventually, after comparing and refining themes within and across categories, all the important ideas must be organized into integrative themes that imply the conclusion for one's research. This was the final step of the analysis process, where the findings were explained using thematic categories as sub-headings. As it was important to remember to keep an open mind, and try not to fit data

into existing categories in which they do not actually belong, the open coding process of grounded theory was used, in which new ways of coding were developed if the existing codes did not accommodate all the relevant data (Kelly, 1999).

Ethical considerations

The purpose of ethical research is to protect the welfare and rights of the participants (Durrheim & Wassenaar, 1999). This research adhered to the three ethical principles of autonomy of the participants (including issues such as voluntary and informed consent, confidentiality, and the freedom to withdraw from the research at any point); nonmaleficence (no harm physically, or psychologically, came to the participants); and beneficence (the research shall be of benefit to the participants and society at large).

Considering the first ethical principle, of autonomy of the participants, the researcher ensured that this was adhered to in the following ways. A consent form (*Appendix B*) was signed by each participant, and the aims and nature of the research, as well as the tasks that were expected of them in the interview, were clarified. This ensured that they were able to make an informed choice to participate voluntarily in the research. Participants were free to withdraw at any stage of the study, and their personal information remains confidential. Participants were informed that anonymity would be ensured, and each participant has been given a participant number as a label, to guarantee this promise. Additionally, any personal information revealed in the process of interviewing, including names of people, schools, institutions, sports, and geographical areas (suburbs or countries), was changed to ensure anonymity.

With regard to the second principle, nonmaleficence, steps were taken to ensure that the participants were psychologically supported. Any research participants in need of psychological assistance were offered the possibility of referral to a registered Clinical Psychologist. Since there was a possibility of re-traumatisation, a Clinical Psychologist was available at the times of the interviews, should any subject have been in need of counselling. Participants were additionally given time at the end of their interview to speak with the researcher about how they were feeling, and gain a sense of closure.

With regard to the third ethical principle, beneficence, many of the participants explained how participating in the research was a great help to them in their recovery. This was either because they felt they were contributing to helping others, or because they were hopeful that research would find answers to questions they had. Often the participants expressed gratitude towards the research because they no longer felt that they were the only ones this had happened to, or because they were happy that someone was taking the time to pay attention to the occurrence of emotional abuse in dating relationships. When questioned, none of the participants reported feeling worse off for taking part in the research. Instances of beneficence to the participants were therefore prevalent. While this is a very small study and its contribution to society at large will be minimal, it may serve as a starting block for further, larger, and more contributory research endeavors.

According to Eagle, Hayes and Sibanda (1999), careful attention must be paid to the relationship between the interviewer and participant, as risks involve the potential over-disclosure and consequential discomfort of the participant. The ethics of this researcher-participant relationship were adhered to at all times by the researcher, and care was taken to contain the participants' feelings. Participants were informed that they did not have to answer any of the questions if they did not wish to do so, and were informed of their right to exposure to the findings of the research, on completion of the study.

Reflexivity

There were some issues that could have potentially influenced the participants, their level of comfort, and consequently the information they were willing to share. The researchers age would have been one such issue. As the researcher was of a similar age to the participants this could have created a certain level of comfort for the participants, which could consequently have elicited a deeper level of sharing. Specific issues may have been shared with this researcher with greater ease because participants assumed that the researcher identified with them, and understood some of the issues they were talking about. On the other hand, the researchers age could have been a deterrent for some of the participants, as they may have felt uncomfortable discussing their experiences with someone their own age. Discomfort may have been elicited because of fear of judgment;

or skepticism with regard to the abilities of the researcher due to her age. These issues may have been especially prominent with the few participants who were in fact older than the researcher.

The researchers race may also have had an effect on the research process. The fact that different racial groups hold different attitudes towards intimate relationships, and often towards the acceptability of abuse within those relationships, draws attention to the possibility of racially related effects on the research. Participants may have felt that the researcher would not understand, and consequently judge, their values and ways of interacting with an intimate partner. This may not have occurred had the researcher been of the same racial grouping as the participant. While the researcher did not feel that her being white limited openness on the part of the participants, the fact may be that the participants may have felt more comfortable sharing with a researcher of their own racial status. On the other hand, this possible divide may have led to increased sharing. If participants felt comfortable, they may have explained social processes influencing their experiences to someone they felt would not understand them. They may have omitted such explanations with a researcher who shared their cultural understandings, simply because they assumed that the researcher already knew about them.

CHAPTER 4: RESULTS AND DISCUSSION

This research aims to explore four broad areas of concern regarding women's experiences in psychologically and emotionally abusive intimate relationships. These areas of analysis and exploration include: the psychological ramifications of exposure to repeated emotional abuse; the nature of psychological captivity and the factors that prevented these women from leaving their abusers; and the processes of recovery in the aftermath of abusive relationships of this kind. The influence of societal gender relations on these women's experiences of abuse was also considered, but did not yield concrete results such as the other three themes did. The results of the study shall now be delineated and discussed. Each of the aforementioned areas of analysis is discussed separately.

First and foremost, it is necessary to briefly outline the nature of the psychological and emotional abuse that these women endured. No two women's experiences were identical, but there was remarkable consistency regarding the kinds of abuse the participants were subjected to. For the majority of the women abuse involved subjugation to verbal attack. Such episodes involved name-calling and put-downs: women were frequently sworn at or hailed with a litany of degrading verbal insults such as being labeled a "slut" or a "whore". Women often felt that their ideas, beliefs and opinions were devalued, and that their successes and selves were undermined. Their physical appearance and way of behaving was often criticized, and women sometimes felt as if their abusers exploited vulnerabilities that the participants had shared with them in confidence, as a way to hurt them and make them feel bad about themselves.

Most of the women's relationships were marked by intense and frequent arguments, in which their abusers exhibited signs of verbal aggression in both the content of their speech, and by the manner in which they shouted or screamed at the women. In some cases the men threatened physical violence although they never resorted to it. The participants explained how such aggression induced intense feelings of anxiety and fear within them. The majority of the women described their abuser as possessing a jealous and possessive predisposition, and explained how this often manifested in extreme possessiveness and consequential threats towards the women themselves, or their allies.

The frequent occurrence of arguments coupled with the abusers' jealous natures often resulted in upsetting accusatory episodes in which women were accused of ruining their abuser's lives and of being responsible for the abuse. Participants described how their abusers habitually manipulatively insisted that the women were the one's at fault in many of the abusive situations, when the truth was that the women had done nothing wrong. Frequent allegations of the women's infidelity occurred, and such accusations led to extreme feelings of guilt. In many of the cases it was the men themselves who were unfaithful. A number of the participants were degraded in sexual manners, either through forced and painful sexual contact, or via threats that non-consensual sexual relations would occur should the women refuse to comply. These abusive tactics frequently elicited extreme feelings of fear and worthlessness in the women.

Another common abusive tactic manifested in the way that the abusers occasionally completely ignored the women for hours or days at a time. Many men were experienced as 'hot-and-cold', at times shutting down emotionally and ceasing contact with the women completely. This behaviour was experienced as painful and demeaning, and created feelings of anxiety and insecurity within the women who couldn't understand how their partners could literally disappear from their lives. This anxiety was often exacerbated by the fact that the women were isolated by their abusers and felt that they had no one else to turn to, consequently eliciting feelings of desperation connected to their fear of complete abandonment. With this discussion in mind attention can now be turned to the results of the research, starting with a discussion of the consequences of this abuse on these participants.

The psychological consequences of exposure to prolonged psychological abuse

Findings in this study reflect a similar symptom picture to that described by established literature and trauma theorists including Arias and Pape (1999), Gleason (1993), Graham, Rawlings and Rigsby (1994), Herman (1992), Marshall (1996), Stark and Flitcraft (1996), and Walker (1984) amongst others. Specifically, and as described by the aforementioned theorists, the symptom picture observed within this sample of women was more complex than that outlined by the traditional understanding of trauma, Post-

Traumatic Stress Disorder (PTSD). Five broad areas of disturbance appeared to manifest in this sample of women as a result of their subjugation to repeated psychological abuse. These five areas included:

- affective consequences
- disturbances in the participants' identities
- disturbances in the participants' relationships and abilities to relate
- intrusive thoughts and concentration difficulties
- behavioural disturbances, largely in the form of self-destructiveness

Each of these five categories comprised a number of sub-categories, which delineate the manifestations of trauma observed in this sample of women. These symptoms were experienced both during, and in the aftermath of, the abusive relationships.

Affective consequences

"I don't remember anything, like I was an absolute nervous wreck" (P1)

This section explores the affective consequences of emotional abuse seen in the sample of women in the present study. The affective consequences were observed to fall into four sub-categories. These sub-categories included:

- feelings of sadness and depression
- emotional instability
- feelings of anxiety and fear
- anger expressed at the self or others

Each sub-category is discussed in turn, starting with depression and feelings of sadness. The participants all described experiencing intense feelings of sadness during their abusive relationships. In addition to this, many of the participants stated that they had suffered from depression at the time of the relationship, the symptoms of which were a direct result of the traumatic experiences they endured. While it is tempting to assume

that this means the women did suffer from diagnosable depressive disorders, it is also important to consider the meaning of the term 'depression' in colloquial language. What were the participants' definitions of depression? Did they simply mean that they felt sad or low? Or were the women actually suffering from diagnosable major depression?

These questions were explored in an attempt to assess whether the women did in fact suffer from major depression, the occurrence of which would represent a more severe manifestation of their trauma than their much-stated feelings of sadness. Such questions were answered with the aid of the DSM-IV, by identifying whether or not the women exhibited sufficient symptoms for a diagnosis of major depression, a manifestation of trauma observed by many theorists including Arias and Pape (1999), Gleason (1993), Herman (1992), and Stark and Flitcraft (1996), in their research with women exposed to prolonged abuse.

According to the DSM-IV a diagnosis of major depression requires the presence of a certain number of symptoms from each of three diagnostic clusters. These three symptom clusters include: emotional symptoms, physiological and behavioural symptoms, and cognitive symptoms. With careful analysis in comparison to the DSM-IV, it appeared that the women in this sample did indeed show signs of diagnosable depression. The symptoms they described superceded mere feelings of sadness, and encompassed many of the criteria outlined by the DSM-IV as necessary for a diagnosis of major depression. Many of the women experienced symptoms that fall under the 'emotional cluster' of symptoms of depression: they reported frequent and uncontrollable feelings of sadness and crying, as well as depressed mood, as illustrated by the following participants:

...especially in the last stages before we broke up, I was really depressed. I had to get up to work but I would get to work and I would cry (P4)

But our relationship yo-yoed so much, finally where I just couldn't - I'd cry every day and I'd just sit like in a trance, and I'd just sit there and I couldn't handle -

being. I couldn't, 'cause I'd just end up crying. And crying and crying and I just - I can't take it anymore (P6)

It made me very, very sad. Ya, it made me really, really sad. I mean I remember some nights I would cry myself to sleep and I'd be like "Why is he doing this to me?" (P7)

These three participants words seem to describe the overwhelming sense of helplessness that pervaded most of the women's relationships. Lengthy periods of crying seem to have been an expression of this helplessness: a reaction of surrender and despair. P7, whose partner subjected her to verbal degradation, criticisms about her appearance, and threats directed at her allies during intensely aggressive arguments, provides an interesting quote. Her words end in a question, one that seems to reflect the shattering of the 'assumption of meaning' described by Janoff-Bulman (1992). "Why is he doing this to me?" she asks. P7 seems to be expressing the feelings of anguish she felt, connected to the fact that her victimization just didn't make sense to her.

Additionally, it is interesting to note the language structure used by P6, a woman who experienced similar abuse to P7, but whose abuser involved another women in his abusive and threatening tirades. Her abuser had sexual relations with another women and throughout the relationship he, together with his 'mistress', subjected P6 to threatening and degrading verbal harassment. P6 states her final words in the present tense "I can't take it anymore", even though the rest of her sentence is stated in the past tense. The tenses in her statement are not consistent. This is an observation made by Gobodo-Madikizela (2003) in her research on trauma victims: that often trauma narratives involve an interchange between past and present tense, illustrating "the timelessness of traumatic pain" (P. 89). This suggests that P6 still bears that feeling, it does not truly belong to the past. Some of the participants directly stated that feelings of sadness still persisted in their lives, even though the relationships had ended some time ago:

I never cried it all out, I still feel sad (P6)

I know there's still sadness in me (P1)

This illustrates the enduring effect that these abusive relationships appear to have had upon these women's lives and emotions. The trauma still seems to be very much a part of the participant's lives. The enduring nature of trauma was additionally represented by the emotional breakdown of some of the participants in the course of their interviews. P6 and P10 both visibly broke down, dissolving into tears on a number of occasions throughout their interviews. Other participants, including P4 and P8, also illustrated the lasting impact of trauma on their lives, describing how manifestations of trauma such as lowered self-esteem and confidence (symptoms that shall be discussed in ensuing paragraphs), persist in their present lives, months or years after the end of the abusive relationship.

The participants additionally reported experiencing some of the symptoms that fall under the 'physiological and behavioural cluster' of depression symptoms including: appetite disturbances, potential sleep disturbances, and feelings of fatigue and a loss of energy. Firstly, there was evidence of unintentional weight loss, some of the women reported that during, and especially in the aftermath of the relationship, they couldn't eat. This was not deliberate, eating disorders were also present but were something separate to these unintentional difficulties with eating. These difficulties are described by P1 and P4:

I lost a lot of weight – physically - it wasn't purposeful, I just couldn't eat (P1)

I lost a lot of weight at one point I could just not eat. My body just couldn't handle it - I would just never be hungry (P4)

Secondly, participants reported feelings of fatigue and lack of energy, as illustrated by P3 and P4 below. A deeper consideration of P3 and P4's words in their statements below reveals how the women seem to imply that these feelings were attributed to the emotional and physical drain of constantly trying to please their abuser. Finally, P7 hints at the presence of sleeping difficulties:

...it was just difficult to do that. It's very strenuous to walk around like that, emotionally it drains you, and at the end of each day I'd get home and just want to sleep 'cause my head had been working constantly throughout the day thinking of ways to make him happy (P3)

I think sometimes I got really tired and exhausted and I had to pretend to be someone who I wasn't to keep him happy. And it was tiring and exhausting on my body and my mind (P4)

I mean there were some days where I just couldn't get out of bed. I would just sleep and didn't want to talk to anybody (P7)

These symptoms could be considered to be 'constrictive symptoms' of PTSD, which Herman (1992) explains as additionally affect planning and initiative in victims of prolonged abuse. If this is so, their feelings of exhaustion at keeping their abuser happy would have also made it difficult for them to leave, as they would have had the additional affect of inhibiting planning and initiative. Hilberman (1980) and Inhaus (2005) both described similar findings in their research: that abused women are constantly fatigued and lack energy. One has to wonder if this may represent a kind of numbing that the women developed within their relationships in order to defend against the constant pain and humiliation to which they were subjected.

Another disturbance experienced by the women that could have been a manifestation of depression was the presence of introversion and withdrawal both during, and after, the relationship. With regard to introversion, many participants described a change in themselves: that they used to be confident and outgoing, but that they became shy and withdrawn and didn't want to interact with people during and after their experiences of abuse. They just wanted to be on their own. The following participants illustrate these feelings and changes:

I was definitely much more quiet. I wasn't as extrovert as I was before and am now. I don't think I was as forceful and as - what's the word - assertive is the word (P1)

Even when I wasn't tired I just made myself sleep. I'd crawl into bed 'cause it was safe. It's like a little cocoon, you know, and it's so weird to like - 'cause throughout all of it I remembered what I was like, before that, and I was this very happy, very bouncy, very vibrant, lovable person. And all of a sudden I just cut myself off from all of my friends. I wasn't really talking to my parents much either which was very difficult for me (P3)

And my relationships with everyone else, like my parents would call and I wouldn't want to talk. And I didn't want to see any of my friends. And I just like excluded myself from the world (P5)

Additionally, the women reported manifestations of trauma that can be understood as falling into the 'cognitive cluster' of symptoms of depression. These included: poor concentration and attention, poor self-esteem, and a sense of worthlessness and guilt. The symptoms in this paragraph on depression are clustered together as they mark important sub-categories in their own right, separate from depressive symptomatology. They will be explored and illustrated in detail in later sections, as separate sub-categories.

Some of the cognitive symptoms of depression, which are not discussed separately, merit attention within the discussion of major depression. For example, many of the women experienced feelings of hopelessness, and some of the participants reported the occurrence of suicidal ideation, a reaction observed by Stark & Flitcraft (1996). Participants often explained that they considered suicide as a way to escape, or put an end to, painful thoughts and feelings, as illustrated below by P6. P5's partner's infidelity, mind-games and guilt-inducing accusations also led her to consider suicide as a means of escaping the desperate feelings of pain that her abuser's behaviour induced:

I thought “This relationship is now - you are at your lowest point - there’s nothing more you can do about it” and I thought “It’s time to get out” (*starts to cry*). And I felt like I couldn’t even breathe, I felt like I would do anything to get out. I went to the kitchen (*crying throughout*) - and then I took out the knife and I just stood there and I thought “It would be so much easier if I could leave and just get it over and done with ‘cause I wouldn’t have to deal with this hurt and this pain (P6)

Well there was a point where I was like “You know what, I don’t want to do this whole life thing” and I got some suicidal thoughts. I used to think like - what if I was dead and I don’t know - I wouldn’t have to be thinking all these thoughts and feelings (P5)

The preceding statements spoken by the participants outline symptoms that suggest that some of the women may have been suffering from depression during or after their abusive relationships. These symptoms illustrate the complexity of traumatic effects and the need to, as several theorists including Arias and Pape (1999), Brison (2002), Herman (1992), Loring (1994), Stark and Flitcraft (1996) and Wastell (2005) suggest, move beyond the somewhat limiting and one-dimensional view of trauma and its effects. The traditional diagnostic construct PTSD overlooks many of the symptoms of trauma that have been described and delineated by the preceding statements. Hence the need for an approach that moves beyond the currently accepted view of trauma ramifications.

In addition to the aforementioned ramifications of abuse the second category of affective symptoms indicates that the women in this sample experienced emotional instability. It is important to consider at this point that instability in mood is one of the criteria used to diagnose borderline personality disorder (Nolen-Hoeksema, 2004). According to Herman (1992) borderline personality disorder (BPD) is one of three diagnoses that are frequently misapplied to trauma victims. These ‘troublesome’ diagnoses as Herman (1992) terms them include BPD, dissociative identity disorder, and somatization disorder, and are applied to trauma victims because the underlying traumatic syndrome is frequently not recognized. This occurs because the symptom picture evidenced in many trauma

survivors is so vast, and many of their symptoms do not fit within the traditionally accepted diagnostic construct for trauma, PTSD.

Consequently, instead of victims' symptoms being attributed to trauma, and recognized as a traumatic disorder, victims are labeled with one of these three diagnoses, all of which carry markedly negative connotations. As a result of this mislabeling victims are frequently "accused of manipulation or malingering...sometimes they are frankly hated" (Herman, 1992, p. 123). This assertion indicates the importance of recognizing instability in mood as part of a traumatic response. Instability in mood was observed in some of the participants in this sample, and manifested in a number of ways. One of the ways emotional instability manifested was in erratic, fluctuating moods:

I was very emotional in Matric, very up and down, like very erratic. Emotions were – ya - all in all there wasn't any other emotion that stands out in my mind, but I think I was a little depressed, and a bit unstable (P1)

...it was strange to live through that. It was like I had many different personalities almost. It came out in that way 'cause I wasn't a very stable person. Emotionally I wasn't stable and so it manifested itself in my behaviour. So one day I was happy and great and fun to be around and the next day I was the most depressed person on the planet (P3)

P3, who was sexually degraded and raped, jealously verbally attacked, and continually belittled and blamed, speaks about having 'many different personalities'. This hints at another 'troublesome' misdiagnosis applied to many trauma victims, dissociative identity disorder (DID). Although no evidence was found above and beyond this statement for the presence of DID in this sample, this statement could, in isolation, result in the misdiagnosis of this participant under other circumstances. Emotional instability was also described as manifesting in inappropriate emotional reactions and outbursts. The women said they were very sensitive, and often reacted impulsively and aggressively to small provocations from other people in their lives, as illustrated by the following participants:

Like beyond him and me fighting, like anything could just spur me off and I would have just been so upset - overreacted (P1)

I was very moody most of the time. Before I was always a happy kind of person but now I was moody. My sister even told me. Every time I came home I'd just avoid her because I know that anything she would do I would snap (P8)

Additionally, some of the participants described their emotional state as cloudy and confused, as if they were lost within their own minds. The participants below may be describing what Inhaus (2005) meant when she stated that trauma overwhelms the human mind with burdens that are nearly impossible to bear - that the human mind cannot understand or accept the state in which the individual finds itself as a result of trauma:

Like out of control. I don't know - that kind of emotion I don't know. Just completely - I could not - my brain could not understand it at all. It was confusion - it was insane (P2)

I think the emotional drain did manifest itself physically by making me feel - my head was just always cloudy. You can't seem to think about anything logically. I always felt like I was lost...it was absolute mayhem (P3)

Thus the current research seems to suggest that instability in mood is indeed a manifestation of trauma - one overlooked by the traditional PTSD diagnosis, and by the many studies discussed in the literature review that have outlined the symptoms of prolonged abuse. It is for this very reason that faulty diagnoses such as BPD are made, because symptoms that can be attributed to trauma are overlooked by traditional diagnostic constructs. Furthermore, even though Herman (1992) points out the dangers of overlooking such symptoms in the process of creating an inclusive diagnostic construct for trauma, her outline of Complex PTSD does not explicitly include instability in mood.

Feelings of anxiety and fear amongst the participants constituted the third sub-category of affective symptomatology. The severity of the anxiety described by some of the women hints at the possible presence of anxiety disorders, as observed by Gleason (1993), Hilberman (1980), Kirkwood (1993), and Marais, De Villiers, Moller and Stein (1999) in their studies of abused women. Anxiety and fear caused problems in social and occupational functioning in many of the women's lives. For example, feelings of anxiety or fear were often responsible for withdrawal, as well as other problems in subsequent social relationships. Occupationally, the women frequently reported that their feelings of anxiety were responsible for an inability to concentrate on their studies, or function in the workplace. These social and occupational difficulties will be discussed and illustrated in subsequent sections, namely the relational, behavioural, and cognitive ramifications of prolonged emotional abuse.

Many of the women reported that feelings of anxiety dominated them whilst they were in the relationships. The participants below aptly illustrate such feelings. P6 describes the development of panic attacks that were originally connected to the fact that she felt completely out of control within the relationship. The panic attacks subsequently generalized to other aspects of her life that she found to be uncontrollable. P3 explains how she lived in a state of near-constant fear and anxiety in which she anticipated, and dreaded, the occurrence of another verbal or sexual attack from her partner:

And also another thing was I used to have these heavy panic attacks...there were many occasions when a lecture started, and I'd get there at ten past, and then I couldn't breathe - and I almost fainted, and I really went into a state where I was shivering, I was sweating. I couldn't handle it. And after that I used to get it, not more frequently, but in situations which I couldn't control. Things that I couldn't control (P6)

...just kind of sitting there dreading the next time it was going to happen constantly. It's in the back of your mind, when am I going to be rid of this, what am I going to do? (P3)

Participants also experienced feelings of anxiety and fear once the relationship had ended, in general, but especially in relation to getting involved with another man. This was a finding outlined earlier by Kirkwood (1993) who explains that fear often manifests within relationships in feelings of anxiety that something bad is going to happen in the present relationship, just like it did in the abusive relationship. P4, whose partner's frequent criticism, put-downs, aggressive verbal attacks and occasional periods of stony silence caused her to experience intense anxiety, illustrates the generalized fear that some of the women experienced after their abusive relationships had ended. As does P8, who found her partner's implicit threats to her friends, and sexual coercion especially anxiety provoking. P9 and P5 and P4 demonstrate the persistent fear connected to subsequent relationships and the possibility of recurrence:

I'm still a bit anxious though, when I tend to talk to someone I don't always make eye contact. Ya I'm still a little anxious...just anxious in general I think. I think 'cause it played such a big role and it's changed me, well not - it changed my life quite a bit (P4)

The fear for me has never really gone away, I'm still scared (P8)

...and actually since that guy, like a year and a bit, I've been single because it's like I can't - I'm so afraid that I'm going to meet someone like Chris and it's going to happen again (P9)

I'm more careful - ya. And I don't want to get into a relationship anytime soon...I'm scared that that might happen again (P5)

And I think scared as well in the sense that I'm scared the same thing will happen again, that I will go into another relationship and exactly the same thing will happen (P4)

The anxiety expressed by these participants may also represent the shattering of the 'assumption of invulnerability', described by Janoff-Bulman (1992), in which the belief that terrible things cannot happen to the self is destroyed, resulting in intense anxiety. According to Janoff-Bulman (1992), this manifests in the fear of recurrence and the perception that the self is no longer safe and secure. Anxiety was additionally experienced in subsequent relationships when particular stimuli or events reminded the women of the abusive situation. Women reported strong emotional reactions, and feelings of increased arousal/fear or anxiety, when they were confronted with internal or external reminders of the trauma, a common intrusive symptom of PTSD. This is illustrated aptly by P4 and P10:

...and honestly, even if I meet a guy now and he can be really nice - if this guy reminds me of him and what happened I will push him away. I know it's wrong but I'm still getting over everything - so it's still hard if it happens and something reminds me of what was going on or - a smell or a t-shirt or you know (P4)

Participant: When somebody speaks with an American accent - whenever someone speaks with the American accent I start imagining him. I remember this other time my friend came with a guy dressed in a yellow shirt with long sleeves. And it reminded me of him 'cause he used to wear this yellow shirt most of the time. And then to make it all worse this friend of mine introduces me to this guy and then this guy says "Hi, I'm Rex" and the accent was American. And I didn't take his hand, when we shook hands, and he was like "Why won't you shake my hand?" and I was like, "I don't shake hands". And I wanted to say "I don't like Americans. I don't like American-speaking. I hate you". But then that would sound really bad, it would have been rude

Researcher: How did it make you feel when it reminded you so much of your boyfriend?

P: I felt scared. I felt scared, like I didn't want to shake his hand 'cause he's in there. His voice was threatening to me. I don't know, so I just stood back (P10)

As P4 demonstrates, these feelings of anxiety often resulted in avoidance, a reaction also noticed by Herman (1992), which she explains as exacerbating a survivor's trauma syndrome. Furthermore, the women experienced feelings of intense anger, the fourth sub-category of affective symptoms. For some women the anger occurred during the relationship, but for most the extreme anger only developed after the relationship had ended. This may be a result of the constriction and numbing that occurred during the abusive relationships, described previously. For these women their inhibition of anger may have been an extension of the numbing they developed to defend against the pain they felt. Alternatively, the inhibition of anger may have occurred because the expression of that anger would have only resulted in further abuse. In this way the women may have resisted expressing their anger as a means to survive and protect themselves.

Once the women had left the relationships however, their feelings of anger no longer seemed to lie dormant. Instead the women began to recognize, acknowledge and feel their rage, as described by P3 below. Some of the participants' explained how their feelings and expressions of anger were displaced, and that this resulted in the women lashing out at, and hurting, other people. P6 describes this process below:

...suddenly I was angry - all the anger - 'cause it starts out as regret and doubting myself, then it starts solidifying and I was like it's been a week, it's two weeks, it's three weeks and I'm still alive, I'm still standing, I'm still walking around on my own, I'm getting up in the morning. And then suddenly it - it turns into this intense anger (P3)

It made me feel angry, it made me feel like lashing out and I had this whole reaction where I was like "You hurt me, you lie to me, I'm going to do it". But the thing was, I didn't do it to him. I was doing it to other people (P6)

The women in this sample explained how in the aftermath of the abusive relationships their feelings of anger were also frequently directed at, or displaced onto their selves. The

women's anger was often connected to feelings of responsibility for aspects of the abuse and the abusive relationship, and consequential self-blame:

I was more angry at myself, at my decisions and my choices, and thinking "How could I have been so stupid" and then realizing that it's not stupidity. And I had to teach myself not to be so hard on myself (P3)

I felt angry towards myself. Because it was - I felt like I should have made a choice, I should have stood up to him and I was too weak to do that (P10)

...and angry towards myself for not listening to my family and my friends and allowing a man to rule my life, in terms of telling me what to do (P4)

Displacement of anger onto the self or others is a symptom noted by Graham, Rawlings and Rigsby (1994), Kirkwood (1993), and Marshall (1996), who go on to explain that when anger is turned inwards it results in self-blame. This cognition is evident in the way these participants use the words 'allow', 'weak', and 'stupid' to describe themselves. This could result in feelings of self-hatred and may be a reason for next group of symptoms to be discussed: the women's feelings of lowered self-esteem, and changes in their self-concepts. Krystal (1968) points out this manifestation of trauma, anger at the self, may exacerbate the depression that survivors are already experiencing. This was a point poignantly illustrated by P4:

I think at one stage I got depressed 'cause I felt that I was alone and I didn't know how to get through it, and again I felt "What am I going to do if I stay, I'm going to be unhappy and I don't want that". And then you start looking back at your life and the past few years and you say "I allowed this and I allowed that" and it makes you even more depressed 'cause you think "How could I do that, allow a man to take over my life? (P4)

Disturbances in identity

“And I realized that somewhere along the way I had lost the love I had for myself. I didn’t even like who I was...the feeling I remember the most was of complete worthlessness” (P3)

A pervasive theme to arise from the narratives, was that the women frequently described changes in their identities or self-concepts as a result of the abuse. These changes fell into three sub-categories:

- losses in confidence and lowered self-esteem
- feelings of worthlessness and harsh judgments of their physical or emotional selves
- the perception of radical and sometimes permanent changes in parts of their selves: some participants felt that facets of their selves were destroyed forever

In the following section statements that illustrate the participants’ sense of lowered or lost confidence and self-esteem are presented. Such sentiments may be attributed to the way in which P1’s partner exploded into aggressive verbal tirades as a result of his possessiveness, belittled her with put-downs and criticisms about her appearance and behaviour, and also undermined her successes. P10 experienced similar abuse along with threats to her life. An important point that is demonstrated, as discussed previously in the section on depression, is the lasting impact of trauma, illustrated by the words of P8 and P4:

I think I lost some of my own ability to make decisions and my own confidence (P1)

I didn’t have a self-esteem anymore. It was all about him (P10)

I have kind of like tried to get back my confidence, but I can’t say I’ve really - there are times when I’m like “Am I really ok?” (P8)

If someone is breaking you down it gets to a stage - it's never straightforward what he does. I don't know, he doesn't straightforwardly break you down. But subconsciously he would - that really broke my self-concept down badly. I'm still trying to get over it (P4)

The losses in participants' confidence and self-esteem may be connected to the shattering of the 'assumption of positive self-worth', described by Janoff-Bulman (1992).

Victimization makes individuals question their positive self-perceptions, as negative self-images are triggered as a result of trauma and especially abuse. Janoff-Bulman (1992) goes on to say that many victims feel weak, helpless or out of control within an abusive situation, and that these feelings can result in an incredible loss of self-esteem. Since feelings of helplessness and lack of control pervaded these participants' experiences, it is no wonder that these women experienced feelings of lowered self-esteem.

As for the harsh judgments participants placed on their physical and emotional selves, and the pervasive feelings of worthlessness, described by some of the participants below, these may be an illustration of the process described by Graham, Rawlings and Rigsby (1994) in which a victim's sense of self is no longer her own, but the abuser's sense of the victim. Essentially, it appears that the participants came to see themselves as their abusers did: as physically and emotionally flawed. Hanmer (1996), Hilberman (1980), Loring (1994), and Marshall (1996) concur that experiences of abuse can cause these feelings of shame and doubt about the self, as well as feelings of worthlessness:

I know he'd make me feel - like he'd make me cry a lot. He used to make me feel bad about myself. I used to think I was a bad person (P1)

I used to think that I - I didn't think a lot of myself I know. I used to think I was very unattractive...I always used to feel so ugly, and that used to go through my head all the time you know, that I'm really unattractive and I don't know why is he with me (P2)

I felt that I wasn't worth being with other people then - I wasn't good enough. And sometimes I felt I wasn't good enough, it must be my body, and I can't handle this (P6)

I'd be sad that - it kind of felt - am I really worth anything? (P8)

In some cases, participants spoke about parts of their selves that were destroyed, or expressed the feeling that they were no longer 'themselves'. This echoes Brison (1999), Hanmer (1996), Herman (1992), and Loring's (1994) convictions that prolonged abuse can cause intense alterations in survivors' identities. This alteration in identity suggests a 'loss' of self, as illustrated by the following statements:

I didn't know who I was anymore, somehow I lost that along the way. Where it went I have no idea. It was kind of like I gave everything to him. That's what it feels like. I just gave myself away (P3)

A part of me died. A part of me died with him (P6)

I felt lost in my own body, I could say that I wasn't myself, I was a completely different person so that I could please him. I felt lost and ya - not myself basically (P4)

It was all about him - so I didn't have a - I had lost touch with this self that I so badly wanted - that is me as a person (P10)

The affects of emotional abuse on these victim's and their sense of self described above are aptly summarized and explained by Loring's (1994) description of emotional abuse as "an ongoing process in which one individual systematically diminishes and destroys the inner self of another. The essential ideas, feelings, perceptions, and eventually personality characteristics of the victim are constantly belittled. Eventually the victim begins to experience these aspects of the self as seriously eroded or absent" (Loring, 1994, p. 1)

At a more critical level these exquisitely descriptive final quotations provide some important imagery that merits attention. Of particular relevance to the following discussion are the words of P4: "I was lost in my own body". What these words may suggest and illustrate, is the presence of the technique called dissociation. This would not represent the commonly understood notion of the term, that is, dissociation in a moment as a means to get through a particularly traumatic episode of abuse. Rather what P4 seems to demonstrate is dissociation on a much more generalized and insidious level. The fact that she felt lost in herself and no longer herself (an attitude inherent in the other three participants words, yet not so blatantly expressed) suggests that she has dissociated entirely, to cope with a situation that she can no longer bear. P4 is no longer present, "a completely different person" resides in her place. If this conjecture is correct it raises important implications with regard to the woman's ability to escape her abuser.

Dissociation implies a 'cutting off' of the self from reality and consequently a loss in one's reflective capacity. That is, the ability to appropriately reflect on one's situation, and to understand the consequences of staying in the relationship, may be seriously compromised, consequently hindering one's ability to make informed decisions. Dissociation therefore may contribute to women's difficulties in leaving their abusers. This phenomenon could supply an explanation for the way in which some of the women in this sample finally managed to leave their abusers, and for why they stayed so long. Some participants described a process of 'waking up' to their situation or 'snapping back to reality'. If they had dissociated on this fairly extreme and permanent level then they would not truly have been present in reality. Snapping back into reality, and once again living as their true selves may have restored their diminished reflective capacity, and thus allowed them to once again reflect on their circumstances and make more appropriate evaluations and choices with regard to their situations. Such as the decision to leave.

Disturbances in the manner of relating in subsequent relationships

"I think when I started seeing Craig (*subsequent boyfriend*) I had that anxiety when things didn't add up, like stories didn't add up or that kind of thing...it was kind of this lying, betrayal kind of thing. It was that feeling like that hole, and I'd get that hole" (P2)

The women in this sample described difficulties in subsequent relationships, particularly with intimate partners, but also with males in general. These difficulties manifested in a number of ways, one of which was the way women exhibited potentially destructive behaviour and ways of relating in their subsequent intimate relationships. For example, a few of the women described a desire for aspects of the abuser in a new relationship: they wanted their new partner to act in some of the ways that their abuser had. It was as if they were wishing, or seemingly wishing for the abuse to recur. This feeling was aptly illustrated by P1, who described her need for her current partner to act in the same possessive manner in which her abuser had:

I definitely - I have changed, like I do need approval, more so than I think I ever did before. And also in a way like I want, it's weird, like I like the fact that Peter (*subsequent partner*) is just so understanding but every now and then I want him in a way to be protective and I want him to say like "Ah, I'd kill him if he touched you" (P1)

These women may be engaging in a process of re-enactment of their abuse or re-victimization. This is a common trauma manifestation and is discussed in detail in the subsequent sub-section on behavioural disturbances. Such feelings or desires may demonstrate an attempt to recreate the abusive situation, an act that is understood as a means to master a previously uncontrollable situation (Van der Kolk, 1989).

Other women described a process in which they appeared to adopt some of their abusers' characteristics in their subsequent relationships, and treat their new partner in the way that their abuser had treated them. This may also represent reenactment of the abuse. Such actions and feelings included, as illustrated by several of the participants below, feelings of intense jealousy, feelings of anger when the man was not accountable for himself, and uncontrollable expressions of anger towards their partners for small misdemeanors. The women all felt that these behaviours were *new*. Ironically the participants did not acknowledge that the behaviour they were describing was the very

behaviour that their abusers had subjected them to, and that they had despised and described as abusive:

And sometimes I read into things they say too much. Like this jealousy thing over him. Now I can see I'm extremely jealous now (P6)

I mean in that way it has affected me. I mean I can't trust people at all, I mean poor guy, I feel so sorry for him sometimes, if I call him and he doesn't pick up his phone, whoa! I become so angry (P7)

I never used to shout at that guy, but with this one. As soon as he does a small thing I snap at him, I shout at him - my temper - like, that's scary. I don't know if this is ever going to go, you need to have some sort of trust in guys - and my temper is like ya - any small thing triggers it (P8)

Again, these may be examples of what Van der Kolk (1989) describes as re-enactment, in which victims of abuse either become abusers, or are once again abused, in the aftermath of traumatic or abusive experiences. In this sample there was evidence that some of the women became hostile and abusive towards their subsequent partners. They seemed to internalize certain abusive characteristics, and displace them into their subsequent relationships. P7 and P8 in particular appear to illustrate a repetition of their abusers' aggression. But the tables have turned: it is no longer the women who are the victims of the aggression, rather the women are the aggressors. This may very well be the result of underlying insecurities within the women, who react fearfully and exaggeratedly to any hint of their previous abuse reoccurring. It seems that they want to hurt the men before the men can hurt them. The fact that these participants appear to be acting out the abuse suggests that the trauma has not been worked through: it is as yet, 'unfinished'.

Another apparent relational disruption exhibited by the women in this sample was evidenced in their descriptions of disruptive vacillations in their relations with their new partners. The women alternated between clinging behaviour in which they desperately

felt the need for closeness with their partner, and paradoxically, they also withdrew in fear of the closeness to their subsequent partners:

...they get scared 'cause I'm pushing too quickly to maybe go into a relationship or have something more than just friends and they pull away. I think I push too hard for something to be there that might not be. Because I long for it to be there and it's not (P4)

'Cause I don't know how to deal with it now still. I don't know how to make people want to be with me. I don't know how to deal with that, how to approach a relationship without doing the wrong thing and just being overly-like into it - into the relationship (P6)

This need for closeness contrasted with feelings of fear that subsequent relationships were 'too much' for the women to cope with, resulting in acts of withdrawal:

I sometime feel now, I'm quite wary of things now you know, I like my space, and I don't always want to be physical - you know huggy and kissy, I'm just not like that, and he's very like that and I think at times for him it's difficult (P2)

And also I was in this phase where I was just moving from guy to guy. I was like, I couldn't - I couldn't get that - once I felt "Oh no, something more is going on - something - commitment" I thought "No! No, no, no! That's enough, that's enough, get away, get away! Stop phoning me" or whatever. So I couldn't handle that, how can I say, that - becoming too much (P6)

I have met a number of people when I've thought "Don't get too close" I just want to be myself in my own little world - and don't touch me (P10)

While various participants describe being either overly into relationships, or withdrawing in fear from them, one woman describes something more complex. P6 experienced both

the need for closeness and the anxiety that led to withdrawal. This oscillation between desperate feelings of need and fear is a manifestation of trauma described by Graham, Rawlings and Rigsby (1994), and Herman (1992) who explain such processes as being the result of intense push-pull dynamics that existed within the abusive relationship, that generalize to subsequent relationships.

Another finding under the category of relational disturbances was a notable difficulty identified by some of the participants with issues of trust in their subsequent relationships. Some of the women described feelings of fear and anxiety with regards to entering a new relationship. These anxieties included the fear that the trauma of abuse would reoccur which consequently made it difficult for them to trust subsequent partners. This is a manifestation of trauma commonly seen in victims of abuse according to Herman (1992) and Kirkwood (1993):

The romantic interests in people are different in terms of - I wasn't very trusting after this. Trust was a very big issue for me and respect and you do not speak to me in a certain way no matter who you are (P3)

Ya, and I don't trust him completely. I've never trusted a guy again. Never (P8)

And that's when I noticed the change in me, I still don't trust men. I'm so scared that I'm going to meet another person who's going to hurt me like that again (P9)

For some women these negative views and their lack of trust seemed to generalize to human beings and the world in general. This may represent the shattering of the 'assumption of invulnerability', described by Janoff-Bulman (1985), in which the world is suddenly seen as a very threatening place in the aftermath of trauma:

I became - like I said I'm already something of a realist - but I became even more of a cynic. And everything was negative. I didn't have any faith in people or trust

in people, I didn't have any time to listen. That kind of feeling, of not really caring (P3)

And I would lose, I had lost trust, really, really in people. Not just in men, in general. I found it very difficult to trust people, 'cause I was like ok, I thought this guy was a really nice guy, he was quiet and this and this, but now he's turned out to be this evil, evil, evil guy you know - and you just never know (P7)

Well now I realize that the world is not as peachy and as great as I hoped it to be (P5)

Intrusive thoughts and concentration difficulties

"Every thought was about him, be it: I hope he's ok; I don't want to see him now. Whatever it may be, whether it was positive or negative, I just didn't have time for anyone else in my head, physically, I just didn't have time for anyone else" (P3)

The participants reported constant preoccupation with thoughts about their abuser, his demands, and what they should do, somewhat like intrusive thoughts. These thoughts were tied closely to the emotional consequences of abuse discussed earlier: anxiety and fear. It was feelings of anxiety that were usually responsible for their ruminations. The thoughts assumed an obsessive dimension and consequently the women experienced difficulties in other areas of functioning: namely concentration difficulties and problems in motivation. The women's constant worry was connected to various aspects of their relationships: either about the man himself, or about his demands and whether or not they were fulfilling them, or about their situation, and whether or not they could leave. Some of the women, like P8, reported that these thoughts continued after the couple had broken up, once again reflecting the enduring nature of the trauma:

...and then while I'd be out with him, throughout the time I'd have these thoughts "Oh God, what's he up to, I hope he's ok". It's like this plague that doesn't go

away! Urgh, it was terrible, it was hideous actually. Everything was about him (P3)

... 'cause I was thinking, I was constantly like troubled. And even when I was happy, I would think about it, out of the blue it would come. And that would really depress me. And I think, that's even happening now. Even if I'm here, and I'm eating or I'm talking and someone says something that triggers off a certain thought of him, I just think of it and I remember "Oh, my God". I feel this pain, I'm like "Oh my God". I remember. And if I'm eating I become so full. That is still happening (P8)

These obsessive thoughts often resulted in concentration difficulties: the women said they couldn't focus on their work and studies, and were often unable to cope with study or work-related demands as a result:

My mother would just say bury your head in your studies, focus on your studies and forget about it. But for me that's impossible, you know. I'm consumed by what I'm going through and - how to study? I can't like even concentrate on a book I'm reading without being in my head ruminating (P9)

And now I'm anxious about my education. Ya, what am I going to achieve? I came here with a goal and now I can't even concentrate. Every time I'm thinking about this guy - it's like an impending danger on me (P10)

Every thought would be about him. I'd be sitting in a lecture, barely paying attention 'cause I'd be thinking "Oh, wait I mustn't forget to meet him at this time" 'cause if I didn't meet him and that time he's going to be worried and he's going to think I'm, you know, seeing someone else. 'Cause everything always boiled down to me seeing someone else and it never happened, so I don't know where he got the idea from (P3)

Concentration difficulties are often present in depression and it would be worthwhile exploring the interplay between these concentration difficulties and depression further. Were these concentration difficulties resulting from obsessive thoughts, and further exacerbated by the apparent presence of depression? Or were the concentration difficulties a symptom of depression in the first place? Although concentration difficulties are often present in depression, the presence of concentration difficulties in some of the participants is insufficient to make the diagnosis of depression. The important point is that concentration difficulties and symptoms of depression appear to be some of the consequences of trauma. The process of how these symptoms interconnect would be difficult to assess, and such an endeavor is beyond the scope of this research.

In addition to causing the women problems in their ability to cope with work and study demands, these difficulties in concentration sometimes resulted in a severe lack of motivation. Lack of motivation was sometimes connected to constant and intrusive preoccupation with the man and the relationship, an issue that was discussed in detail in the preceding paragraphs. Some of the women, such as P9 describe how these feelings of lack of motivation have persisted after leaving her abuser:

It dominates your concerns, your mind - I was so unmotivated (P3)

I was appointed as head girl as well, and that changed 'cause by the time I got to head girl I was already dating him and my whole personality changed, and I didn't really care what happened in school and about what I wanted to do (P4)

Like I don't have motivation to do anything. You know, I've got all these wonderful ideas and I get like, almost manic, not for a long period of time, but I've got all these great ideas in my head and I'll be lying in my bed in the morning and I can't get out of bed to do them...also I'm just really tired, I'd just rather sit and do nothing than get up and go. Even though I've got these wonderful ideas I'm so excited about. I can't actually get up and go (P9)

Behavioural disturbances: self-destructive behaviour

“I started just really not taking care of myself in the sense of just going out all the time and not eating properly, and then just stopped eating all together at one stage. And then I was drinking excessively. All those usual - I think it’s normal self-destructive behaviour” (P3)

The most consistent behavioural ramification and overall finding in the sample of women was the presence of self-destructive behaviours. These included techniques of self-harm such as cutting or hitting of the self, excessive dangerous behaviour such as reckless driving, excessive drinking or the use of recreational drugs, and eating disorders. Herman (1992) explains how after prolonged trauma the repetitive, intrusive symptoms of PTSD put survivors at risk for repeated harm: often self-inflicted or at the hands of others. While the women did not describe subsequent abuse at the hands of others, they very definitely engaged in self-inflicted harm. The participants framed these experiences as attempts to numb the pain they were experiencing as a result of the abuse, illustrated below by P2, P3 and P4, or as a means to regain control, as expressed by P3’s second statement:

As soon as he started with this mimic kind of voice, that would just - I could not even control myself. I remember even hitting myself, just trying to hurt myself ‘cause he wouldn’t stop...I’d just be like - I’d try and feel pain - I’d just rather concentrate on that than - just get it away (P2)

I think the biggest, drastic change I had, or behavioural instability I had, I think was that I started cutting. It really is a way of numbing. It was another form of numbing everything, ‘cause there was a concentration of pain that I could focus on and that also took my mind off everything else that I didn’t want to really deal with (P3)

I started smoking and I was drinking a lot more - as just a way of forgetting about everything and just being a different person you know...Escaping what happened
(P4)

Eventually it got to a point where I just deliberately stopped eating. It became like another cutting type of effect in the sense that it was something I could control 'cause I still felt very much out of control, 'cause my life wasn't back on track yet
(P3)

The phenomenon of cutting, and of hitting one's self, merits further attention. The participants had their own explanations and understandings of their self-destructive behaviour. They understood this infliction of pain on the self as a means of numbing a more dominant and constant pain – that which their abuser was subjecting them to. It was a way of diverting attention from the pain the abuser was causing them, onto something else that they seemed to find more tolerable. The act of self-mutilation is commonly understood as a means to achieve relief. As Herman (1992, p. 109) states: “physical pain is much preferable to the emotional pain that it replaces”.

Self-harm in its various guises was also described by some of the women in this sample as a means to regain some sense of the control that had been destroyed by the women's partner's abusive tactics. Self-harm in the form of eating disorders has been understood from this viewpoint: as a means to gain control of one's self when one has been made to feel out of control (Nolen-Hoeksema, 2001). Since the essence of abuse is the control of one person by another, understanding self-harm in this way is plausible. Another explanation of self-harm is understanding a person's actions as an expression of self-loathing, and attempt to defile the self so that one is unattractive and thus protected from the eyes and attention of another potential abuser (Nolen-Hoeksema, 2001).

While these explanations are all vital, especially since some of them were the participants' own understandings of their behaviour, something else may have been taking place here. A process may have been occurring on a sub-conscious level, a process

of which the women were not fully aware: reenactment. It is possible that the women were engaging in reenactment, a commonly identified symptom of trauma.

Understanding self-inflicted harm as reenactment is an interpretation used by some theorists including Herman (1992), Loring (1994), Stark & Flitcraft (1996), and Van der Kolk (1989). Van der Kolk (1989) for example suggests that self-inflicted harm is one manifestation of reenactment, which is understood as a way to recreate abusive events in an attempt to 'gain mastery' over the traumatic experiences. Essentially what these women may have been doing unconsciously, was reenacting their abuse and recreating the feelings of being hurt and damaged, in an attempt to manage a situation in the present, which was experienced as unmanageable in the past. Van der Kolk (1989) carries on to point out however that unfortunately mastery is very rarely achieved. Instead reenactments cause further pain and suffering for trauma survivors.

Reenactment is a complex psychological process, which is unconsciously driven. As Bloom (1996, p.1) states "traumatic reenactment has been defined as living in the unremembered past". The intrapsychic roots of this process make it difficult for trauma victims to make the link between their self-destructive behaviour and the trauma that they suffered. The interesting observation in the present study is that while none of the women suffered physical abuse, in some cases reenactment manifested through physical bodily mutilation. From a psychoanalytical viewpoint, this raises an important question concerning the intrapsychic representation, or memory, of the traumatic experiences, which in this study involve emotional abuse. If what is reenacted is the trauma in the way it is remembered, the reenactment of emotional trauma through physical self-injury suggests that there is a 'transformation' of the traumatic experience when it is stored intrapsychically. This observation however is the subject of more advanced research.

Discussion

The women in this sample have experienced an array of psychological symptoms that can be understood as consequences of the emotional abuse they have endured. These symptoms include affective and behavioural disturbances, difficulties with concentration

and motivation, disruptions in the women's identities, and disturbances in their abilities to relate. While the symptoms reported by these women are not, for the most part, the ones outlined by the DSM-IV in its description of trauma effects, a point argued by multiple theorists including Gallers and Lawrence (1991), Herman (1992), Stark and Flitcraft (1996), Terr (1991), and Wastell (2005) in their observations of the effects of prolonged trauma, the symptoms of PTSD as outlined by the DSM-IV were not entirely absent.

For instance, some of the participants described psychological distress in response to external cues that resembled aspects of their trauma, a symptom that falls under the 're-experiencing cluster' of PTSD symptoms in the DSM-IV. Symptoms of 'increased arousal' were also evident - the participants' outbursts of anger and heightened irritability within subsequent relationships could possibly be understood as one of the symptoms listed under the 'increased arousal' cluster of PTSD symptoms: irritability or outbursts of anger. Additionally symptoms from the 'avoidance cluster' of PTSD symptoms are perhaps evident in these participants, if their withdrawal from others is understood as the PTSD symptom 'detachment or estrangement from others'. What appears to have happened with this sample of women is that in some instances PTSD symptoms may present, but they seem to have manifested in a different way to the way in which they are described in the DSM-IV.

For example, the DSM-IV lists "acting or feeling as if the traumatic event were recurring" (American Psychiatric Association, 1994, p. 428) as a PTSD symptom, and goes on to describe this symptom as manifesting in illusions, hallucinations and dissociative flashback episodes. The fact that some of the women described their episodes of anger as occurring in connection to the actions of subsequent partners, because the actions of the subsequent partners reminded them of the way that their abuser had treated them, may indicate that they were feeling as if the trauma was recurring – just not in the way in which the DSM-IV describes it as recurring. They may have felt in those moments as if they were reliving the trauma, and thus reacted with rage. Similarly, irritability and outbursts of anger are listed as a symptom in the DSM-IV, but are in no

way contextualised. The DSM-IV does not explain how irritability or anger manifest. Anger was present in this sample of women, but it manifested as a relational disturbance in these participants, a manifestation of trauma that is not adequately captured by the DSM-IV's list of symptoms.

Another example of this possible phenomenon can be seen with the PTSD symptom hypervigilance. The women in this sample's issues with trust may represent a manifestation of hypervigilance. It is as if they are constantly on guard and continually on the alert, looking out for repeated danger and trauma. Once again, the DSM-IV's explanation of PTSD does not explain hypervigilance as manifesting in this manner. Furthermore, another example is the participants' fatigue, lack of energy and withdrawal. These symptoms could be understood as 'constrictive symptomatology' – as an indirect means to avoid thoughts, feelings or conversations associated with the trauma. And finally, the somewhat obsessive thoughts that the women in this sample reported having about their abusers, may in fact represent a symptom from the 're-experiencing cluster' of PTSD symptoms: 'recurrent and distressing recollections of the events'. Once again it seems as if the symptoms are manifesting in a different manner to the understanding provided by the DSM-IV.

While these are important points to consider, and while it is possible that some of the symptoms are not entirely overlooked by the DSM-IV - just inadequately described, the symptoms reported by these women are not, for the most part, the ones outlined by the DSM-IV in its description of trauma effects. The presence of depression, the degree and manifestations of emotional instability, and the generalized anxiety and fear these women reported are not adequately captured by the PTSD diagnosis. Neither are the enduring disturbances in these victims' identities nor the dramatic relational disturbances they seem to be experiencing. Most dangerously, self-destructiveness and the motivations behind it, are overlooked by the PTSD diagnosis as outlined by the DSM-IV.

The questions that this research aimed to explore included what the impact of emotional abuse was on these women and their mental health, and what the manifestations of

trauma were. The findings of this research seem to suggest that the traditional understanding of traumatic effects, and their diagnosis in terms of PTSD, may not adequately capture the wide range of symptoms and effects observed in women who have been exposed to repeated abuse in their intimate relationships. It calls for the creation of a more multifaceted trauma construct, by the way in which it illustrates the complexity of trauma effects.

Someone who does take a step towards acknowledging these women's suffering is Herman (1992) in her construction of Complex PTSD. The women in this sample exhibit a symptomatic picture very similar to that outlined in her research including: a multiplicitous symptom picture, deformations in relatedness and identity, and vulnerability to repeated harm. In specific, relational and identity disturbances, as well as self-destructiveness were the most common symptoms amongst these participants. Each separate cluster manifested in almost every one of the ten participants in this sample, though in different ways. This fact in itself points to the multifaceted nature of trauma effects – even if similar symptoms are seen in victims, they manifest in different ways, so that no two victims present with the same picture. This once again enforces the need for a more inclusive and extensive conceptualization of trauma effects.

Other symptoms were not as universal in these participants' experiences. Intrusive thoughts and concentration difficulties were reported a fair amount, but were not seen in every participant like the symptoms mentioned above. Similarly, affective symptoms occurred in most of the participants but manifested in different ways: as depression, emotional instability, anxiety, or feelings of anger. The participants did not all experience all of the symptoms. While affective consequences were universal, they were experienced and manifested in these different ways. What these paragraphs are increasingly illustrating is the multifaceted nature of trauma effects – a trauma response, like a traumatic incident, is unique to every individual.

Other important issues demand attention in this discussion, such as the potential danger in using the 'incomplete' or inadequate diagnostic construct PTSD. The presence of

emotional instability in particular, called attention to the danger of overlooking symptoms when creating a diagnostic construct for trauma. It is vital that symptoms such as emotional instability are understood as ramifications of trauma and not as evidence for one of the 'troublesome' personality disorders that Herman (1992) warns are so frequently applied to trauma victims. Such mistakes could simply perpetuate the age-old sin of blaming the victim, by causing practitioners and society alike to reason that the personality disorder was somehow the reason for the abuse, rather than understanding the abuse as causing the symptoms that are mistakenly attributed to a personality disorder.

Finally, another question this research aimed to focus upon was the effect of emotional violence in the absence of physical abuse. In addition to the points outlined above, this research suggests that emotional and psychological violence in the absence of physical abuse can be just as devastating as the more commonly cited and understood occurrence of physical abuse. As Arias and Pape (1999) point out, the assumption that psychological abuse will have less severe consequences than physical abuse is well held. Findings in this study imply that the effects of trauma following psychological abuse are in fact very similar to those following physical abuse.

Why do they stay: the nature of psychological captivity

Of equal importance to exploring the manifestations of trauma following exposure to prolonged psychological abuse, is an examination of the factors that prevent women from leaving their abusers. Often, particular manifestations of trauma are in part responsible for preventing women from gaining their freedom (Herman, 1992). The factors that prevented these women from leaving their abusers have been ordered into various themes. What follows is an explanation of the factors and how they interact.

The perception of captivity

“And you’re kind of in this little fishbowl trying to maneuver your way out of - but there’s nowhere to go ‘cause there’s glass around you” (P3)

The participants initial responses to questions concerning why they found it difficult to leave their abusers included explanations of their overwhelming feelings and perceptions of being trapped or captured, or the insistence that their abusers had an inexplicable ‘hold’ over them. The women often maintained that they couldn’t understand how this happened and why they felt this way, as illustrated by the following participants:

I don’t know how it happened - he just had this hold on me (P1)

...the feeling that you couldn’t get out, that you were trapped. Ya, this huge feeling of “I just can’t get out of this” (P2)

I was trapped, I was trapped. I mean at some point I couldn’t breathe (P7)

I didn’t have the strength to leave him. Something kept me holding onto him, I don’t know what it was though (P8)

These women state the broad, overarching reason as to why they did not leave their abusers, using very powerful imagery. P3 for example, describes herself as being in a “little fishbowl”, with glass all around her. Her words demonstrate the feeling she had

that she was ensnared: a prisoner in a bowl of glass. One can almost feel the despair she must have felt as she turned in one direction and then the other, only to realize that there was no way out of the bowl – a metaphor for her relationship. This kind of feeling has been observed in a number of studies on abused women including research by Gamache (1991), Graham & Rawlings (1991), Herman (1992), Loring (1994), and Walker (1984). It is the feeling, perception, and psychological reality that Herman (1992) calls 'captivity', that Walker (1984) described as Battered Women Syndrome, and that Graham and Rawlings (1991) attributed to the psychodynamics underlying Stockholm Syndrome. These women are quite literally psychological prisoners in their relationships.

What lay behind and created this feeling of captivity, with every participant in the sample, was the existence of control. The women's feelings of entrapment existed as a result of their abusers' constant control of them and various aspects of their lives. The essence of the 'hold' that these men had over the participants was their control of the women. This seems in keeping with Herman's (1992) assertion that "repeated trauma occurs when a victim is a prisoner, unable to flee and under the control of the perpetrator" (p. 75); and with the multiple theorists including Dutton and Painter (1981), Gamache (1991), Graham and Rawlings (1991), Ferraro (1983), Hilberman (1980), Kirkwood (1993), Loring (1994), Moore (1979) and Walker (1984) who explained the various manners in which abusive men controlled their victims, successfully preventing them from leaving. This phenomenon was captured in the following statement by P1:

He wanted to control me. In a sentence, our relationship – ya. He just wanted to control me (P1)

This was a sentiment expressed by each and every participant. An important part of this research involved a quest to ascertain how the men controlled these women. What was the nature of this control and in what ways did it make the women feel captured and trapped? The remainder of this section attempts to answer these questions. It endeavors to explain the process whereby an abusive man, through constant control, creates a situation in which a woman feels as if she is trapped and thus unable to leave; and the nature of

this control. Essentially, it discusses how these men made the women in this sample feel like captives, and how they created such a situation of control.

The participants in this sample explained control as being attained through a number of techniques. Herman (1992) describes these methods of establishing control over another person as being based upon the “systematic, repetitive infliction of psychological trauma” (p. 77). These are “organized techniques of disempowerment and disconnection...designed to instill terror and helplessness and to destroy the victim’s sense of self in relation to others” (Herman, 1992, p. 77). In this way control is created by acts of trauma, which, once created, generates a space in which further infliction of abuse can occur. This in turn solidifies control: a vicious and seemingly inescapable cycle. This is illustrated poignantly by the following participant:

And that’s why he could make me feel the way I felt and make me feel so small and make me feel inadequate and completely emotionally useless, ‘cause I’m not going to go anywhere (P3)

Walker (1979) observed that abusers coercive techniques “although unique for each individual, were still remarkably similar” (p. 76). The techniques that were reported by the participants in the present study, delineated below, were very similar to those that multiple theorists have discovered and outlined including Dutton and Painter (1981), Gamache (1991), Graham and Rawlings (1991), Ferraro (1983), Herman (1992); Hilberman (1980), Kirkwood (1993), Loring (1994), Moore (1979) and Walker (1984). These techniques will be discussed thematically under the following subheadings:

- manipulation and control through love and caring at the start of the relationship
- the inhibition and annihilation of women’s independence
- isolation
- the use of fear
- intermittent kindness and expressions of love
- verbal and sexual degradation

- incorrect attributions of blame and the enforcement of the abuser's worldview
- rationalizations and the subtle nature of the abuse

Manipulation and control through love and caring at the start of the relationship

“...in the beginning of the relationship (*he*) was very respectful of me, which later on kind of makes you wonder, was that really so? It would always seem like I was the center of his world, you know, which every woman wants! Every woman wants that, you want to be made to feel special and beautiful and cared for and like - you are the world” (P3)

Walker (1984), in her research on physically and emotionally abused women, identified the start of an abusive relationship and the abuser's manner of relating to his victim at this stage, which was paradoxical to the abusive behaviour that manifested at a later stage, as the first step towards creating the control that kept the women imprisoned.

Walker (1984) explained how abusive men were experienced by their victims, more often than not, as very different people at the start of their relationships. The men were often overwhelmingly charming, impeccably behaved and very loving. This initial ‘gentlemanly charm’ inevitably gave way to abusive behaviour. The men's initial charm was explained as playing a role in the women's control, captivity, and inability to leave because, as Walker (1984) argued, the women stayed with their abusers in the hope that they would return to the loving and caring men that the women initially experienced.

Findings in this study suggest a similar pattern in the way the participants initially experienced their abusive partners. The women in this sample often described the start of their relationships as the ‘honeymoon phase’, in which their would-be abuser showered them with love and attention. The participants experienced this stage of their relationship as almost idyllic and often very romantic. They were filled with happiness and excitement. Testament to the strength of these feelings is the following observation. At the time of the interviews, which for some women was months or years after the end of their relationship, many of the women's excitement and positive feelings were still very apparent. Their faces lit up as they reminisced about the first few weeks or months of their relationship. They smiled and giggled. Since the interviews were specifically

focusing on abusive relationships, the abusive aspects of the relationships must have been at the forefront of their minds. Yet these feelings of excitement that they felt in the early phases of their relationships were still elicited. The following participants illustrate this point:

Ya, well I think at the beginning it was all very exciting. I think it lasted for three years and for the first year it was all lovely - it was like he would surf a lot and we would go and watch and film him, and we went away to like Thailand. So it was very romantic and it all seemed like a big dream (P2)

And it was nice, I mean the beginning stages were so nice! We were in the honeymoon phase! But I mean it was really - it was really, really, really nice and stuff (P6)

...the first two months were wonderful, like really amazing (P9)

Well for the first three months, like I said, it was exciting and when he started being abusive like emotionally, 'cause he was constantly nagging me to do certain things that I didn't want to do (P10)

Ok, at the beginning it was very good, like the honeymoon stages. We were always happy, we were always over-excited (P5)

The memory of these 'good times', and the constant hope for their return, was one of the factors that kept the women in the relationships. The women also described the men's behaviour at the start of the relationship as being complimentary and respectful:

He was complimentary at the beginning - they became less and less (P1)

He, he sort of told me all these things. All these things that I wanted to hear. Like he used to tell me like "Yes we're going to get married like this" and "Our

wedding day is going to be like this” and ya - I think it was a way of him trying to keep me in the relationship ‘cause he knew I wanted to hear those things (P5)

The other effect that these initially positive behaviours seemed to have on the women, in addition to making them hope that this part of their abuser would return at some point, was that they were genuinely unsuspecting, and consequently very shocked when the abusive behaviour began to occur. A conjecture on the part of the researcher is that this may have created feelings of self-blame because the women may have felt that they were responsible for the changes they witnessed and experienced in their partners, and that the abusive behaviour was something that developed because of something they themselves had done. The role that self-blame has to play in the inability of women to leave their abusers is discussed in further detail in a subsequent sub-section: ‘incorrect attributions of blame’.

The inhibition and annihilation of independence

“I think he took over quite drastically and I didn’t realize it at first and at one stage it just cleared up and I thought “What’s happening here, I’m not even in control of my own life anymore?” He was just running my life” (P4)

A pervasive theme to arise from the interviews was that the women no longer felt in control of their selves or their lives to varying degrees: their independence was inhibited or destroyed by their abusers. As P4 states above “he was just running my life”. Relevant to this research was an exploration of the ways in which this transpired. How did the men run the women’s lives so that their independence was inhibited? One way in which this occurred was in the way that the abusers dominated and controlled the women’s time and activities. Participants explained that this was enforced by the men constantly being around them, or demanding to know where the women were when they were not together. This also involved a process in which the abusers disrupted or discouraged the women’s studies and/or sporting activities. Furthermore, the men controlled the women’s social interactions including where they went and with whom they spoke. Aspects of the women’s behaviour and appearance were also monitored, criticized and thus constrained.

These aforementioned behaviors seem to mirror a method of control identified by Herman (1992), Kirkwood (1993), and Walker (1984): the destruction of the victim's sense of autonomy. Below are descriptions of how the women felt the men were demanding and controlling of their time and activities, and how they felt that the aspects of their lives not spent in the company of the men were under constant surveillance. These quotes illustrate how this domination of their time often impacted on their studies or sport:

I'd be like you know "I just want to chill at home tonight, I don't want to do anything I've got an essay to write", and he'd be like "No, no, no he'll come over" - you know - just checking on - checking on me (P2)

Like he would sometimes come and say "No he's hungry" and I'm studying. And he doesn't want to understand that I'm studying. So I'll have to like stop doing what I was doing and go cook (P10)

At the end of the day he made me stop tennis and I haven't started again since (P4)

Furthermore, both P2 and P10 go on to illustrate how many of the women felt that they were being constantly monitored. If their partner had not managed to dominate their time, he wanted to know where they had been and what they had been doing. Such devices often elicited feelings of anxiety or fear in the women:

Oh and here I write "The feeling of losing my independence and having to account for everything I do in a day really worries me". 'Cause he would always want to know where I was 24/7 and I wrote "I think this loss of independence could have a detrimental affect on my future" (*reading from a diary*) (P2)

We like went out for three months, and then after three months I started noticing these things, that like he was jealous, “Where have you been?” and I was like “I was in school” “This late?” “Well I study late” (P10)

In addition to these tactics having the effect of restricting the women’s movements and activities, they also had an effect on their relationships. The following statements from P1 and P3 show how control of their time disrupted their friendships. P1 explains that this occurred because of the constant monitoring she was under at the hands of her abuser:

He was quite demanding of my time, I wasn’t going out with my friends that much (P1)

And he was very moody, very dark, very demanding of my time, my energy, my attention, it was - eventually I didn’t actually have any friends because he dominated all of my time (P3)

...he would get angry and ask me who was there and what did I do - was it fun, like who was, who was, which one of my girlfriends was there. I don’t know, it was just like more admin going out with someone else than with him (P1)

This was exacerbated by the fact that the men also controlled whom the women spoke to and socialized with. The men frequently expressed a desire for the women to give up all their relationships and to only spend time with him and his social contacts:

I wrote “Falling into you means falling not into me, means playing by your rules, means non-mutual relationship, means individuality lost - or is it?” ‘Cause he just did not want me to have any friends outside of his (*reading from a diary*) (P2)

Trying to tell me who I’ll see, how long I’ll see them for (P3)

...and he would check my phone, check my messages, check if I had new numbers on it and then ask “Why have you got this number and why are they phoning you?” (P4)

...he didn't want me to talk to other guys, like maybe - he was very protective, like I was his property (P1)

These participants may be expressing what Kirkwood (1993) meant when she explained how an abuser's demands for his victim to alter external expressions of her self, or extreme possessiveness, jealousy and restriction of social movements, creates the impression that women are the property of the men. P1 even uses the word “property” in her descriptive statement. Kirkwood (1993) referred to this as a process of objectification in which the behaviour of the abuser indicates to the women that they are viewed as objects with no individuality, needs or desires. It is difficult to fully comprehend the effect that this would have on a woman's self-esteem and self-concept, but in all likelihood the effect would have been profoundly negative and destructive.

This process was conducted in other manners as well. In addition to the techniques described above, the men also controlled aspects of the women's behaviour and their appearance. This manifested in criticism and control of the ways in which the women were allowed to behave, as well as control of their clothing and their weight:

Like, if I sat on a guy's lap, he'd just say everyone was looking at the way I did that and they thought that I disrespect – it's just disrespect, what do other people think about me? How can you do that? That's the kind of thing sluts would do - that kind of thing (P1)

...the way he controlled me and the way he told me what to do and what not to do, and how I wasn't allowed to go out when he's not around, and how I had to wear certain things (P4)

...even to a point of telling me what I should wear like “Yes I like that, no not that top it shows a little too much skin -could you just do up another button?” (P3)

...and the final straw was that he started saying that I don’t eat enough, I’m skinny and I don’t eat enough - and I had to grow fat, the local women in this area they are fat, they have round behinds (P10)

By their very nature, the methods used by the men to gain control over their partners seemed to interact with each other. The destruction of autonomy served to reinforce some of the other methods of control that are discussed in subsequent paragraphs. Additionally, these other methods of control often facilitated or furthered the destruction of the women’s autonomy. So what effect did this loss of independence have on the participants? Essentially, this enforced loss of independence allowed the men to run the women’s lives: the women were no longer in control of various aspects of their selves or their lives. In addition to creating the control the men craved on this very basic aforementioned level, and thereby facilitating the development of a relationship of captivity, the destruction of autonomy led to, amongst other things, feelings of helplessness and lowered self-esteem. These feelings exacerbated the women’s entrapment. The following participants illustrate this phenomenon:

... it wasn’t good for me because I was slowly like sinking into this little helpless, constantly needing reassurance - and in my mind I’m not that kind of person (P1)

Ya, it’s like you’re sucked in, and you just become tired. Tired of the fighting, tired of the arguing, tired of the stories you hear. And you just become helpless. You feel helpless - and hopeless as well. And then - nobody can help you” (P7)

I felt angry towards myself. Because it was - I felt like I should have made a choice, I should have stood up to him, and I was too weak to do that (P10)

The most effectual illustration of the effect of this enforced loss of independence however, lies in the answer to the question of why the women complied with the demands that ultimately led to the destruction of their independence. The answer to this question reveals the key to the success of the methods of entrapment: as stated previously, they appear to work to reinforce one another. The participants explained how techniques including aggressive and anxiety-inducing jealousy, threats and consequential fear, enforced isolation, and manipulations with regard to feelings of love, were used to make sure the women complied with the above demands surrounding their autonomy. And in turn, compliance with those demands, and the consequential destruction of autonomy, served to exacerbate or enforce some of the other methods used to gain control and create a captive including: isolation, anxiety and fear, and the adoption of the abuser's worldview. And this was how the destruction of their autonomy prevented the women from leaving their abusers: it was part of a complex and diabolical cycle.

Isolation

“And then I thought I would lose him and that made me feel anxious again, that I'm going to be alone, how am I going to get through this? My friends aren't there, my family isn't there, how am I going to get through this on my own? Can I get through this on my own?” (P4)

Another theme to arise from the women's trauma narratives was the desire the men showed to isolate the women, and the effect that this isolation had on the participants. The women often felt as though they had been completely isolated from their friends and family. The men either cut them off through one of the various techniques such as jealousy or domination of their time, as illustrated by P3 below, or the women cut themselves off. This was often due to anxiety about being with their partner in a social situation, as explained by P6 and P2, or because they thought their friends would judge them and no longer wish to see them, a feeling described aptly by P4. While the women weren't cut off from their families in a physical sense, many of them explained isolation from family in an emotional sense. They explained how the abuse led to changes in their

character, which led to fights with their parents and made some of them feel they had lost these relationships too. Parental disruption is illustrated in the section entitled 'fear':

...eventually I didn't actually have any friends because he dominated all of my time and was actually jealous of my friends (P3)

I always used to have close groups of friends and I couldn't - we always used to go with his friends. So I pushed mine aside for him 'cause I thought, he's not one to get on with everyone (P6)

...it (*the relationship*) took time that I didn't necessarily want to give but I thought I better 'cause otherwise he might just act up or do his thing (P2)

So I had the support but I was also too scared to take it, 'cause I was scared that they were going to say "I told you so" and then again him leaving 'cause I was getting help from people that he didn't approve of or like (P4)

Jealousy was universal in the women's experiences, and was another method used to enforce the abuser's control. The form of jealousy in these relationships was very aggressive in its nature and was often used as a means to enforce isolation. Women described how the men were jealous of their friends, other men, and even their successes:

And then I'd have to contend with him being jealous if I came walking along with a classmate of mine that happens to be a guy. And it's things like that, ya, it does worry you (P3)

Like we had a lot of fights - we'd argue with each other and he'd be jealous. He - he was a very, like not jealous - very overprotective of me. If someone was talking to me he'd want to know who he is and why was he talking, what did he say (P1)

He was very overprotective. No one was allowed to talk to me, no one was allowed to touch me. If someone came and spoke to me he would look at it and then ask me: “What did he say, what did he want?” (P4)

Participants described how their abusers’ threats to themselves or their friends, constant and unsubstantiated accusations of infidelity, and relentless jealousy, led to their isolation. Women explained that it was easier not to go out, so as to avoid these aversive behaviours. Additionally, the women’s friends were often bad-mouthed, as can be seen by P4’s explanation that “he didn’t approve of or like” her friends, and the women also worried about what others may think of them. These are all methods that Dutton and Painter (1982), Ferarro (1983), Gamache (1991), Herman (1992), and Walker (1984) have identified as being used to enforce isolation. Isolation created control because, as the women explained, they felt that they had nowhere to turn. Isolation prevented the women from leaving their abusers, as they were scared that without them they would have absolutely nothing. They already felt they had lost everyone else:

I think I kind of isolated myself from my friends in a way except maybe one or two and then you know I just didn’t want to have this huge fight and feel - and cry the whole night, you know. I didn’t really have anyone to turn to (P2)

I think that’s why I was so afraid of leaving him ‘cause I felt like I would be alone, because I knew what I had done. I knew I had pushed all my friends away and I didn’t expect them to be there or feel any sympathy for me whatsoever (P3)

I actually felt quite alone. I knew my friends were there but they weren’t really there, I couldn’t just go and talk to them, I thought that they would not want to be my friends anymore after what happened. I was scared of leaving him ‘cause I was thinking “What am I going to do I’m going to leave him and I’m not going to have his friends anymore, I don’t have my friends and my family” (P4)

Ferraro (1983) explains how isolation establishes conditions that facilitate the abusers control over his partner. She elucidates that in isolation women become increasingly dependent on their abusers. The more frightened they become the more likely they are to cling to the one relationship that is 'allowed': that with the abuser. Evidence of this resides in the words of the participants' above. Additionally, in the absence of other's advice and perspectives, which they were *also* isolated from, some of the women convinced themselves that they could not leave. This is a consequence of isolation mentioned by Gamache (1991), as well as Graham, Rawlings and Rimini (1990), who list it as an essential condition for the creation of Stockholm Syndrome:

'Cause on my own I would convince myself "Come on, it will be ok" but obviously if I had talked to other people I think I would have had better advice. When you're by yourself you tell yourself what you want to believe (P8)

Therefore, isolation created control because the women felt alone: they felt that they had no one else to turn to, and that because of this they needed their abuser. This made them fear leaving him even more, enforcing their captivity. Isolation created feelings of fear and need, and this is why it contributed to the women's difficulties leaving. A number of techniques created isolation, including the destruction of autonomy. This is evident in the women's statements. Once isolation began to occur, it was easier for the men to gain compliance from the women regarding their relentless demands surrounding the women's independence, which in turn led to further isolation. Isolation was also created because of feelings of fear instilled by the men should the women not comply with their demands.

Fear: being caught between a rock and a hard place

"Cause you get the fear - there are two kinds of fear, you get the fear that he's totally going to flip and he's going to hit you or something. And fear of losing him and you don't want to 'cause I really did love him. So it's the fear that, I'm going to stand up and say I'm not going to do it and he's either going to say "Well fine leave and don't come back again" and I didn't want that 'cause I really did love him. And then on the other

hand fear of him just getting really insane and maybe smacking me or something. So there were two different kinds of fear that played into it” (P4)

Another theme that pervaded the narratives was fear. Fear worked in two main ways. It was sometimes used as a direct method of control by the men: they threatened the women, and the consequential fear enabled them to enforce their demands. Fear made it hard for the women to resist these demands, thus leading to captivity. At other times the use of fear was not as overt. Rather, it was a consequence of the other methods of control such as isolation, and contributed to the women’s difficulties leaving. In these different situations it was fear of *different things* that kept the women from leaving. This is illustrated by the quotation above. The first type of fear that shall be discussed is the fear that was elicited by the men’s threats, should the women refuse to comply with their demands. Women felt fearful that the men may actually harm them physically if they didn’t comply. Often the men would become verbally aggressive if the women ‘broke’ one of the rules he had laid down, such as not talking to other men:

There was always that fear that at some stage it was going to become physical and that he would - he had blind rage and it would pop up every now and again (P3)

So I knew if he really wanted to he could, and I would get fearful and scared that maybe he’s going to hit me, maybe he’s going to hit me. So I could be sometimes quite scared of him (P4)

P3 and P4 were describing how they would comply to their abuser’s demands, because they were fearful that if they didn’t, he may in fact become violent. In this way, fear prevented them from leaving as it was used as a means of enforcing the other demands that created captivity. Gamache (1991), Herman (1992), and Walker (1984) point out that while violence is a common method of inducing fear and compliance, it may be used infrequently. With these women violence was not used infrequently, it was not used *at all*. Yet the women were still afraid that it that it may occur. The mere knowledge and perception that their abuser could become violent kept them compliant and prevented

them from leaving. It was therefore the psychological threat of potential harm, not the harm itself that contributed to these women's difficulties leaving their abusers. Graham, Rawlings & Rimini (1990) concur that the perception that an abuser has the ability to harm a victim, is one of the four conditions needed to give rise to Stockholm Syndrome.

There was also generalized fear within the women that their abusers would harm them, others, or himself should she leave, often as a result of direct threats by the abusers:

I was scared that if I got into another relationship - not hurt, kill the guy. The thing is David had a gun. It was a licensed gun...and I mean no one could - from how he was when he was drinking, how he got with his temper, and then he had the gun. See that was where it was tricky (P7)

He actually threatened me at one point. 'Cause I did it several times over a month and like the second time I said this, the first time he said "No you wont leave me, you're just joking", the second time he was like "I'll kill you and kill myself". And I was so frightened. It came from a time when there are a lot of passion murders going on (P10)

I think another thing was that he would always threaten to kill himself. If I left. So that kept me on a very short leash (P3)

Gamache (1991) emphasizes the impact of threat and fear in the process of gaining control. Threats and consequential fear can include, as seen above, an abuser's threats to the woman herself, or threats to harm others or himself. These threats are used to keep the victim in a state of subordination. Kirkwood (1993) goes on to say that women will do whatever it takes to survive, and often this excludes the option of leaving. The second type of fear that occurred was the fear that worked in connection with the women's isolation. This was expressed as the fear of being alone without the men, and was driven by the enforcement of isolation and consequential feelings of loneliness. The women

would not leave the relationships because of this fear of being alone. In fact it often drove them to cling tighter to their abuser:

I did feel anxious. I would sit and think “What am I going to do? I can either leave and what am I going to do? Or I can stay.” So I was anxious about “What am I going to do?” The thought of staying with him and it getting worse than it already is made me really, really anxious. What was it going to be like a year from now? And then I thought I would lose him and that made me feel anxious again - that I’m going to be alone, how am I going to get through this? My friends aren’t there, my family isn’t there, how am I going to get through this on my own? Can I get through this on my own? Anxious definitely - and trapped (P4)

...fear of being completely abandoned! Um, fear of never finding someone else. Also I felt like I didn’t even have my family as a safety net anymore ‘cause we weren’t getting along anymore ‘cause my behaviour had changed so much as a result of the relationship. And I think I was worried that relationship would never come right, with my parents, that I had thrown everything away for this guy (P3)

Graham & Rawlings (1991) explained the existence of this fear: expressed through fears of abandonment, of being lonely, and not being able to live without the abuser. Living without their abuser is often perceived as a threat to women’s psychic survival, making it difficult for them to leave. One can see now how difficult it must have been for these women, trapped between two great fears. As summed up by Moore (1979) feelings of fear included the terror of death – or in this case of psychic death, misery or potential harm - should the woman stay, or the fear of loneliness and loss should she leave.

Jealousy was often used to facilitate the destruction of the women’s autonomy because of the feelings of fear it instilled. These feelings of fear led to compliance on the part of the women. For instance if the men reacted jealously and angrily to women’s actions, such as speaking with other men, this led to fear and compliance by the women, and thus changes in their behaviour. This in turn created control as it enforced isolation when the women

cut themselves off from the sources of jealousy. Additionally, jealousy often made the women feel guilty or caused them to blame themselves, resulting in termination of the behaviour that caused the jealousy. This once again exacerbated the control of the women:

...ah, his jealousy made me feel, it's going to sound strange but it made me feel dirty. Because he, like I said his jealousy would manifest with him trying to play these psychological warfare games with me and he'd make me feel really guilty about something I hadn't done and so all of a sudden I'd feel like I was the bad person (P3)

Like, if I sat on a guys lap, he'd just say everyone was looking at the way I did that and they thought that I disrespect – it's just disrespect, what do other people think about me? How can you do that - that's the kind of thing sluts would do - that kind of thing (P1)

...he got very, very aggressive. I mean at some point I remember one incident, he went in and grabbed this guy and was like "Why are you talking to my chick?" (P7)

Another fear that kept the women from leaving was that they felt there were potential threats to their reputation. These included the fear that other people would not believe them, and women also complied with the men's demands because they were fearful that if they didn't the men would cause a scene and other people would see:

I mean David was quiet. I mean if anyone saw David now they would think "You're lying, that guy could not have done all the things you say 'cause he is so sweet and he's so quiet"(P7)

I was really - this is how pathetic it is. I was scared that, at one time, that the neighbours would hear and that they would come. And also they knew who I was and who my family were and I didn't want them to see that (P2)

Herman (1992) pointed out how this kind of embarrassment and fear of what others may think, as well as the fear discussed earlier of what the abuser may do to her allies, plays a role in the isolation of a victim, as she cuts herself off to avoid these fears. Therefore, fear was caused by such methods of entrapment such as isolation, jealousy, and aggression. And the effect of fear was to exacerbate isolation and the destruction of autonomy, which prevented the women from leaving in the ways described above.

Intermittent kindness and the perception of 'love'

"Ya, the whole "I love you" crap - that kind of stuff. There were words, like after a huge, big fight that would have broken us up" (P2)

Another theme that was detected was the role that intermittent kindness and feelings of love played in these women's experiences. In addition to the aforementioned methods of entrapment, which were overtly cruel and hostile, it seems that there were positive aspects to the abuser that also played a role in keeping the women trapped. This happened in a number of ways. One manifestation of this process was that the women remembered the good side of the abuser, especially how he had been at the start of the relationship, and the overwhelming feelings of love and charm. They kept hoping that this side of him would return. The hope of feeling this way again often made it difficult for them to leave:

And I think that also played a big role in why I stuck there so long. 'Cause I remembered the feeling in the beginning and I think half - even though going out and stuff was really difficult and the relationship itself, I was hoping it would change and I would get that feeling back and I was grasping at anything (P3)

Why I stayed was 'cause of the positive things that I told you, and then I managed to convince myself that it was ok, things would be ok - and he was ok (P8)

I was attached to the man that he was in the beginning - but he never was that man. It's his way of getting what he wants (P9)

Another manner in which intermittent kindness manifested, was through the abusers' assurances of love and apologies. These assertions made it difficult for the women to leave, either because they felt loved, or because they felt bad for the man in his sorrowful state. Testament to the strength of the apologies in particular, and the conviction on the part of the women that such apologies were true, was the observation at the time of the interviews that some of the women *still* classed the apologies as 'genuine'. When promises of love and apologies were lavished upon the women during the relationships, the women probably felt for a while as they had done at the start of their relationships: loved. And the rare occurrence of this feeling would have encouraged the hope described in the preceding paragraph, for the return of the 'nice side' of the abuser:

He would always make me feel better and say "Well of course I love you so much" and make me think that he loved me too. He would make me feel a little bit better. It generally stopped me from leaving him at first (P4)

And then after that he said "I miss you so much" and it was genuine, the apology was genuine, and I could really feel that at this moment he's finally not lying to me, and it was nice, and then we kind of got back together after that (P6)

"I'm really sorry, this and this and this" - and then I'd be like "No P7 (*refers to herself*), I know he was wrong, but you know". And then I couldn't punish him, I mean how long are you going to punish him, you know? And then he was like crying and crying and I was such a sucker for it, you know. I was like "Oh he's so sweet, he started crying" (P7)

These feelings seem to mirror the third 'calm, loving respite' stage reported by Walker (1979) in her theory on the cycle of abuse, the stage that she claimed was crucial in breaking down the psychological resistance of the battered woman. Many theorists

including Herman (1992), Dutton & Painter (1981), and Graham & Rawlings (1991) emphasize the role of intermittent kindness in the cycle of abuse and in the psychological breakdown of an abused woman. The women also spoke about feelings of love and often explained that love for the man was a reason they decided to stay:

Because I just loved him, I saw - even though he was a dickhead now I just remembered that good side of him (P1)

I'd think: he'll have someone else. I would think "Come on, I can have it all, if I leave then it's all going to go - and shift from me to another person" and I couldn't handle that, ya. That's how it happened (P8)

One interesting observation, and method through which the men created control, was that they would insult or put the women down, which would create the losses in self-esteem seen in section A. The women would then rely on the men to bring them back up again with occasional kindnesses. In this way the women almost seemed to stay with the man as they felt they needed him to feel good about themselves. The irony was that losses in self-esteem existed often because the women's esteem had been damaged by the men in first place. This process created control through feelings of dependency or need, and worked in conjunction with the theme to be discussed after this - degradation:

I just know my confidence was low when I was with him and I felt like he used to make me feel better about myself with compliments every now and then (P1)

Like for the compliments, like I said, like keeping my self-esteem at a good level. Ya, just like building me up and - ya, it's funny how it's like he kept me sane, but made me insane at the same time (P6)

...sometimes I used to sit and think "You know P7 (*refers to herself*), you're not stupid, you have to figure this out. I mean you're guy is playing you. I mean up

and down. And you're like a yo-yo! I mean one minute if he decides to bring you down, then he'll bring you back - he'll pull you back up again" (P7)

Walker (1979) also noted this in her research: that often women learn to depend on their abusers to ease the emotional distress that the men themselves have created. In this way emotional dependency is enforced and sustained. Herman (1992) states that the goal of an abuser is to instill not only terror of death, but paradoxically gratitude for life, for when an abuser spares a woman from harm, she comes to view him as her savior. It seems that a similar process may be occurring here. The common goal of these abusers seems to be to instill feelings of low self-worth in these women, but paradoxically feelings of worth, for when the abusers lift the women up from the emotionally harmful pits they have thrown them down, the women seem to view their abusers as their emotional saviors. Their self-esteem is temporarily revived.

In addition to this, some of the women felt that without their abusers they would be incomplete. That they would lack identity. Instead of needing their abuser for compliments, they needed him to maintain the sense of self that had been destroyed as a result of the abuse. These participants seemed to be describing something similar to what Graham & Rawlings (1991) explained as a battered woman's fear of losing the only identity that remains to her: her self as seen through the eyes of her abuser. Such fear served to exacerbate the following participant's entrapment:

I really did feel like I was nothing without him around. Even though the relationship was shitty, even though it was abusive, even though it was very negative and very dependent I still felt like I would be nowhere and I would have nothing if he wasn't around. Which I think is one of the things that made me stick around for so long (P3)

...by leaving him at that point I would be - I wouldn't come away from him as a whole person because I'd give so much of my heart, so much of everything that

ya, I would be incomplete, so ya. With him I felt as a whole person as a full person (P6)

Another way in which the perception of love contributed to the women in this sample's entrapment was their interpretations of their abusers' jealousy as a grandiose and passionate expression of their love, which allowed the behaviour to occur and continue. Herman (1992) explains how women often interpret their abuser's increasing demand for isolation and his jealous accusations as a jealous form of love. But she warns that such accusations are actually psychological weapons designed to induce guilt. And such guilt also enforces captivity:

...at one stage I thought it might be because he loves me so much and because he cares so much for me that he's just trying to protect me...so at the beginning it was almost flattering thinking "Wow this guys protecting me" and then it turned around and I thought "If he does love me why then would he do this?" So it was a bit contradictory and a bit confusing in my mind (P4)

I don't know - it made me - it made me feel good, like kind of secure. Like this guy really cares about me. He cares about what I wear (P7)

Verbal and sexual degradation

"It made me feel like a dog, it didn't feel like I was a woman" (P6)

Another theme to arise was the presence and influence of verbal and sexual degradation in these women's relationships. Verbal and sexual degradation were additional methods that the abuser's used to control their partners and keep them trapped. Methods of degradation often seemed to work successfully in combination with the technique of intermittent kindness, as described above, to create a twisted kind of emotional dependency on the man. Instances of verbal degradation included the men insulting the women about a variety of matters including their appearance and behaviour. Additionally the abusers would instill feelings of worthlessness within the women with insults or put-

downs with regards to their jobs or other successes. Furthermore, some of the women reported instances of verbal degradation in which their beliefs and opinions were attacked:

He used to put me down like when I was doing things good or like he would always undermine my tennis and - I don't know I think he was threatened by my success (P1)

Then when I started teaching at the school he just started dissing my job, dissing the children I was working with, you know, racist things started coming out (P2)

I found that often he would ask me about my beliefs but was only really asking to rip it apart and tell me "You're wrong". And that made me feel very small because I would never do that to someone. So I used to think "why does he do that to me?" (P3)

These verbal insults, as well as the sexual degradation the women reported, had the unfortunate effect of making the women feel bad about themselves, a manifestation of trauma described in section A, or the women felt small and inadequate. These feelings often intermingled with, or led to, feelings of self-blame and the destruction of the women's self-concepts. All these feelings contributed to the women's inability to leave as they often felt the situation was *their* fault, not the abusers:

Like if I was talking to a guy he'd tell me I was being so disrespectful and I don't have any respect for other people and like, in that way he was quite like - he used to make me feel bad about myself (P1)

He'd just be very verbally abusive. Never in terms of hurling insults at me but just making me feel guilty about things I hadn't done. Kind of pushing me down, making me feel small (P3)

He would say something, and you don't realize it a first but it sinks in and then you think about it and it breaks your self-concept. And especially controlling what I was wearing that would break my self-concept too 'cause I wanted to be who I was - there goes another blow. You're almost not worthy of who you are, and speaking to the people you do and wearing what you wear. So you think as long as I wear that and do that I'll be fine (P4)

Kirkwood (1993) identified moral violation and the consequential loss of self-worth as an essential element in the process of psychological captivity and control. Degradation, defined as the perception that one is less valued or less acceptable than others, causes feelings of shame and pain about the self. Kirkwood (1993) explains how it has the effect of rendering a woman unable to keep a grasp of their own self-worth, and this lowering of self-value creates a vulnerability in the woman through which further abuse can be carried out. This can be seen in the words used by the participants' above, such as 'guilty', 'bad about myself', and especially P4, who described how she no longer felt worthy. This led to compliance to her abusers demands. Gamache (1991) agrees that degradation and disrespect attack a woman's self-worth, especially if abuse comes from someone who she loves and on whom she feels dependent. Once their sense of self-worth is destroyed women feel they deserve the abuse, and this prevents them from leaving. The participants also spoke about instances, and the effects of, sexual degradation:

He'd laugh about it, and say "You'll enjoy it later" and he'd just keep on. Sometimes we'd stop, 'cause like the one time I actually screamed in pain, I was really hurt actually...and then I just needed him to be gone for a while so I could just re-group, get myself back. I just felt like I lost myself in that moment and it hurt so much (P6)

...eventually it became a tool and something he could use to make me feel even worse about myself because I think was one of the worst things he could have done, and emotionally I dreaded it. I was petrified 'cause I didn't know what was going to happen...ya, it was terrifying (P3)

Gamache (1991) explains how sexual violence is often used to enforce control, especially with younger women who often don't know what is appropriate and what is not. Sexual violence can prevent a woman from leaving as it is a form of violent power and control. For these participants, their violent experiences resulted in feelings of terror (P3) and loss of control (P6). Both of these feelings are mechanisms designed to facilitate and enforce captivity. One participant however, mentioned sex to be good and responsible for keeping her in the relationship for a different manner, as part of intermittent reinforcement:

...in a way I think I enjoyed making love 'cause it was always - I would always feel so much better afterwards. 'Cause he'd like tell me how much he loved me - and like, it would really be passionate (P1)

Incorrect attributions of blame

"You think: I am with him, but what am I doing wrong? You second-guess yourself all the time and you question and you wonder. And you always put yourself down, you never think of them as the bad person. You always think to yourself: I'm not good enough, I didn't do enough still" (P6)

As discussed above, incorrect attributions of blame were also partly responsible for participants finding it difficult to leave their abusers. Incorrect attributions of blame was another theme to arise from the trauma narratives, and to contribute to the women's entrapment. This is an abusive technique previously identified by Ferarro (1983). It occurred in two main ways with the participants, the first of which involved the men blaming the women for their abusive behaviour as illustrated by the participants below:

...like when we spoke about this or whatever he used to turn the tables and say I was in the wrong (P5)

...and I would be tempted to call him and say I'm sorry. And then I thought sorry for what? I didn't do anything I'm not going to apologize. I mean I didn't even know what the fights started about, that I used to end up apologizing for, you

know. So, mmm, and he'd get all - that funny voice, all sweet, like "Don't do this to me again". And I'd be like "Ok baby" and I didn't even do the thing, I didn't even do anything wrong! (P7)

This process had the effect of causing the second incorrect attribution of blame in which the women blamed themselves, not the men, for their abuse. This worked in conjunction with degradation, which also worked to create feelings of self-blame. Self-blame was often spoken about as a means to regain control in a situation in which the women felt helpless, as illustrated by P4 below:

It's the thing of trying to get your self-esteem back and getting back control, taking the blame yourself and saying "Oh well, I played a role in the relationship too" So I think it gives control back and helps to get you back into life and get some control back (P4)

Dutton & Painter (1981) described the phenomenon that P4 is describing, of women accepting the blame as a cognitive coping mechanism, as a victim's way to reestablish control after a psychologically destructive event has annihilated their sense of control. Unfortunately while self-blame may have helped the women to cope at the time of the abuse, it also exacerbated their captivity as the women didn't seem to realize that the abuse was the man's fault, not their own, and therefore didn't see that leaving him was justified. Instead the participants tried to change aspects of themselves that they felt were faulty and responsible for the abuse, a process that was already being enforced by the abusers. P2 and P3 describe this process:

And I always think like "Ya, he probably is right and I am very argumentative, and I've got a temper, and all that kind of thing" - you think (P2)

I think more than justifying his actions I justified mine, to myself. I - like with making me feel small, and the jealous rampage he would go on - I would often take it upon myself to try and fix it and say "It's not his fault you know, maybe I

did something”. And automatically I’d become very introspective and try and change something about myself that there’s nothing wrong with in the first place (P3)

Adoption of the abuser’s worldview

“Like you take on their belief system” (P1)

The incorrect attribution of blame may have led to, and is closely connected to, another pervasive theme within the narratives: that the women frequently took on their abuser’s worldview. Or, put in a more appropriate way, the abusers enforced their worldview onto the women, forcing them to adopt it as a strategy for survival. Often the women started to believe that what the men were saying about them was true, which further damaged their self-esteem. As stated in section A, essentially the women came to see themselves as the men did: as physically and emotionally flawed. Additionally they believed that the demands of the men were correct and not unreasonable, and therefore changed their behaviour and complied with the demands that created isolation and control:

‘Cause you believe that like, they’re right and you start thinking like they do and then you think that that’s the only way to think (P1)

...he was making me feel bad and I was making myself feel bad and so if we’re both thinking that I’m not great then there must be some truth in it. That’s what essentially became the problem. That I started believing everything he was telling me even though none of it actually had a basis in reality or truth (P3)

He would look at me and say “You don’t look good” and “Why are you wearing that, don’t ever wear that if you go out with me, and even if you don’t go out with me don’t wear it”. And ya, you don’t feel good about yourself anymore, you don’t feel sexy about yourself anymore. So I would see myself through his eyes and think “Well what can I wear? How could I ever have worn that? How could I ever have done that?” (P4)

This is a process identified by Walker (1979) who noted this as a result of a victim's isolation. She stated that without other human bonds and opinions the victim will come to view the world through the eyes of the perpetrator, and will consequently see no reason to leave. It seems as if the verbal insults described earlier, which led to a lowering of self-esteem, worked in combination with incorrect attributions of blame, and the adoption of the abuser's worldview, to create the feelings within the women that they deserved the abuse and that they should change aspects of their self to keep the abuser happy. Leaving was no longer even an option.

The use of defense mechanisms and rationalisations

"I actually can't remember, I think I really blocked it out of my head like I can't remember events" (P1)

The women above illustrate how to some degree the incorrect attributions of blame and the method of taking on the abuser's worldview allowed them to cope with the abuse. This occurred in other ways as well which introduces one of the final themes: the use of various defense mechanisms. Unfortunately while the use of various defense mechanisms may have helped the women to cope during the abusive relationships, it also furthered their psychological entrapment. Denial was a defense mechanism that was used:

I kind of had a method where I thought I'll just deal with it when it comes, but now I'm going to switch off, I'm doing this. I just - I don't know just trained - I would try not to think about it at all and then eventually I got to the stage where I'd just not - I'd forget that he even existed (P2)

'Cause on my own I would convince myself "Come on, it will be ok" but obviously if I had talked to other people I think I would have had better advice. When you're by yourself you tell yourself what you want to believe (P8)

In addition to denial, rationalizations and minimization were also used. Rationalizations often involved the women finding another reason for their partner's abuse. One way in

which this manifested was the way in which women blamed the man's abusive behaviour on external factors such as his work, stress, intoxication or his family history. The following participants illustrate the use of rationalizations and minimization of the abuse:

I used to change my mind and think it's because he loves me so much that he does this, like I'm lucky, he cares for me so much that this is such a big thing (P1)

You think "Ah, he'll never do it again, there's good reasons why he did it and he'll never hurt me". You make up excuses for him and it's not the truth (P6)

You know, that he's had a hard life, and his mum's died and that I haven't experienced that. You know I don't have to work every day, I'm studying, I don't know the stress he's under in his career. And he could have had a shit day at work...often, like say something happened on a Saturday, by Wednesday it was like, you know what? It was just one night and maybe - he was drinking or that kind of thing (P2)

Herman (1992), who also noted that women become adept at these techniques, as well as dissociation, explained them as methods used to cope with an unbearable reality. And Hilberman (1980) states that women often normalize, rationalize or justify abuse. They have a set of beliefs to explain violence to the self, and such justifications contribute to their inability to leave. Instances of Ferraro's (1983) denial of the victimizer can be seen in the above quotes. Bograd (1988) describes this as a process in which women view their abuser's behaviour as resulting from factors that temporarily reduce their capacity for self-control, such as stress or intoxication. In the preceding paragraphs, denial of victimization, in which the victims deny they are victims and internalize the blame can also be seen, as can denial of options, where women deny they can go to family and friends for help (Ferraro, 1983). All these methods exacerbated the women's entrapment.

Minimization: the subtlety of abuse

“I think it’s also ‘cause it’s so difficult when it’s not the extreme, when it’s not the throwing you and beating you up – it’s very difficult when it’s not an extreme, I think people don’t accept that” (P2)

An interesting and somewhat unique observation was that the subtle nature of the abuse made it difficult for some of the women to justify leaving. It seems that the lack of physical violence made it difficult for the women to recognize what was happening, possibly because they didn’t ‘have a name for it’. These women’s understandings of abuse included the perception that beatings and physical violence constitute abuse, not the psychological tactics to which they were being subjected. This highlights the importance of naming emotional abuse and educating young women and men about its occurrence so as to promote prevention:

Like “It’s not that bad” that kind of feeling - his actions. Even now I try and play them down and make out like it’s not that bad (P3)

‘Cause I always used to tell myself “Come on it’s not that bad, it’s a minor thing”. So I used to think “That’s not bad enough” ‘cause there’s people who get like, hit in relationships. And I was like, “he’s not hitting me, he’s not even beating me up”. So only when he beat me up, then I would leave (P8)

...he tried to hit me once or twice, he raised his hand and I just said “If you ever hit me! Don’t ever do that” I was willing to fight back with the physical abuse but obviously I didn’t realize the mental abuse at the time (P4)

The assumption that psychological abuse will have less severe, more ephemeral consequences than physical abuse is widely held, but not necessarily true (Arias & Pape, 1999). What is important here is that the women themselves appear to believe this socially entrenched belief. And unfortunately, it seems to be another element that prevented them from leaving their abusers. The participants seemed to feel that because

they are not being beaten, what was happening to them was not *bad enough*. And therefore they could not justify leaving. Some of the participants claimed that if they had been hit, then they would have left. If this is true, then the fact that it was psychological abuse, not physical, actually *increased* the women's difficulties in leaving. This may be an illustration of what Kelly (1990) and Kirkwood (1993) meant when they explained that not being able to 'name' an experience, results in difficulties leaving an abusive situation. Similarly, Loring (1994) explains that although emotional abuse is a widespread form of violence, it is rarely recognized. Many victims do not perceive themselves as abused, and consequently see no reason to leave.

Discussion

This research aimed to explore two main questions under this section of investigation. First of all, what were the factors that held these women in the relationships: why did they stay and what prevented them from leaving their abusers? The second question was concerned with the fact that these women's abusive experiences occurred outside of marriage relationships, and it aimed to explore whether unmarried women's experiences of entrapment were at all different to the much-researched and intimately documented experiences of married women.

What was starkly apparent was that each participant felt that they could not leave because they felt psychologically trapped. The focus therefore was on the methods of entrapment. The techniques of entrapment identified within this research sample seem to be very similar to those described by previous researchers, most notably by Herman (1992) and by Walker's (1979; 1984) BWS. Since the Battered Women's Syndrome was criticized however, for suggesting that women have no agency (Gobodo-Madikizela & Foster, 2005; Kirkwood, 1993), it raises the question of whether the techniques of control identified here are in fact a useful basis for understanding entrapment. The difference between the current research and Walker's (1984) however, is that the current research does not name or implicate 'learned helplessness' as an underlying process that is contributing to these women's entrapment. Rather the research shows what Herman

(1992) and Kirkwood (1993) amongst others assert, that abused women's apparently 'passive' behaviour is conducted as a way to survive, not as a result of helplessness.

These women are far from helpless – they can be understood as acting in very thoughtful and ingenious ways to avoid further harm. Strategies that the women in the current sample developed, that could be understood as strategies for survival on a psychological and perhaps a physical level, include the adoption of their abuser's worldview, compliance with abusers' demands, the use of rationalizations and minimization techniques, and the numbing, withdrawal and 'passivity' that was often seen to manifest as a symptom of the traumatic experiences.

The methods of entrapment that were identified in this sample were not only similar to those identified by Herman (1992) and Walker (1979; 1984), but also to the findings of many other theorists including Dutton and Painter (1981), Ferraro (1983), Gamache (1991), Graham and Rawlings (1991), Hilberman (1980), Kirkwood (1993), Loring (1994) and Moore (1979). Thus the factors that kept these women trapped were similar to those seen in physically abusive relationships, and in abusive marriages. It seems that the processes of an abuser entrapping a victim are consistent no matter what kind of abuse is occurring, be it physical, psychological or a combination of the two; and no matter what kind of relationship it takes place in – a marriage or an intimate relationship outside of marriage. These were all questions that this research aimed to explore.

While there was great consistency amongst the participants experiences of entrapment, there were also differences in the ways in which entrapment occurred – between *all* victims of abuse: both within this sample, and in comparison to the findings of previous research samples. Some of the methods of entrapment were far more common than others. For instance jealousy and over-protectiveness were coercive techniques used by abusers in each of the ten relationships in this sample. Isolation, intermittent kindness and the inhibition of the women's independence were also common techniques mentioned by most women in the sample. Other techniques were not as common however, or manifested, like trauma symptoms, in different manners in different relationships. For

instance the 'fear factor'. Most of the women were fearful of something - but fear manifested in fear of different things in different relationships. This also occurred with degradation – the ways in which this took place were often different in each relationship. In addition to this, the effect that fear or degradation had was different in every relationship, in terms of its contribution to each woman's entrapment.

This observation is vitally important: not all the methods of entrapment existed in every relationship. And if they did, they often manifested in different ways, and served to entrap women in different manners. One cannot say that if certain factors are, or are not present, that a woman will be unable, or able to leave an abuser. The process is far more complex. Rather than understanding these techniques as methods of entrapment in isolation, one needs to understand how they work together – and how entrapment works as a process. Each relationship evidenced a unique combination and interaction of these factors that created a situation in which the woman felt unable to leave.

The process through which a woman is imprisoned within an abusive relationship is highly complex and multifaceted. The phenomenon that work to place and maintain women in a state of subordination are numerous and varied, and the ways in which they interact and interrelate are more dynamic. This is the most important insight to understand: relationships, like people, are unique. There is no one way in which women are entrapped. There are broad and overarching guidelines and commonalities in their experiences – but each relationship must, like a woman's symptoms, be understood and considered on its own. That is why the question 'why do they stay', is still a question: because the answers to this enquiry are infinite.

The process of recovery

It is additionally imperative to explore these women's processes of recovery following their exposure to repeated psychological abuse. How did these participants go about the process of rebuilding their lives and managing to function in the aftermath of these traumatic relationships? Three main themes arose from the participants' narratives. Each of these themes shall now be discussed and explained in turn. The themes included:

- finding meaning in the abusive experiences
- reconnection: the role of social support and telling the 'trauma story'
- feelings of commonality

Rationalizations of 'growth': finding meaning in their experiences

"It taught me to put a bit more faith in people sometimes with certain things. It's had positive and negative repercussions" (P3)

For some of the participants the process of recovery seemed to involve a process in which they searched for, and found, meaning in their experiences of abuse. It was as if they needed to redefine the events in some way by turning what was once a tragic, negative and nonsensical event, into a more positive, potentially growth-inducing and understandable event. The process involved finding positive aspects or repercussions of the abuse, or finding meaning for these events, however bad they may have been. These alterations in the definition of the experience were framed in explanations of growth and maturity, and of learning valuable life lessons.

Sometimes, when the women could not seem to find the entire lesson or meaning, they found comfort in accepting what we as human beings often dislike: that even though we sometimes cannot see it, 'everything happens for a reason'. The following participant illustrates how some of the women defined their experiences as having some sort of lesson for them:

I think after every experience you learn from it and I think I've become stronger in a way that now it's like - towards other people. I think there's always like a purpose, like a point for things happening (P6)

Another way the women did this was to look at the positive things that came out of their experiences. These were also defined in terms of 'lessons' - a way in which they learnt things about themselves, or the world, or people in general. Some of the women described what it was that they learnt, or what these positive things were that they had gained:

I feel definitely empowered from it because also I think - sometimes I think because I've always lived in this Claremont-suburb bubble. I also think it's given me an idea of - I'm glad I've had it 'cause I'm glad there has been some suffering and some pain or something 'cause it's definitely given me a way to empathize with other people 'cause that's changed (P2)

I mean now I know what I can and cannot tolerate. I'm more aware of myself, what I want and what I need and if I should be in a situation like that again I think I'd walk out (P7)

The women may also be illustrating what Janoff-Bulman (1985) described as an essential step in the process of recovery: accepting one's shattered assumptions and reestablishing a conceptual system that will allow one to function effectively. This process involves reestablishing a view of the world as meaningful, in which events once again make sense. Incorporation of the lessons of trauma into one's life is also explained by Herman (1992) as a process that is essential for the recovery of a survivor.

Reconnection, social support and the value of narrating the trauma experience

"I like talking about it 'cause it makes me feel less crazy. I'm now able to express it, 'cause if I don't I'll just go home and express it to myself all the time" (P9)

Most of the women spoke about the value, and role, of social support in the process of their recovery. Social support was found in friends, family members, therapists, and sometimes even subsequent romantic relationships. In some cases the process of recovery included events that helped them to get out of the relationship. Others spoke only about events after they had left their abusers. Theorists including Brison (1999) and Herman (1992) point out the essential role of being reconnected with humanity, in the process of recovery: that it is essential that the process of recovery occur within the context of relationships. This is because connections with others, which are often destroyed by trauma and within abusive relationships, help survivors to rebuild the psychological faculties that were destroyed by the traumatic relationship. This is a process that seems to be occurring with these women, as illustrated in the statements that follow below.

The women in this sample spoke about the importance of reestablishing a support network in helping them through their process of recovery. This often involved a process of reconnection with people, something they had lost as a result of the abuse, who helped the women to change or overcome some of the tragic manifestations of their trauma. Some of the participants developed the ability to trust people again, or began to overcome their damaged self-esteem and feelings that they deserved the abuse. Additionally, some women were helped to see their own value and self-worth again, while others found that new relationships helped to subdue the constant, obsessive thoughts that they were having about their abusers and the trauma:

Essentially what happened was I ended up dating Simon. And he knew everything and he understood why I was like I was, and he was great. He has his own issues, everyone does, but in terms of respecting me, it was wonderful. And I think that relationship and friendship taught me to trust other people and made me realize that people do have good in them. You just have to find it (P3)

And then also just my family and friends, and I made new friends, and they would take me places and be there for me, and the more time I was with other people the less time I would think about him and what happened and it would help me. Every

time I would be alone I would think about it and it would be hard to get over it, but being with them - it helped me 'cause I wasn't thinking about it and it made it much easier (P4)

The women also spoke about how, and why, it helped to talk to others about their experiences of trauma and abuse, another means of reconnection. This often included the relief or catharsis of 'getting it off their chests' and expressing the emotions attached to the trauma experiences, receiving support and encouragement that they did not deserve the abuse, or simply feeling understood:

I feel relieved, 'cause I didn't just talk to you, I poured my feelings out. And I feel emptied of emotions and emptied of the pain in away and I'm hoping it will help my recovery in a way (P10)

It was just, I liked expressing how I felt, like I'd cry and I'd be lonely. I think it definitely helped (P1)

When you're not talking you keep it inside...but when you talk to someone, like telling me what she thinks, you get an overview of it. I think it makes everything better. You look at a situation in a different way when you're by yourself (P8)

I needed someone telling me that it's fine, and you deserve better, 'cause at that stage I was feeling like it was all me (P2)

These participants seem to be describing what Brison (1999), Gobodo-Madikizela (2003), Herman (1992), Kelly (1990), and Kirkwood (1993) amongst others, have explained as a stage of recovery: reconstructing the trauma story, and thereby transforming traumatic memory into 'narrative memory' (Brison, 1999). Talking with others seemed to help the women to realize that the abuse was not entirely their own faults thus reversing the process of self-blame and making it possible for them to see the abuse for what it was.

In addition to these means of reconnection, some of the women described another way in which they went about this process: by getting involved in activities. For some of the women this involved helping others who had been through similar experiences to themselves, or the wish to do so, a point illustrated by P4, who goes on to say why this helped her recovery:

Also just throwing myself into activities that I had been wanting to do in the past but didn't have time to do. Just getting re-involved in my life and with the people around me. Things like Red Cross even. It puts things in perspective for you. Being at home, re-connecting with my family (P3)

As a coping mechanism I just kept myself busy all the time. I got involved in all these things. I started doing all these girly things as well and just kept my mind off it (P5)

At the beginning of the year I went back to my high school and I spoke to the kids and I warned them, or just spoke to them in general about my experiences and what's out there. It made me feel better 'cause it helped me in a way also get through it - if I can help someone else I help myself in the process (P4)

I feel good that this is going to help somebody somewhere and know that they're not alone. Also that if research is being done, maybe some answer will be found that will stop it happening to someone else, or that some awareness will be reached (P10)

Brison (1999) states that for some people, talk therapy must be supplemented with direct action, such as self-defense training or political action. These participants' desires and actions can be explained and understood with this point in mind. Herman (1992) calls this social action a 'survivor mission', and explains that for some, a way to recover from tragedy is to make one's personal trauma a benefit for others.

You are not alone: the healing power of commonality

“I think ‘cause I could say there are so many people in society that this has happened to and they’ve gotten through it” (P4)

Finally, an important step in the process of recovery for some of the women was realizing that others had been through the same or similar experiences as they had, and had recovered. For some women this involved speaking with someone who had been through similar experiences, which allowed the women to feel understood. Others become aware of situations similar to their own through the media, and it helped them to realize that other members of society had managed to ‘get through abuse’ and survive. Studies by Dembert and Simmer (2000), Goodman and Weis (2000), Herman (1992), and Levy (1991), have shown that encounters with others who have shared similar trials ends feelings of isolation, shame and stigma, thereby contributing to the process of recovery:

...like the things that I’ve seen like with people like with my uncles and emotional abuse that have happened to other people, and it’s not just me, I don’t have to be alone and there’s help available (P6)

I think what made it easy was because several new friends I made here had been through something like that before so I finally could talk about it as well. ‘Cause at home I couldn’t talk about it ‘cause my friends had never really experienced something like it, and they couldn’t understand it (P8)

The current research is supported by the findings delineated by past research on the process of recovery following prolonged trauma. Recovery is a protracted and tumultuous process, and the road to recovery is different for each individual. There are no set rules to help a victim to recover. There are however, some guidelines. Survivors should be encouraged to seek social support in the form of family, friends or professionals. Within this environment they should be encouraged to tell their story and explore, understand and gradually accept the losses and effects of their victimization, all of which will contribute to their ability to move forward, and place their trauma in the past. This may

be a difficult process, and those close to victims must be made aware of the value of such processes and provide survivors with this support and encouragement.

Discussion

Another question that this research aimed to explore was that of how these women coped and recovered in the aftermath of their trauma. The most commonly mentioned factor for recovery was 'telling the story' of the trauma, or creating a 'trauma narrative', a point that is deserving of discussion. Telling the story of their trauma was something these women seemed to be doing again and again. Taking part in this research involved telling the story yet another time. The question is: why the impulse to share? What is the significance of trauma narratives in the aftermath of abuse? One possible answer to this question lies in the somewhat covert explanations supplied by these participants, that sharing a trauma story is a way to reconnect with parts of the self that were destroyed, and to reestablish relationships that were disrupted.

Another explanation could be, as Brison (1999) explains, that telling and retelling one's trauma story is a way in which to transform the traumatic memory into a more appropriate and manageable form – a narrative memory. Participants additionally described the creation of a trauma narrative as a process of catharsis, in which they unburdened themselves by sharing with others. But what are they 'unburdening'? Could it be that by speaking of the trauma, survivors feel as if they are breaking the silence that was so much a part of the abusive relationship, and thus freeing themselves even more from their abusers? They are no longer playing their abusers game. The silence no longer connects them to their abuser – they are no longer bound by that secret.

Another possible explanation is that telling a trauma story may be a way to connect ones past to ones present. Once other people know what has happened during that period of abuse, and once a survivor acknowledges what happened by announcing it, it will no longer represent a blank space in-between a survivors past and present. It will be assimilated into an ongoing narrative. In this understanding victims need to share in order to move forward. But are these explanations, however plausible they may seem, the real

reasons for the apparent compulsion to tell and retell a trauma story? What is the real underlying significance of telling a trauma narrative? Such questions introduce the next important points for discussion: what does 'recovery' mean in the context of trauma? And can trauma ever truly be healed?

Observations during the process of talking with these women are most illustrative of the possible answers to these questions. The women talked about their experiences of abuse, and some of them felt that the process of sharing with me was another important step towards their recovery. The women also talked directly about their processes of recovery, and most of them seemed to feel that they had recovered, or were well into their 'process' of recovery. But were they truly 'recovered'? Would they have been with me if they were? What drove them to participate in the research? This brings us back to the original question of what the significance of telling a trauma narrative is. Perhaps the desire to share a trauma narrative is something else entirely. If these women still felt the desire to talk about their experiences, could this suggest that perhaps they have not yet assimilated and integrated their trauma experiences, despite the fact that they think that they have?

Could telling the trauma story actually be another form of the 'repetition compulsion'? Are they in some way reenacting the trauma by reliving it each and every time they tell the story? Momentary flinches, deep breaths to prevent or subdue tears, and clenched fists; or paradoxically a unnerving *lack* of emotion (potentially reflecting a persistence of the numbing that is so often a part of a trauma response); all suggested that the women were experiencing the feelings in the *present* as they discussed their experiences, just as they had at the time of the abuse. It was as if they were reliving the experiences, and the feelings, in the room with the researcher. If reenactment is a way in which to master trauma, and if repeated retelling of a trauma narrative that evokes a reliving of the trauma represents reenactment, this suggests that the women are by no means recovered from their experiences. They may *think* that they are. But the unconscious and probably uncontrollable desire to tell and retell the story indicates otherwise. Reenactment by its very nature indicates that one's trauma experiences are far from healed.

Despite their assertions that they have recovered, the behaviour of these women may indicate otherwise. There are potential inconsistencies between their assertions, and the observations and psychological understandings of their behaviour. Although they may truly believe that they have recovered, or are well on their way to recovery, understanding and interpreting these women's behaviour from a psychological perspective suggests otherwise. The motivations for their behaviour are most probably unconscious. They are, in all likelihood, completely oblivious to the 'real' reasons that have been considered in this discussion, for their need to tell their story. Sharing the trauma story was not simply a part of their recovery in the past, the way that most of them spoke about it; it is still a part of their recovery that is taking place in the present.

The unfortunate fact is that since these women feel that they have recovered, they may lead others to believe that they have recovered. Consequently the support they need, and the self-exploration that is necessary for recovery, may not longer be available or take place. What these paragraphs illustrate is the fact that recovery in the aftermath of trauma is a very delicate area. Who can really say when, or if, a survivor has recovered from trauma if they themselves can potentially be so wrong? Who can say if a survivor ever will recover? Is recovery even a term that applies appropriately to victims of trauma – can such survivors 'recover' in the same way that people recover from physical ill-health? Considering the nature of trauma effects the researcher suggests not. A survivor will be changed – potentially forever. Recovery in this context has a different meaning to the way we understand the term 'recovery' in everyday life. It is essential that we understand the enduring effects of trauma, and look out for their presence however subtly they manifest, and however determinedly their hosts may deny their presence.

CHAPTER 5: CONCLUSION

These are the experiences of young women in unmarried relationships, who have experienced emotional and psychological abuse in the absence of physical violence. Their stories are simultaneously tragic and uplifting. They are tragic because they draw attention to the pain and cruelty that the participants had to endure, on a daily basis. They are uplifting because their narrators have survived. As theorists such as Hearn (1996), Herman (1992), Van der Kolk, Weisaeth and Van der Hart (1996), and Wastell (2005) have explained, trauma is something that society often hides or forgets. We do not enjoy being faced with the profound and ghastly consequences that trauma and abuse elicit. But this denial will only perpetuate the problem.

The research draws attention to the potential inadequacies of the currently accepted diagnostic construct for trauma, PTSD. It highlights the need for an increasingly inclusive conceptualization of the effects of psychological trauma in which additional symptoms are acknowledged – symptoms that the PTSD diagnosis overlooks. These symptoms are most notably: disturbances in survivors identities and their abilities to relate, self-destructiveness, and affective consequences such as emotional instability, depression, and intense anger directed toward the self and other people. Acknowledgment of the entire range of trauma effects will allow victims to be appropriately diagnosed, understood and consequently treated.

The research additionally highlights the highly complex, and seemingly idiosyncratic nature of the process through which an abuser entraps a woman, making it difficult for her to leave him despite his abuse. The ways in which women are entrapped are both consistent, and varied. The findings indicate, with the support of past research, that there are certain techniques, or methods, by which an abuser ensnares his victim. These should be understood as broad guidelines. The combination of these factors, and the ways they interact to create a captive victim, are not only numerous and varied – they appear to be unique for each individual relationship. The question ‘why do women stay’ has various answers. This research indicates the importance of understanding that each woman’s

symptoms, and experiences of entrapment, will be different. If this is understood then it will also be understood that each woman has unique requirements for her recovery.

Furthermore, this research highlights the way in which trauma effects persist, even in the aftermath of an abusive relationship, and even when a survivor feels that they are recovered, or are well on their way to recovery. The findings of this research draw attention to the potential for inconsistencies between a survivor's perception of their recovery, and the reality of their recovery. Another issue that this research explored was the way in which gender relations and imbalances, interlinked with elements of 'power', and contributed to the women in this sample's experiences of abuse. Gobodo-Madikizela & Foster (2005) point out that trauma is a political and social issue as well as an individual matter. Understanding trauma must go beyond the individual and take into account the sociopolitical dynamics of abuse.

Although the influences of societal gender relations and expectations were explored, no common themes were identified between the participants' experiences, and within their narratives. Hence no concrete results for this question were reported or discussed. Gender relations were mentioned as a factor in very few of these women's experiences of abuse. Some participants mentioned societal gender role expectations as being partly responsible for their acceptance of the abuse, including the attitudes espoused by society in general, and those shown to them by their parents. Additionally, societal attitudes that condone or encourage the abuse of women were mentioned as a factor in their experiences of abuse.

These hints at societal influences, however sparse, along with the evidence from past research that societal influences are often involved in women's experiences of abuse, indicate the need for further research that pays specific and more in depth attention to such matters. As Kirkwood (1993), Fawcett, Featherstone, Hern & Toft (1996), and Walker (1979) have stated, battering is a product of current gender roles and social structures. Often women are socialized into believing that they have no choice but to be victims, that the behaviour they are being subjected to is normal, and that they should accept it. Not only are women socialized into accepting abuse, but men are also

socialized into committing acts of violence. Moore (1979) concurs that sometimes the reasons for battery include the views held by society that either approve of violence or simply ignore it.

What the preceding paragraph highlights is the need for researchers and clinicians to understand the causes and effects of abuse at both an individual and a societal level. Without consideration of the impact of society and societal demands, as well as gender-imbances and gender-related expectations on women's experiences of abuse, the understanding of the causes and effects of abuse and trauma will not be entirely or adequately captured, understood and advocated. Consequently, and most vitally, the ability to successfully treat such survivors, and thus enhance their prospects of recovery, would also be compromised.

This research has certain limitations. One of these was the limited number of participants, which may limit the generalizability of the results. While care was taken to include participants of various races, an imperative step in the South African context, the relatively limited age-span of the participants may constitute a threat to generalizability. Another limitation, and area for potential further research, is the exclusive focus on abused *women* in this research. The author acknowledges that men too can experience abuse, that the roles of abused and abuser used in this research can sometimes be reversed. Finally, because of the sensitive nature of this research, the author was highly aware of her own responses and preconceptions in relation to the research. Great care was taken by the author not to let her own experiences and understandings of certain issues influence either the interview process, or the interpretation of the research.

Future research endeavors are needed, which focus on larger groups of women. Particular attention needs to be focused upon issues of reenactment – a process that seems to be particularly pertinent in these research findings, but that limited space precluded from further exploration. Survivors' processes of recovery require more in-depth exploration, and research needs to address the potential discrepancy identified in these research findings, between survivors' views on their recovery, and the reality of their recovery.

Further attention also needs to be paid to the seemingly broadening range of trauma symptoms, and larger samples need to be used to provide motivation for addressing the inadequacies of the PTSD diagnosis and moving forward to create a more appropriate trauma construct. As for the concept of entrapment, further research should focus upon, and emphasize the distinctiveness of each woman's experience, instead of attempting to find a single answer to the question of why women stay in abusive relationships. What this research seems to suggest is that there is no single answer to this question - while there are certain similarities, there are infinite variations on those commonalities.

This research has delineated the manifestations of trauma within a small sample of women, as well as the mechanisms that made it difficult for them to leave their abusers. Additionally, these survivors' processes of recovery have been examined. The findings of this research indicate the need for a societal endeavor to enhance the ability of clinicians to correctly diagnose and understand, and consequently treat and uplift, this population of survivors. Increased attention and larger-scale research endeavors are imperative. Further research will contribute towards naming these women's experiences, and in so doing may relinquish from them the burden of silence that has so frequently accompanied trauma experiences, both historically, and in the present day.

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APPENDIX A: INTERVIEW SCHEDULE

- Greeting and introductions
- Discuss with the participant what the interview process is going to involve
- Read and complete consent form with participant
- Discuss any questions participant may have

Introductory questions

- I know that what we are discussing today is a personal and private matter, and that it may be difficult to leap straight into discussing such issues with me. So I would like us to begin our conversation on a more comfortable level by just talking a bit about you.
 - 1) How old are you now?
 - 2) You are currently living in South Africa, where did you grow up?
 - 3) Please tell me a bit about your family.
 - 4) What were the relationships like within your family?
 - 5) What is your best memory of your childhood?
 - 6) What is the worst memory of your childhood?
 - 7) What is your current occupation?
 - 8) How long have you been doing this for?
 - 9) Tell me a bit about why you chose this route in life.
- I would now like to ask you about your relationship with your ex-partner.
 - 1) While you were in this relationship, where and with whom were you living?
 - 2) Were there any lawful, financial, housing or other material factors that in any way connected you and your boyfriend together in any manner?
 - 3) Would you like to tell me about meeting him, and how your relationship began?
 - 4) I am interested to know what your first impressions of this man were. Could you describe your experience for me?
 - 5) Could you please tell me about your relationship: what was your relationship like?

The nature of the trauma following prolonged and repeated emotional abuse

- 1) Could you describe for me the kind of abuse you were subjected to in this relationship?
- 2) How did the abuse make you feel?
- 3) How long did your partner treat you this way?
- 4) While you were dating him how did you feel emotionally on a day-to-day basis?
- 5) Can you try to explain the basis of each emotion? At what particular times and in connection to which particular events did you experience certain emotions?
- 6) Did you ever feel depressed?
- 7) While you were dating him how did you feel physically on a day-to-day basis?
- 8) Could you explain at what particular times and in connection to which particular events did you feel this way?
- 9) How do you feel the experience affected you? Did you notice any changes in your behaviour?
- 10) Did you notice any changes in your thoughts?
- 11) Did you notice any changes in the way you felt about yourself?
- 12) Can you describe the moment when you decided to leave?
- 13) Since you have ended the relationship, how do you feel emotionally on a day-to-day basis?
- 14) Since you have ended the relationship how do you feel physically on a day-to-day basis?
- 15) Do you experience recollections of any of your experiences?
- 16) Do you feel that you have changed since this relationship? If so, please try to explain how so.
- 17) What effect did your experience have on your other relationships, and in particular, on new relationships?
- 18) Do you feel your actions and attitudes towards everyday life have changed?
- 19) How do you feel about yourself since this relationship?
- 20) How do you view and feel about other people and the world in general?
- 21) Has this experience affected any spiritual or religious beliefs you may have?

- 22) Could you explain any other lasting effects of this relationship and the abuse that we have not spoken about already?
- 23) Since this relationship, what has the nature of your subsequent intimate relationships been? Can you tell me a bit about them?
- 24) Have you engaged in any self-destructive behaviour before, during or after this relationship?
- 25) Are there any new behaviours you have developed since the end of the relationship?

The nature of psychological captivity: psychological factors that hold women in abusive relationships

- 1) You have left this man now. But while you were in the relationship did you feel within yourself that you could not leave the relationship?
- 2) Why do you think you felt that way?
- 3) How did this man make you feel?
- 4) How did his actions make you feel?
- 5) What was your overarching emotion while in the relationship?
- 6) Could you explain what emotions played a part in your inability to leave?
- 7) What were your positive feelings towards him? Did these feelings make it difficult for you to leave him?
- 8) What were your negative feelings towards him? Did these feelings make it difficult for you to leave him?
- 9) Can you explain any changes this man made to your life?
- 10) How did he make these changes and what effect did they have on you?
- 11) Did these changes contribute to your difficulties leaving the relationship?
- 12) How did he react to your daily activities?
- 13) What were his attitudes towards your way of life and life in general?
- 14) What effect did these attitudes have on you and your life?
- 15) How did his attitudes manifest within your relationship?
- 16) Did these attitudes and actions contribute to your difficulties leaving the relationship? How so?

- 17) Did you ever threaten to leave him or actually leave him and then come back? If so, could you describe this experience for me?
- 18) How did he persuade you to stay if you ever tried to leave?
- 19) What other factors made you come back to him?
- 20) Did he ever threaten you or other people you knew? Could you explain this experience for me?
- 21) Can you describe the positive side of the relationship? Were there moments when he was kind? How did this make you feel?
- 22) Were there times where you felt grateful towards him? Can you explain this experience to me?
- 23) During the relationship how did he react to your other relationships?
- 24) Were there occasions when you felt he made you do things you didn't want to do? Can you explain how this made you feel?
- 25) Could you describe your sexual relationship with him?
- 26) How did he behave towards you when other people were around you?
- 27) How did you justify his actions to yourself?
- 28) How did you reason to yourself that you should stay with him?
- 29) While he was abusive did you do anything to make yourself feel better; or what did you do internally to get through it?
- 30) Can you explain any other ways that we have not already discussed, in which his abuse contributed to your difficulties leaving him?

The coping process: the road to recovery

- 1) What do the words 'coping' and 'recovery' mean to you?
- 2) While you were in the relationship, what did you do to cope with the abuse?
- 3) While you were dating him, what factors at an individual and a societal level helped you to cope?
- 4) And what factors hindered your coping ability?
- 5) What helped you to end the relationship?
- 6) Now that you have ended the relationship, what coping strategies have you used?
- 7) Have you gone to therapy? How has this helped you?

- 8) What factors, at an individual and a societal level, have helped you to cope?
- 9) What factors have hindered your coping abilities?
- 10) How have other relationships helped or hindered you in the coping process?
- 11) Do you think you are going through a process of recovery from your experiences?
- 12) If so, when do you think your road to recovery began?
- 13) You are telling your story to me today – how does this make you feel?
- 14) Do you feel you have any losses as a result of the relationship? How have you dealt with those losses? How did this make you feel?

Gender relations: are gender imbalances a psychosocial factor in experiences of abuse?

- 1) What do you feel the correct role for a woman is within a relationship with a man?
- 2) What is the man's role?
- 3) We spoke about your parent's relationship earlier. Do you feel their relationship is an example of your expectations of a man and a woman?
- 4) If not, how does their relationship differ to what you feel to be acceptable?
- 5) Do you feel that the way you were raised was a factor in your relationship with your ex-partner?
- 6) What was your relationship with your father like? What kind of woman did he encourage you to be?
- 7) Do you notice any similarities between your relationship with your father, and your relationship with your ex-partner?
- 8) Do you notice any similarities between your parent's relationship and the relationship you had with this man?
- 9) As a woman, how do you feel in relation to society? Why do you feel this way?
- 10) Do you think society, and societal expectations have affected you in this experience of abuse?

To end the interview on a positive, helpful and potentially uplifting note, and to try to steer the interview to a less personal topic before the participant leaves for purposes of containment and closure, the interview is closed with this final question:

11) If you had to give advice to other girls and women out there, about anything to do with abusive relationships: how to avoid them, how to get out of them, how to cope with them...what would you advise?

Inform and remind participant of their right to see a psychologist.

Make sure participant is feeling emotionally competent to leave.

Thank participant and end interview.

University of Cape Town

APPENDIX B: CONSENT FORM

- 1) I confirm that I understand what this research is about, why it is being undertaken, and what tasks will be expected of me in the process.
- 2) I understand that I do not have to answer questions if I do not wish to, and that I am free to withdraw from the process at any point in the research process, without having to justify why.
- 3) I confirm that I am giving my consent to this interview being recorded on tape
- 4) I understand that the interview material will remain anonymous and confidentiality will be guaranteed at all times, with the exception of discussions with the researcher's supervisor.
- 5) I agree that the material, and my words, that are recorded during the interview can be used, without giving my name, in the presentation of the research. This may include publication.
- 6) I have been informed that if, at any point I am in need of psychological assistance, there is a registered Clinical Psychologist available for consultation.
- 7) I have had the chance to ask any questions about the process.

Name of participant _____

Signature of participant _____

Date _____

Researcher _____

Signature of researcher _____

Date _____