NOTICE TO BORROWERS

In presenting this dissertation as partial fulfillment of the requirements for an advanced degree from Georgia State University, I agree that the library of the university will make it available for inspection and circulation in accordance with its regulations governing materials of this type. I agree that permission to quote from, to copy from, or to publish from this dissertation may be granted by the author, by the professors under whose direction it was written, or by the Dean of the College of Arts & Sciences. Such quoting, copying or publishing must be solely for scholarly purposes and must not involve potential financial gain. It is understood that any copying from or publication of this dissertation that involves potential financial gain will no be allowed without written permission of the author.

All dissertations and theses deposited in the Georgia State University Library may be used only in accordance with the stipulations prescribed by the author in the preceding statement.

The author of this dissertation is

The directors of this dissertation are

Ndiya Nkongho 82 Cranford Place Teaneck, NJ 07666 Drs. Lisa Armistead and Gregory Jurkovic Department of Psychology College of Arts & Sciences

RELIGIOUS COPING AMONG SEXUALLY ABUSED ADOLESCENT GIRLS: A PHENOMENOLOGICAL INVESTIGATION

by

NDIYA NKONGHO

Under the Direction of Lisa Armistead and Gregory Jurkovic

ABSTRACT

Sexual abuse is defined as any act which forces or coerces a child into engaging in non-consensual sexual activities that they may not understand. As child sexual abuse is recognized as a mental health and public health concern, increased research efforts have been directed towards identifying the physical, emotional, and cognitive effects of child sexual abuse. The majority of such research uses adult survivors of child sexual abuse and is quantitative, retrospective, and correlational in design. Qualitative approaches with adults are few; thus far, descriptive research with children is largely limited to forensic applications. Pargament (1997) proposes the existence of religious coping, or the introduction of the sacred in an individual's search for significance in times of stress. Initial research efforts have begun to delineate the positive and negative religious coping strategies used within various adult populations.

The purpose of the present investigation is to gain an experiential understanding of religious coping from the perspective of adolescent girls who have experienced sexual abuse. Open-ended interviews and phenomenological analysis with each of the 6 participants revealed the complexity present in their experience of religious coping. The presence of a highly relationship-based experience of religious coping is discussed and its implications for the assessment and treatment of complex posttraumatic stress disorder are explored. Finally, implications of the present investigation for the adolescent participants and members of spiritual communities are delineated.

INDEX WORDS: Sexual abuse, Child sexual abuse, Religious Coping, Coping,

Qualitative, Adolescent, Girls, Phenomenology

RELIGIOUS COPING AMONG SEXUALLY ABUSED ADOLESCENT GIRLS: A PHENOMENOLOGICAL INVESTIGATION

by

NDIYA NKONGHO

A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

in the College of Arts and Sciences

Georgia State University

Copyright by Ndiya Darlene Nkongho 2006

RELIGIOUS COPING AMONG SEXUALLY ABUSED ADOLESCENT GIRLS: A PHENOMENOLOGICAL INVESTIGATION

by

NDIYA NKONGHO

Major Professors: Lisa Armistead

Gregory Jurkovic

Committee: Sarah Cook

Roderick Watts

Electronic Version Approved:

Office of Graduate Studies College of Arts and Sciences Georgia State University August 2006 This dissertation was written for us all.

May we support one another in peace.

Acknowledgments

Thank you, God, for showing up and showing out in so many ways in my life!

I would like to thank Drs. Andrew and Ngozi Nkongho, who have generously and continuously provided all imaginable forms of support. I am fortunate to have chosen my parents so well!

Nnena, Andrew, Peter, and Kim ("the floating head in the family picture"): Thank you for helping me discern who I am and wish to become.

Grandma Pat Ellis, Dr. Eulee Mead-Bennett, the late Father Peter Paulson, the late Auntie Barbara O. Harper:
For loving me then and now, I thank you.

Nwanne and Adaobi: Thank you for supporting your favorite niece © all the way to the finish!

Darryl Thompson and Steven Hunter: Thank you for radically, completely, and lovingly accepting me, just as I am.

Konique Ballah, Tom Madeline, and Keisha Bowens: Thank you for your encouragement, support, and laughter.

Chad Buck and Andrea Hindes: Thank you for making the homestretch as enjoyable as possible!

Jocelyn Barton: A second reader, true; more importantly, a first-class mind.

Dr. Marian Finan, Diana Wood, and Dr. John Zora: Even though I asked for "just a few more push-ups", you provided support and encouragement. Thank you!

I appreciate the wisdom, insight, and caring of each of my clinical supervisors at Georgia State University: Dr. Greg Jurkovic, Dr. Susan Furman, Dr. Hal Rogers, Dr. Pauline Rose Clance, Dr. Katherine Burge-Callaway, Dr. Suzanne Imes, Dr. Alaycia Reid, Dr. Scott Miller, Dr. Melissa Alvés, Dr. Lisa Groth, and Dr. Debbara Dingman. You have a permanent place in my Council of Elders, and I thank you for teaching me to acknowledge, respect, and respectfully use "The Force"!

- I would like to thank everyone at the Vanderbilt University/Department of Veterans' Affairs Internship, for providing such a welcoming and energizing training atmosphere.
- Dr. Greg Jurkovic: Thank you for your creativity and mentorship. My clinical and training experience with the Trauma Team has been invaluable.
- Drs. Lisa Armistead, Sarah Cook, and Roderick Watts: I could not have asked for a better dissertation committee. Thank you for your help!

Thank you, Dr. Linda Manning, Dr. Erin Fowler, Dr. Linda Norman and the Vanderbilt University School of Nursing, the entire staff at the Rape and Sexual Abuse Center, and the staff of Our Kids for your willingness to support participant recruitment.

Finally, I wish to acknowledge the financial support provided by the Georgia State University College of Arts and Sciences.

TABLE OF CONTENTS

LIST	NOWLEDGEMENTSOF TABLESPTER	v viii
	LITERATURE REVIEW	1
	Sexual Abuse	1
	Developmental Considerations	4
	Categorization of Trauma	6
	Coping	8
2	INTRODUCTION	13
	Religious Coping	13
	Motivation and Rationale for Present Study	16
	Assumptions and Justification	17
3	METHOD.	20
	Research Participants	20
	Measures and Sites	22
	Interview Procedure	23
	Data Management and Analysis	26
4	RESULTS	29
	Participant One: Gloria	30
	Participant Two: Amanda	32
	Participant Three: Tamara	35
	Participant Four: Debbie	37
	Participant Five: Marcella	40
	Participant Six: Julie	43
	Collective Description	45

Notes from Self-Reflection	45
5 DISCUSSION	47
Individual Discussions.	47
General Discussion.	58
Religious Coping Revisited.	61
Posttraumatic Stress Disorder	69
Practical Implications.	73
Final Comments	77
REFERENCES	81
APPENDICES	100
Appendix A: Investigation Protocol	100
Appendix B: Significant Statements	112
Gloria	112
Amanda	113
Tamara	115
Debbie	117
Marcella	120
Julie	122

LIST OF TABLES

1.	DEMOGRAPHIC INFORMATION OF ADOLESCENT PARTICIPANTS	XX
2. 3.	FORMULATED MEANINGS: Gloria. THEMATIC CLUSTERS: Gloria.	28 29
	FORMULATED MEANINGS: Amanda. THEMATIC CLUSTERS: Amanda.	
6. 7.	FORMULATED MEANINGS: Tamara	
8. 9.	FORMULATED MEANINGS: Debbie	38 39
10. 11.	FORMULATED MEANINGS: Marcella	
12. 13.	FORMULATED MEANINGS: Julie THEMATIC CLUSTERS: Julie	

Literature Review

Although a treasury of quotations reminds us of the role of the Divine in times of suffering, it is worth asking whether this truism is indeed the truth, particularly for children and adolescents. Anecdotal accounts both lend support to and contrast with the belief that spirituality is an intimate part of dealing with life's most traumatic moments. For every person who describes how God helped him or her deal with a deep depression (James, 1902), there is another detailing how his experience in a concentration camp led him from deep religious belief to atheism (Brenner, 1980). This area, the intersection of trauma, coping, and religion, drive the current investigation. The aim of the present investigation is to describe the experience of religious coping among sexually abused adolescent girls. An overview of the literature on sexual abuse and coping will situate this research investigation in a broader scientific context. As the intended participants in this project are adolescent females, relevant findings on gender and developmental issues are highlighted within each of these two areas of review. After an introduction to religious coping literature, the purpose statement and central research question of this investigation will be presented.

Sexual Abuse

Although adolescent sexuality as a topic is rarely explored in popular media, the same cannot be said about some of its possible alternatives and consequences, including teenage parenthood (Coley & Chase-Landale, 1998), the spread of sexually transmitted infections (Moscicki, 2005; Smith, Martin, & Wolters, 2004), and the efficacy of sexual abstinence programming (Bleakley & Ellis, 2003; Starkman & Rajani, 2002). Furthermore, social and cultural constructions of sexual desire, agency, and pleasure continue to powerfully affect the ways in which children and adolescents experience and express their burgeoning sexuality

(Tolman, 2002). An added complexity in child and adolescent sexuality research is the pervasive presence of sexual abuse.

Reflecting on the current levels of traumatic exposure among youth, Glodich (1998, p. 321) asserts modern society faces a "public health crisis of epidemic proportions." Sexual abuse represents a widespread form of trauma that continues to affect many youths today; in 1993, nearly 300,000 children were estimated to have experienced sexual abuse (National Center of Child Abuse and Neglect, 1996). The study of childhood trauma in modern psychology has its earliest roots in Freud's work (1920). Freud first described many adult neuroses as having their roots in childhood sexual trauma but, following sharp social critique of this hypothesis, later reconceptualized memories of sexual trauma as a metaphor for other psychological desires (Herman, 1992). During the middle of the 20th century, interviews and descriptions of children orphaned by war (Freud & Burlingham, 1943) or affected by natural disasters (Block, Siber, & Perry, 1953) also furthered understanding of trauma among children. Research with combat veterans led to knowledge about adult trauma and, in turn, much of this work was extended to children and adolescent trauma survivors.

Child sexual abuse has been increasingly identified and recognized as a problem in recent years. Schechter and Roberge (1976, p. 130) defined the sexual exploitation of children as "the involvement of dependent, developmentally immature children and adolescents in sexual activities they do not truly comprehend, to which they are unable to give informed consent and which violate the social taboos of family roles." The World Health Organization's current definition of child sexual abuse (1999) includes "the activity between a child and an adult or another child, who by age or development is in a relationship of responsibility, trust or power, with the activity being intended to gratify or satisfy the needs of the other person." Cohen (2000) summarizes six important characteristics of child sexual abuse: (a) victims of child sexual abuse are in every demographic group; (b) the abuse usually occurs to school-age children; (c) the

abuse becomes more severe over time; (d) the abuse normally continues over time; (e) the abuse is ended by external circumstances; and (f) secrecy is a part of the abuse.

The bulk of existing research about child sexual abuse addresses the psychological sequelae following the abuse. Quantitative investigations, usually correlational in design, have explored the behavioral, emotional, and cognitive adjustment of childhood sexual abuse survivors. Although there remains some debate about the long-term effects of childhood sexual abuse (Rind, Tomovitch, & Bauserman, 1998), many researchers have suggested that survivors of childhood sexual abuse may be at greater risk of negative mental health outcomes, including anxiety, depression, post-traumatic symptoms, and adult revictimization than the non-abused general population (Banyard & Williams, 1996; Doll, Koenig, & Purcell, 2004; Merrill, Thomsen, & Sinclair, 2001). As some survivors seem to have better psychological adjustment than others, the majority of these investigations employ moderational or mediational statistical models to create a more complete picture of the factors influencing adult psychological adjustment (Bagley, 1996; Sigmon, Greene, & Rohan, 1996; Spataro, Moss, & Wells, 2001).

A small number of investigators have pursued two established lines of qualitative research within childhood sexual abuse. They have approached it from distinct perspectives with the intent of answering very different questions than those asked by quantitative researchers. One body of qualitative research addressing child sexual abuse does so retrospectively among adult survivors. Whether exploring the role of cognitive coping styles (Perrott, Morris & Martin, 1998), cognitive coping and psychological adjustment (Himelein & McElrath, 1996), or physical and psychological escape patterns (Darlington, 1996), these investigations engage adult participants in speaking about their childhood experience of sexual abuse. This work sheds light on the lifelong emotional, behavioral, and psychological processing of the childhood sexual abuse. It is safe to assume, however, that the simultaneous processes of remembering the child sexual abuse, reflecting on past and current coping strategies, and engaging in an interview are different for an adult than for a more recent child sexual abuse survivor.

The other line of qualitative research is in the area of investigative and forensic interviewing. These interviews are neither intended to understand nor to help the child express her thoughts and feelings about the sexual abuse. The intent of these interviews is to gather specific details about the abuse in order to proceed with a legal investigation. These interviews are regularly conducted with children close in time (i.e., within weeks or months) to the alleged acts of abuse. Unsurprisingly, much of this research is focused on concerns about suggestibility and memory lapses, the effects of interviewer-child demographic pairings, and the use of scripted versus non-scripted interviewing protocols (Lamb & Garretson, 2003; Levy, Markovic, Kalinowski, Ahart, & Torres, 1995; Sternberg, Lamb, Esplin, & Baradaran, 1999; Sternberg, Lamb, Orbach, Esplin, & Mitchell, 2001).

Therapeutic interventions, notably play therapy, also have been the source of much of the direct (i.e., child's statements) and indirect (i.e., interpretation of child's play behaviors) knowledge about children's lived experiences of child sexual abuse (Chop, 2003; Marvasti, 2001; Saywitz, Mannarino, & Berliner, 2000). Reticence to speak about a confusing and difficult event, coupled with limitations in cognitive and communicative sophistication, may make interviewing pre-school and early school-age children challenging (Baker-Ward, Gordon, Ornstein, Larus, & Clubb, 1993; Hewitt, 1999). However, adolescents might be more suited to the challenge and opportunity provided in an interview context designed to explore their inner experience of child sexual abuse.

Developmental Considerations

As with other forms of traumatic exposure, researchers continue to investigate the physical, social-emotional, and cognitive effects of child sexual abuse. There is some evidence that the effects of child sexual abuse are critically influenced by the child's developmental status, usually measured by age, at the time of the abuse. Among infants and preschool children, the age group appearing least in this literature, enuresis, anxiety, inappropriate sexual behavior, and somatization (e.g., headaches) are suggested to occur more frequently among sexual abuse

survivors than non-abused peers (Friedrich, Beilke, & Urquiza, 1987; White, Halpin, Strom, & Santilli, 1988). A greater number of researchers have explored the effects of child sexual abuse among school-aged children (roughly ages 6 through 12). There are mixed results in this literature; although some investigators found support for an increased presence of somatic complaints (Trickett & Putnam, 1991) or anxiety (Mannarino, Cohen, Smith, & Moore-Motily, 1991), others do not (Friedrich et al., 1987; Grayston, De Luca, & Boyes, 1992; Trickett & Putnam, 1991). Researchers have found support for the increased presence of depression, aggressive behavior, conduct disorder, and inappropriate sexual behavior (e.g., public masturbation) among children who have been sexually abused (Friedrich et al., 1987; Kolko, Moser, & Weldy, 1990; Trickett & Putnam, 1991). Among these children, there also is evidence of lower academic performance and more learning difficulties as assessed by teacher ratings (Trickett, McBride-Chang, & Putnam, 1994).

Several recent literature reviews have suggested that the difficulties noted in school-aged children and adolescents who have suffered sexual abuse are largely similar (Beitchman, Zucker, Hood, daCosta, & Akman, 1991; Beitchman, Zucker, Hood, daCosta, & Akman, 1992; Trickett & Putnam, 1998). The internalizing and externalizing problems and low school performance common to school-aged abuse survivors are also found in adolescents in addition to delinquency, suicidality, and early sexual activity (Kendall-Tackett, William, & Finkelhor, 1993).

While the aforementioned literature reflects what is known about child sexual abuse, Trickett and Putnam (1998) note that improved research design would greatly benefit future research efforts and enhance our understanding of child sexual abuse. The investigations reviewed here are almost entirely cross-sectional in nature. As a result, it is difficult to make conclusions about the long-term effects of child sexual abuse given the paucity of longitudinal studies. Although not specifically reviewed here, the body of retrospective investigations conducted with adults may be affected by memory distortions (both intentional and unintentional) and the difference between agency-referred child and self-reported adult survivors (Brewin,

Andrews, & Gotlib, 1993; Trickett & Putnam, 1998). Future research also may need to more directly address the many variables which may mediate or moderate the relationship between sexual abuse and developmental outcome, including ethnic/racial group, child's gender, and social class (Trickett & Putnam, 1998). Social class might be an especially important variable to consider in future developmental work as poverty is associated with an increased incidence of child sexual abuse (National Center of Child Abuse and Neglect, 1996). Finally, there is widespread understanding that child maltreatment can interrupt or distort a normative biological, social-emotional, and cognitive maturation process (Crittenden, 1996; Trickett & Putnam, 1998). Trickett and Putnam note that child sexual abuse not only may have immediate effects, but also may cause difficulty in the achievement or resolution of developmental challenges later in the lifespan. In conclusion, there remains much to be understood about how the process of development can be altered by the experience of child sexual abuse and how this might vary according to the time of occurrence during childhood.

Categorization of Trauma

The increased attention paid to violence against women in the 1970s also paved the way for a renewed focus and willingness to explore the horror of childhood trauma (Herman, 1992). One of the most important discussions within this area has concerned the nature of trauma itself. Trauma may be the result of intrapersonal, interpersonal, or environmental factors; some occur on a single occasion while others are stretched over time. Terr's (1979; 1991) pioneering work on children and trauma led her to formalize the distinction between the single-event and long-standing exposures.

Terr asserts that Type I trauma events are single, acutely serious experiences. Type I events might include an earthquake, hurricane, a single sexual assault, or a kidnapping. Chronic, ongoing situations are categorized as Type II traumatic experiences; events occurring repeatedly over time such as ongoing physical abuse, living with community violence, or multiple occasions of sexual abuse are in this category. Under this categorization system, it is possible to experience

both ongoing Type II trauma and a Type I trauma (for example, a youth who regularly witnesses community violence and is a victim of rape). Those who have experienced both types of trauma are faced with what Terr calls a crossover condition (Terr, 1979; 1991).

Pfefferbaum and Allen (1998) have pointed out some difficulty in this categorization system, as many youths who experience a Type II trauma may be at greater risk for experiencing a Type I trauma. Despite the possible overlap between these groups, several researchers have used this categorization system in order to further explore traumatic sequelae among survivors. Researchers have documented the existence of anxious attachment behavior, intrusive memories, sleep disturbances, recurrent dreams, fear, and flashbacks among survivors of Type I trauma (Pfefferbaum & Allen; Pynoos & Eth, 1984; Pynoos & Nader, 1998; Terr, 1991). Both Pfefferbaum and Allen and Terr report denial, repression, identification with the victimizer, dissociative responses, and self-injurious behaviors as a result of chronic, or Type II, trauma.

One of the challenges of studying child sexual abuse is that it may be either a Type I or Type II trauma. It may be that dealing with a rape (Type I) may have challenges and call for particular coping strategies which are very different from those elicited by a childhood marked with repeated acts of forced masturbation (Type II). Additionally, as many children are revictimized during their childhood, there is also the possibility of a crossover condition. There also may be a unique means of understanding and responding to this combination of traumatic events. Within the context of the present investigation, it is possible that there will be participants who have experienced either Type I sexual abuse, Type II sexual abuse, or a crossover condition.

It is unknown at the present time whether members of these sub-groups might have a different understanding of their sexual abuse translating, in turn, to a unique experience of coping. Therefore, the qualitative analysis in the present investigation will be conducted in a single group, with any distinctions between Type I and Type II trauma survivors noted as the data analysis proceeds. The participants in this qualitative investigation are neither adult survivors of

child sexual abuse nor child accusers seen in a forensic context. The participants in the current investigation—adolescents who have experienced childhood sexual abuse—have a distinct voice and experience, one that may be revealed through an interviewing process.

Coping

An examination of the coping literature may provide some insight into how people handle traumatic events and the types of strategies used to address them. The term *coping* has a variety of meanings and is often used interchangeably with concepts of resilience, mastery, and adaptation. Numerous researchers have proposed definitions of coping which attest to the physiological, cognitive, emotional, and behavioral states that occur when one is presented with an actual or potentially threatening situation (Aldwin, 1994; McGrath, 1970; Silver & Wortman, 1980). Lazarus and colleagues' definition includes the cognitive, affective, and behavioral aspects of coping:

"Coping consists of efforts, both action-oriented and intrapsychic, to manage (i.e., master, tolerate, reduce, minimize) environmental and internal demands and conflicts." (Lazarus & Launier, 1978, p.311)

This concise definition addresses several limitations extant in early research about coping. First, many initial formations of coping were derived from animal stress and ego psychology models. The animal stress model described coping as an involuntary, physiological reaction that occurs when the nervous system is driven to overcome aversive situations (Miller, 1980; Ursin, 1980). In contrast, ego psychology defined coping as a stable, individual trait comprised of a collection of strategies that help an individual deal with challenges according to her level of ego development (Menninger, 1963; Vaillant, 1977). Over time, researchers moved away from the exclusive behavioral focus of the animal stress model, believing it ignored the richness of the inner emotional and cognitive process human beings experience. Several investigations (Cohen & Lazarus, 1983) revealed that even individuals with well-defined coping traits or styles spontaneously responded to situations differently than their trait would have predicted. As a

result, modern researchers have come to increasingly include and recognize the situational and learning components of the flexible coping process (Lazarus & Folkman, 1984; Murphy, 1974).

An important assumption of the modern understanding of coping is the emphasis on cognitive appraisal (Lazarus & Launier, 1978). This is the concept that describes one's assessment of an event as harmful or threatening, as well as one's determination of the ability to effectively respond to the event. According to Lazarus and Launier, the two-part process begins with a primary appraisal, in which the individual interprets whether a particular event involves some harm (e.g., damage has been done), threat (e.g., future difficulties might arise), or challenge (e.g., the individual believes she can overcome a negative event and ultimately grow from it). The secondary appraisal involves an evaluation of one's resources in order to determine whether and how well one can deal with the event. The concept of cognitive appraisal serves to remind researchers that the same situation may be interpreted as having inflicted great or minor harm, threat or challenge; furthermore, individuals have widely varying beliefs about their personal ability to marshal resources in order to deal with a given event. An extensive body of research on varied adult populations lends support to this view of coping (for examples, see Lazarus & Folkman, 1991; Mitchell, Cronkite, & Moos, 1983; Roberts, Browne, Streiner, Byrne, Brown, & Love, 1987). It cannot be assumed, however, that the existing research on adults will necessarily and accurately apply to children's coping.

Developmental Considerations of Coping. At the time of birth, the newborn already has undergone staggering amounts of change, from a single cell to a complex organism with complicated biological systems and great behavioral capabilities. Within psychology, medicine, and other fields of inquiry, a developmental perspective is one in which the interwoven biological, cognitive, and socioemotional processes are studied (Santrock, 2001). Major strands of thought in child development include psychoanalytic theories of development (including Freud's psychosexual stages and Erikson's psychosocial stages) as well as cognitive theories (such as Piaget's understanding of cognitive development). Despite the differences in these

theories, all three theories acknowledge the qualitative differences between children at various points of emotional and cognitive development (Santrock).

In spiritual texts (Bible, 1982) and psychological writings (Peck, 1978), there are explicit references to the interdependence of spiritual belief and developmental maturity. Specifically, facets of cognitive, emotional, and spiritual maturity serve to influence and, quite possibly, elevate one another. However, few psychological researchers have delineated more clearly the developmental nature of religious belief over the lifespan. Kohlberg's (1976; 1986) investigation into the moral development of children offered hypotheses about the ways children reason about moral matters. He hypothesized three levels of moral development: (a) preconventional reasoning, in which the individual's thinking and action are controlled by the presence (or absence) of social rewards and punishment; (b) conventional reasoning, in which the individual unquestioningly accepts, internalizes, and behaves according to prevailing social standards of right and wrong; and (c) postconventional reasoning, in which the individual explores options and internalizes a personal moral code. This model asserts that these levels are sequential and agerelated (Colby, Kohlberg, Gibbs, & Lieberman, 1983), with most children younger than nine years in the first level; early adolescents at the beginnings of conventional reasoning; and postconventional reasoning appearing in early adulthood. Kohlberg's theory has been criticized for emphasizing moral thought and ignoring moral behavior (Bandura, 1991) and favoring culturally biased, Western ideas of independence and justice over other moral values (Jensen, 1995). Additionally, the role of gender and relational connections in moral decision-making is not addressed (Gilligan, 1996). It also should be noted that Kohlberg's moral development is absent a religious grounding; that is, both the values themselves and the process of moral reasoning do not explicitly draw upon any sort of religious belief.

Drawing on the work of Kohlberg (1976; 1986) and Piaget (1932; 1954), as well as his own clinical observations, Fowler proposed faith development theory (Fowler, 1981; Fowler, 2001; Fowler & Dell, 2004), a developmental understanding of the emergence of faith across the

lifespan. For Fowler, faith encompasses, but is not limited to, religiosity. Rather, it is an enabling and grounding process that provides a sense of cohesiveness and relatedness to self and others, influenced by biological, emotional, cognitive, psychosocial, and cultural factors (Fowler & Dell). The seven stages in the development of faith are (a) primal faith, characterized by a prelanguage acquisition of trust between self, caregiver, and valued others; (b) intuitive-projective faith, a non-logical, imaginative state in which stories and fantasy representing good and evil are of great importance; (c) mythic-literal faith, a literal, logical faith or moral retribution that allows the child to take others' perspective; (d) synthetic-conventional faith, characterized by a heightened concern with identity and personal interiority; (e) individuative-reflective faith, a stage marked by critical reflection and conscious choice of deeply held beliefs; (f) conjunctive faith, characterized by an embracing of multiple meanings and paradoxical truths; and (g) universalizing faith, a commitment of the self to overcoming all divisions utilizing love and justice.

Fowler acknowledges that progression from one stage to another is not automatic, and that some contexts may nurture rapid developmental progression (Fowler & Dell, 2004).

Generally speaking, however, Fowler dates the primal faith from infancy to 2 years; intuitive-projective faith through early childhood, mythic-literal faith from middle childhood forward, and synthetic-conventional faith from adolescence forward. As faith development is influenced by context and experience, Fowler notes that the timing of life events during childhood is of utmost importance. For example, the absolute thinking and moral retribution common to the mythic-literal stage may be either reified or challenged by the experience of trauma. The biological, emotional, socioemotional, and cultural resources and limitations a child has are quite different at ages 3, 9, and 15 years. As we turn specifically to the idea of coping, we must remember that a child's resources, limitations, and experiences are always different than those of an adult; furthermore, there also will be variation among children owing not only to their individual and contextual differences, but also to their particular points in their development.

Reviewing the literature on children's coping, Sorensen (1993) illuminates two important methodological considerations for research on children's coping. First, she contends that the operational definition of a child or adolescent may vary from one investigation to the next. Furthermore, the roles of children in various families differ so greatly that a child in one home may have many more responsibilities than a child of the same age in another home. Second, Sorensen questions the typical methodology of studying children's coping from the adult perspective; that is, either adapting adult measures and checklists for a child population (Coddington, 1972; Elkind, 1981) or having an adult informant (e.g., a teacher or parent) provide an opinion on the child's experience and handling of stressful events (Achenbach & Edelbrock, 1981). In some investigations, children provide answers and/or experiences that do not fit into the a priori adult theoretical understanding of coping. For example, Yamamoto and colleagues (1979; Yamamoto & Byrnes, 1984) had children rank order events according to stressfulness. The authors found that the children frequently assigned more importance to child-specific items such as being held back a grade and wetting in class. In contrast, adult perceptions of stressful events for children tended to focus on stressors such as having a new baby sibling. Although this study has been criticized as invalid because some children have not had certain life experiences (Ryan, 1988), it highlights the need for the validation of events to come from children, rather than assumed from others. In light of this information, several researchers are turning more to the use of qualitative methodology, specifically descriptive data, in order to learn more about children's experience of coping (Sorensen, 1993; Walker, 1986). However, in comparison to the number of investigations in which either an adult theory or an adult informant is the basis of the work, a relatively small number of investigations have been conducted or measures constructed in which the child was the primary informant (Elwood, 1987; Sorensen). In summary, both conceptually and methodologically, it is inappropriate to assume that information gathered from adult experiences of coping and theories that explicate these experiences of coping, will do justice to the lived experience of a child.

Introduction

Religious coping

There are many common sayings that suggest the role of the sacred when dealing with life's challenges. "There are no atheists in foxholes," a common saying reminds us; Helen Keller, born deaf and blind, commented that she was glad for her handicaps as they brought her closer to God (New Webster Quotation Dictionary, 1987). What distinguishes religious coping from other forms of coping is the involvement of the sacred in addressing life's challenges. Pargament's (1997) widely accepted definition of religious coping describes it as the introduction of the sacred in an individual's search for significance during times of stress. This definition includes both a process-oriented approach to religion (e.g., the search for significance involving the sacred), as well as an acknowledgement of the difficulty the individual faces (e.g., times of stress).

People use a wide array of religious coping strategies in the face of challenge, from seeking support from a religious community, making benevolent religious appraisals (e.g., "Allah would not have sent this trouble if I were incapable of handling it."), to becoming dissatisfied with religious leaders and attributing challenges to a punishing, vengeful deity. Research suggests that turning towards religion, also known as positive religious coping, is connected with improved mental and physical health in cross-sectional investigations (Koenig et al., 1995; Pargament et. al., 1994; Zuckerman, Kasl, & Ostfeld, 1984). Conversely, use of negative religious coping strategies, including anger at God and negative religious appraisals (e.g., "God is punishing me for my sins."), is associated with more negative moods, poorer mental health status, and increased risk of mortality in both cross-sectional and longitudinal investigations (Exline, Yali, & Lobel, 1999; Fitchett, Rybarczyk, DeMarco, & Nicholas, 1999; Jenkins, 1995; Pargment, Koenig, Tarakeshwar, & Hahn, 2001). These data underscore the importance of continuing to

explore all forms of religious coping, whether seen as helpful or harmful, in future research efforts.

Personal and situational factors also may influence the selection and outcome of religious coping strategies. Reviewing available literature on the role of religion in life, Pargament (1997) hypothesizes that religion is, as with any other means of coping, a more available and compelling option to some than to others. Whether dealing with drug addiction (Pargament et al., 1990) or institutional racism (Moore, 1992), individuals who have had some previous experience with religion have the option of turning to it in order to help them cope. Although merely having a religious background certainly does not guarantee that it will prove helpful, it is an available tool for those who already have it as a part of their orienting system and personal history. More than being available, religion also must be a compelling coping option. A well-established body of literature suggests that certain populations, including the elderly (Cain, 1988; Ellison, 1998), ethnic minorities (Lincoln & Mamiya, 1990; Thomas & Holmes, 1992), women (Veroff, Douvan, & Kulka, 1981), and the poor (Neighbors, Jackson, Bowman, & Gurin, 1983), choose religious means of coping more frequently than those not in these marginalized groups. Pargament (1997, p. 301) argues that, in general, "these groups have less access to secular resources and power in our culture." Religion may be an attractive and compelling means of dealing with life challenges because it is a source of personal power and support available to members of these groups despite their experience and perception of disadvantage in society. It is of note that although older adults are thought to have more religious involvement and reliance on religious coping methods than younger adults (Neighbors et al., 1983), it is uncertain whether this association also holds true for children and young adolescents.

In summary, the varied theoretical differences (e.g., differences between Christians and Hindus) and methodologies have contributed to the range of results in the religious coping literature (Tarakeshwar, Pargament, & Mahoney, 2003). Generally speaking, it seems that religion (as with most forms of coping) is neither entirely positive nor negative. Some researchers

have suggested that individuals who perceive themselves to be in partnership with God during stressful times (Pargament et al., 1990), feel supported by their religious communities (Chalfant et al., 1990), and understand negative events to be a part of a benevolent religious framework (Jenkins & Pargament, 1988) experience better adjustment and self-esteem as compared to their less religious counterparts.

A few studies have investigated the use of religious coping in adolescent populations. Feldman, Fisher, Ransom, and Dimiceli (1995) conducted a longitudinal investigation in which they interviewed adolescents about various coping strategies and then followed up with selfreport measures of intrapersonal, interpersonal, romantic, and professional adjustment six years later. The authors found that two adolescent coping patterns (i.e., turning to religion and seeking support from friends) were predictive of negative young-adult outcomes in males and of positive young-adult adaptation in females. This investigation was part of a larger investigation on family and health and, as such, had a limited (three-item) measure of the turning to religion cluster. However, this finding suggests that not only the process, but also the outcome of any coping strategy may be critically influenced by gender and gender-role identification (Block, 1984; Gilligan, 1982). A significant body of research explores the importance of gender role socialization among adolescents (Huston & Alvarez, 1990). Personality characteristics that are valued among male adults and adolescents include independence, autonomy, and active problemsolving (Block) while female adults and adolescents may emphasize social connectedness and relational intimacy (Gilligan). Investigating coping strategies among 650 older adolescents, Frydenberg and Lewis (1991) found that the girls often talked to others in order to give and receive support around a difficult situation. This trend was not found among the boys. In addition, the girls endorsed more accepting and fatalistic attitudes towards a challenging life situation. In contrast, the boys' attitudes reflected a more aggressive stance towards changing the situation and a tendency to keep their situations a secret from family and friends. As

identification with gender roles seems to increase during adolescence (Hill & Lynch, 1983), it is likely that adolescents' coping strategies also are affected by this new sense of gender awareness.

A review of the literature on both child sexual abuse and religious coping suggests that both these phenomena are experienced and manifested as gendered entities. Therefore, the present investigation will focus solely on the religious coping experience of adolescent girls. It is hoped that this approach will provide a space for the participants' experiences as females to be an essential part of their understanding.

Motivation and Rationale for Present Study

A researcher will typically write about the need for the particular investigation that she carries out, noting how the proposed study might serve to clarify, explain, support, or challenge our established knowledge about how the world works. Rarely seen in these passages, however, is an understanding of her motivation: Why is the researcher interested and invested in this topic? What led the researcher to exploring this area? For me (the primary researcher), the interplay between psychology and spirituality has been a lifelong interest, academically evident in my decision to complete undergraduate studies in psychology and religious studies. From childhood forward, my personal and professional interactions with trauma survivors nurtured my sense of curiosity and wonder about the ways in which people attempt to make sense of their lives (and life in general) following a traumatic experience. Out of this sense of wonder and fueled by my interest in adolescence as a time of significant identity exploration, I found myself increasingly drawn to religious coping as one kind of effort and experience that might be brought to bear among an adolescent population.

The purpose of this phenomenological study is to describe the experience of religious coping among adolescent girls who have experienced child sexual abuse. A review of the literature reveals that child sexual abuse is rarely studied within a qualitative, non-forensic, present-time (i.e., non-retrospective) framework. Investigators have begun to explore the concept and presence of religious coping; however, research efforts have focused almost exclusively on

adults. The reality of child sexual abuse and the phenomenon of religious coping combine to create the conceptual framework of the current investigation. Pargament's (1997) definition of religious coping, as previously introduced, will be used in this investigation. The central research question of this study is: From the perspective of a sexually abused adolescent female, what is the essence of religious coping? This research question will not be answered once, but several times, in recognition that each adolescent will have a unique experiential history with this phenomenon. As the relationship between trauma categorization, developmental stage at the time of the sexual abuse, and gender to religious coping are not known at this time, these will be noted within the contextual setting of each adolescent's experience.

Assumptions and Justification

The intention of this research project is, in essence, to attempt to understand what it is like to experience religious coping from the eyes of another. In order to do so, the research design must allow for two important factors. The methodology must value the unique experience of the individual as well as allow for the fluidity of a phenomenon that is a process, and therefore one that may shift and change with time.

As it applies to psychology, phenomenology is a methodological approach in which we understand the essence of human experience and/or or behavior by entering into the subjective experience of the individual (Bruyn, 1966; Valle & King, 1978). For the existential phenomenologist, the separation between person and environment is rejected and replaced by a concept of co-constitutionality (Valle & King). Just as a vase cannot be understood without the space in the middle, the person cannot be understood without the context of her surroundings. It is through the world that the meaning of the person's existence is manifest; conversely, without the person to give the world its meaning, the world would not be as it is. As such, the existential phenomenological understanding of a person is really a person-in-the world.

The existential-phenomenological assumption is that people are in constant contact with their world (Colaizzi, 1978). This dialogue is partially active, insofar as individuals can

purposefully act upon their world, and partially passive, insofar as the world presents the individual with situations that he or she must face. Therefore, the individual is neither entirely free (having no situations presented to him or her by the world) nor entirely determined (having no means of choice or agency in the world). This is the concept of situated freedom, or the responsibility and freedom to make choices within the situation that the world presents to the individual (King, Valle, & Citrenbaum, 1978).

These concepts have both conceptual and methodological significance for the current research question. Unquestionably, the sexually abused adolescent has been presented with a difficult situation (not of her choosing) by her world. Before, during, and after the sexual abuse, the adolescent was engaged in active and passive dialogue with her world in innumerable ways. One of the many ways in which she and her world engage in dialogue may be said to be in the experience called coping. During and following the experience of abuse, the adolescent continues to respond by engaging with her world. As the adolescent-in-the-world is both acting with, and being acted upon by, her situation, the selected methodology must accommodate the ways in which the lived experience of religious coping may change as the adolescent engages in new experiences. The experience of religious coping also may have affected and/or been affected by the abuse. As several researchers have suggested, coping is a multilayered process in which the individual engages physiologically, emotionally, and cognitively with the situation, in many cases choosing among options and strategies for response (Lazarus & Folkman, 1984; Pargament, 1997). This suggests that the phenomenological method can offer a more open means of understanding how adolescents choose, from the options available to them, to understand and interact with their experience of sexual abuse.

In summary, the phenomenological approach is appropriate for both the conceptual and methodological factors present in this topic. Although the existing theories of religious coping provide an initial framework for understanding, the phenomenological approach recognizes these

as exploratory instruments that, though useful, are in no way more valid than the individual's lived experience.

Method

Research Participants

Adolescent participants. Kvale (1996) notes that a great deal of psychology's most general knowledge has been derived by researchers, including Freud, Skinner, and Piaget, who worked intensely with a small number of case studies. Deeply exploring the lived experience of a given phenomenon requires the researcher to do the following: establish an open rapport between the researcher and the participant; ask open-ended questions to stimulate the sharing of spontaneous, detailed, and relevant responses from the participant; follow-up with the participant, both immediately and over time, in order to clarify the participant's experience; become intensely involved in the details, workings, logic, and components of the phenomenon as it is experienced by the participant; and pursue credibility by sharing interpretations for feedback with the participant (Creswell, 1998; Kvale, 1996, McCracken, 1988). All pieces of the phenomenological investigation, from the interviewing and transcription to the data analysis and presentation, are completed in service of the discovery and elucidation of this clear, accurate, and full description of the lived experience (Merriam, 1988; Riemen, 1986). In order to balance the required investments of time, money, and expertise without compromising the desired depth of the narrative description, the primary researcher entered into participant recruitment with the intention of recruiting no more than 8 adolescent participants.

Adolescent participants for this investigation were recruited through several agencies, including: (a) religious congregations; (b) a child and adolescent psychiatric clinic at a large, urban hospital; (c) a social and outreach center for gay, lesbian, bisexual, and questioning youth; (d) fliers in mental health practitioners' waiting rooms; and (e) a rape and sexual abuse mental health center. The recruitment strategy emphasized purposeful sampling to ensure that each

individual had experienced the phenomena (i.e., religious coping and sexual abuse) in question (Creswell) and to promote the richness and variety present in the data (Polkinghorne, 1989). Given the cognitive and communicative demands of an interview and the desire to have adolescent participants, the eligibility for participation called for adolescents between the ages of 14 and 17. Adolescent participants had to be female, currently enrolled in high school, and fluent speakers of English. The adolescent's guardian also affirmed that the adolescent participant's experience of sexual abuse, to the best of his or her knowledge, had ended at least one year previous to the present investigation.

Primary researcher, second reader, and bracketing. As described, the goal of a phenomenological investigation is to understand the lived experience of the participants. Bracketing, or epoche, is the first step of data analysis yet reoccurs through the data collection process. Husserl (1970), who wrote extensively on phenomenological research, described bracketing as a process that frees the individual from presuppositions. It is to identify and consciously set aside one's existing prejudices, predispositions, thoughts, and feelings about the phenomenon in question (Moustakas, 1994). Moustakas also notes that bracketing is a critical preparation for phenomenological research as it prepares the investigator to truly see and hear what is in the participants' experiences. The challenge for the phenomenological researcher is to attend to the participant without imposing his or her personal viewpoints upon that person's experience.

In order to better enter a place in which to receive the participants' understanding of religious coping, Moustakas (1994) recommends engaging in deliberate and regular self-reflection in order to identify one's own prejudgments. This consists of taking time before interviews to let one's mind wander and observe the preconceptions of religious coping in one's own mind. Rather than rejecting these preconceptions as wrong, the phenomenological investigator is challenged to keep a (written) record of these prejudgments and refer to them before entering into the interview. The aim of this reflection not only is to become aware of

one's own (changing) presuppositions, but to move towards being able to release them in order to enter into full receptivity of the participants' own experiences. For the primary researcher and secondary reader, heightening their awareness of their own thoughts and prejudgments strengthens the researcher's and reader's ability to serve as receptive, open, and noninterfering channels for the adolescent's voice and engage in data analysis processes that are more closely aligned with the adolescent's own experience.

As recommended by Moustakas (1994) and Polkinghorne (1989), the primary researcher engaged in journaling and self-reflection as a means of bracketing her own experience over the course of data collection. The secondary reader also engaged in a similar process, identifying and observing her own preconceptions of religious coping immediately preceding review of the adolescent participants' transcripts. As the adolescent participants' experience of religious coping may be uniquely shaped by demographic factors, the primary researcher and secondary reader also explored how their own prejudgments of religious coping may have been influenced by their gender, ethnicity, and religious experience. The primary researcher and second reader also engaged in data analysis of a pilot interview in order to build additional comfort in collaborative process and consensus-building.

Measures and Sites

The interview protocol used for the present investigation consisted of several parts. An initial screening protocol, completed over the phone with the adolescent's guardian, determined whether the young woman was indeed eligible for participation. The first appointment with the adolescent participant consisted of completing a demographic information sheet, engaging in the interview, and then finishing with a short debriefing questionnaire. The second appointment was governed by a brief protocol reviewing the first interview experience and providing an opportunity for data validation. The structured protocol is contained within Appendix A in its entirety.

Two sites were used for this project: The Psychology Clinic at Georgia State University (Atlanta, GA) and the Rape and Sexual Abuse Center (Nashville, TN). Both sites offered private, sound-controlled rooms for interviews with the adolescent participants. Recording equipment was available, facilitating the accurate transcription of the interviews. Discussing a personal response to the experience of child sexual abuse may elicit some sadness, anxiety, or anger during the course of the interview. These emotional responses are normal and to be expected given the topic of discussion. All participants were informed and reminded that they could choose to take a break or discontinue the interview at any point in time; this strategy may have helped the participants remain in control and maintain their own personal boundaries in the interview situation. None of the participants asked for breaks or appeared to have significant difficulty regulating their emotions during the course of this investigation.

Interview Procedure

The participants were solicited via written announcements and postings placed in public areas in the aforementioned organizations. The announcements invited the adolescent's guardian to contact the researcher for additional information about this research investigation, described as a study that is interviewing girls who have experienced sexual abuse to learn more about how they think and feel about this experience and their lives. The postings included a phone number for the adolescent's guardian to call to receive more information and make an appointment.

During the phone call, the researcher reminded the guardian of required child abuse reporting laws, described the investigation in greater detail, and determined whether the prospective adolescent was indeed eligible to participate. With the guardian's consent, an interview appointment was then scheduled.

Arriving for the appointment, the adolescent and her guardian were escorted into a private room. The researcher thanked them for coming and re-stated the purpose of the research investigation, explaining that participation consisted of scheduling two interviews with the adolescent participant (the first, scheduled for ninety minutes; the second, thirty minutes) about

the ways in which she thought and felt about her sexual abuse experience. The researcher informed the participant that her input was required to ensure that the researcher best understood her unique experience.

Audio taping, written notes, and additional confidentiality issues also were covered with the adolescent and her guardian. Finally, the researcher explained that the adolescent was free to indicate if she would prefer not to answer any of the specific questions asked. After inviting and addressing any questions they might have, the guardian was given a consent form and the adolescent an assent form. After the guardian and adolescent signed and dated both forms, they each were given a copy for their own records. Once these forms were signed, the researcher escorted the guardian to a waiting room.

The interview began by asking the participant for some brief demographic information: age, ethnic identification, and grade level. The researcher also asked the participant if she considered herself to be a member of any particular religious group or faith tradition. Following the suggestions of Kvale (1996), the focus of the first interview was to ask descriptive questions that elicited spontaneous descriptions of the participant's experience of religious coping. The interview schedule, contained in Appendix A in its entirety, consists three questions thought to directly address the central research question. Each question also has a number of related subthemes. The first question reads: "The intention of this study is to learn more about how teenage girls deal with having a sexual experience that they did not want to have. How did this experience affect you?" The primary researcher asked this question in order to elicit adolescent's perception and experience of sexual abuse in her life. The researcher asked the second question ("What did you do to try and deal with that," referring to the answers from Question #1), to introduce the concept of coping. It is open-ended so that the participant could respond spontaneously with whatever forms of coping she attempted to use. The researcher then asked for specific permission to ask questions about the adolescent's religious beliefs if the adolescent had not already spontaneously mentioned them. The sub-themes contained in Question #3 allowed

the participant to reflect on the ways in which her spiritual beliefs have made it easier, more difficult, or have not affected her experience of coping with the sexual abuse. Additional, spontaneous questions of clarification arose naturally in response to the participant's statements. The interview was concluded when the participant indicated that she had described her experience completely and had nothing further to add to her statements (Riemen, 1986).

The debriefing was done in two parts. First, the researcher asked three questions about the participant's general life experience, not focusing on the sexual abuse. These questions were designed to allow the participant to reflect briefly on more positive life experiences and affective states as well as allow the participant to engage in hopeful thoughts about the future. The investigator then scheduled a follow-up interview with the adolescent and her caregiver and gave each their financial incentive (\$20 and \$10, respectively).

The purpose of the second interview was to allow for a member check of the information recorded during the first interview and to ascertain that the adolescent was not adversely affected as a result of the first interview. The second interview began with the researcher asking her adolescent if she had been thinking about the first interview. If the adolescent responded affirmatively, the researcher asked the adolescent about those thoughts in order to determine what behavioral, emotional, or cognitive effects the first interview had in the adolescent's life. The researcher then presented the adolescent with a typewritten narrative description on a clipboard and handed the adolescent a pen and explained, "Please look at this short paragraph I wrote. I have tried to summarize what you told me last time about how you dealt with the unwanted sexual experience. I want to make sure I didn't miss anything, or get anything wrong. Is there anything in this paragraph you would change?" The adolescent had the opportunity to provide both written and verbal feedback of the narrative description. When the adolescent indicated that she had no further additions or corrections, the narrative description was considered validated in that it was an accurate reflection of the adolescent's experience of religious coping. The researcher then thanked the adolescent for her participation and ended the interview. The

adolescent then received another financial incentive (\$20) for completing the second interview. Fliers listing psychological and psychiatric providers in the community were available in the waiting room.

Data management and analysis

The data collected via notes and audiotaped recording were kept in a secure, locked file and office. Only individuals immediately associated with data analysis had access to the materials. Identifying information was maintained separately from the interview protocols; in addition, adolescent participants' names were changed in the transcripts to further protect their privacy. Other than changing the adolescents' names, the primary researcher transcribed the taped recordings verbatim in order to preserve the participants' own styles of communication. Individual data analysis proceeded as follows (Colaizzi, 1978; Merriam, 1988; Moustakas, 1994; Polkinghorne, 1989): (a) Written inquiry into researcher's personal experience; (b) Reading of an interview transcript; (c) Creating a list of significant statements, or excerpts from the transcript that reflect the participant's experience of religious coping; (d) Reduction of the significant statements into formulated meanings that contain both the implicit and explicit components of religious coping as experienced by the adolescent; (e) Review of the transcript, significant statements, and formulated meanings by a second reader as an external check of data credibility; (f) Clustering the meanings into thematic groups to further delineate essential components of the adolescent's experience; (g) Writing a narrative description of the essence of religious coping for the participant; and (h) Presenting the narrative description to the adolescent participant for a member check so that she can judge the accuracy and credibility of the researcher's account.

According to phenomenological thought, the researcher's own experiences are essential to the project (Moustakas, 1994). The phenomenological researcher must explore and describe her own experience with the phenomenon in order to be able to engage fully in trying to understand another's experience. This portion of data analysis draws upon the various means of self-reflection (e.g., journal entries) the researcher engaged in throughout the course of the

project. Next, the researcher read an interview in its entirety, getting a sense of the participant's overall described experience. The phenomenological researcher also made notes, if necessary, of any exchanges that she did not understand and attempted to clarify these with the participant. In the third step, the researcher excerpted from the transcript statements that reflected the participant's experience of religious coping, excluding statements that were irrelevant to the research question, repetitive, or overlapping with other statements (Moustakas, 1994).

Once a list of significant statements was established, the fourth step of data analysis transformed these into formulations of meaning (Creswell, 1998; Moustakas, 1994). Verbatim examples are frequently used as means of drawing inferences and strengthening the researcher's interpretation of the significant statements into the formulated meanings. Creating the formulated meanings was a critical step of data reduction, preserving the meanings evident in the significant statements and uncovering and illuminating latent aspects of experience that were not explicitly stated in the interview. As the final narrative description is drawn from these formulated meanings, the adolescent participant's later member check serves as indirect feedback on the accuracy of these formulations.

As further recognition of the importance of these formulated meanings and to add to the methodological quality of the investigation, a second reader served as a peer reviewer who reviewed the interview transcript and repeated the data analysis steps listed above. This is essential to ensure that the primary researcher had not inadvertently missed or misstated any essential portion of the adolescent participant's experience. During those occasions when the second reader disagreed with primary researcher, the primary researcher and second reader convened in order to reach a consensus. In the sixth step of data analysis, the researcher organized the formulated meanings into thematic clusters, representing the overarching themes that were necessary and sufficient components of the adolescent participant's experience.

The formulated meanings and thematic clusters give rise to the narrative description of the phenomenon. Drawing upon the meanings and themes revealed in the analysis, the

phenomenological researcher organized this information to provide the reader with a coherent, complete, and descriptive narrative account of the phenomenon. The researcher's aim was to clearly and compellingly describe the essential constituents of the adolescent participant's experience of religious coping, such that the reader concludes, "I now understand what the nature and meaning of religious coping is for this participant." In order to facilitate the adolescent participants' ability to connect and validate the data as a personal experience, all data were written and provided in the first-person. The phenomenological researcher then shared this narrative description with the participant. This step, called a member check, ensured that the researcher's description of religious coping accurately reflected the essence of the participant's experience. This entire process of data analysis was repeated for each participant.

Each of the individual narrative descriptions was read in order to formulate a collective narrative description, one which might capture, if present, the essence of religious coping as it was experienced by these adolescent girls. After the primary researcher formulated this collective description, this description was presented to the adolescent participants for their feedback and validation.

Results

All of the adolescent participants completed both interview sessions. The adolescents' demographic information is presented in Table 1.

Table 1

Demographic Information of Adolescent Participants

Name	Age (at first interview)	Ethnicity	Religious Affiliation
Gloria	17	African-American	Baptist
Amanda	16	Caucasian	Methodist
Tamara	14	Caucasian	Jehovah's Witness
Debbie	17	African-American	"I don't think I'm [a Christian] any more."
Marcella	14	Caucasian & Puerto Rican	Christian
Julie	14	Caucasian, Cherokee, African-American	None reported

Each adolescent was presented with a typewritten copy of the narrative description in the second interview. In each case, the data analysis was considered to be complete and the narrative description accurate at the time the adolescent completed the member check of the narrative description of her experience of religious coping, having made any verbal or written changes that she so desired. While reading the narrative description, adolescents' responses ranged from simple nodding and verbal affirmation (e.g., "Yep, that's it."), adding or underlining certain sentences for emphasis, to more involved, elaborate displays of their agreement (i.e., asking for a copy of the narrative description).

In order to situate the reader in each adolescent's unique experience, a brief background statement precedes each data presentation. Although each statement is unique, it includes at minimum the following: (a) the adolescent's self-reported age, ethnicity, and religious affiliation at the time of the interview; (b) the adolescent's age at the time of the sexual abuse; (c) the

relationship between the adolescent and the abuser; (d) a brief description of the incident(s) of abuse; and (e) the relationship between the adolescent and abuser, if any, following the conclusion of the abuse.

Participant One: Gloria

Brief Background. At the time of the first interview, Gloria was a 17-year-old African American female who described herself as a Baptist. At the time of her sexual assault, she was 14 and dating Michael, a 21-year-old man. While visiting his apartment one day, several of his acquaintances came over. Michael refused to let her leave his home, threatened her, and raped her. He then allowed one of his friends to rape her after the friend paid him \$50. Gloria was witness to this transaction. Gloria managed to escape the home after 2 days by climbing through a window. Gloria revealed the abuse to her family immediately; her family began the process of criminal prosecution at that time. Both Michael and his friend were sentenced to serve prison terms.

Significant Statements. The initial reading of Gloria's transcript yielded 25 significant statements relating to religious coping (see Appendix B). At different points in the interview, Gloria shared particular subjects that she brought to prayer. For ease of review, these are presented collectively as a single statement with sub-headings.

Formulated Meanings. From these significant statements, the primary researcher compiled a list of ten formulated meanings. These formulated meanings were, in some cases, taken nearly verbatim from Gloria's earlier statements; for example, her statement that God is "the only one" who truly knows what she experienced that day. In other cases, such as formulation number 5 ("Prayer can be answered either by receiving my request or with a sense of hopefulness about the future."), the formulated meaning was derived as an explication of an implicit facet of Gloria's experience. As a result of a meeting with the second reader, the primary researcher added the final four formulated meanings to this data analysis (see Table 2).

Table 2

Formulated Meanings: Gloria

- 1. God was and is a constant, supportive, protective presence in my life.
- 2. God is always available, hearing my prayers and cries of suffering.
- 3. God knew I had the strength to deal with this experience [of sexual abuse].
- 4. Private prayer is an effective means of communication with God.
- 5. Prayer can be answered either by receiving my request or with a sense of hopefulness about the future.
- 6. I am relieved, knowing God protected me from even worse experiences.
- 7. I am strengthened knowing God is making me a better person.
- 8. I am motivated to keep going and persevere, knowing God is always watching over me.
- 9. Unashamedly telling my story is a part of coping with this experience.
- 10. God can help me to enjoy life like I used to [before the sexual abuse].
- 11. I share my experiences with God, and in return, God gives me strength to deal with those experiences.
- 12. God is there even when no one else is; God can be there for other girls who don't have family support.
- 13. Only God really knows what I went through and he truly understands how I feel.
- 14. I used my relationship with God to have the courage and strength to prosecute the men who hurt me.

Thematic Clusters. The formulated meanings were then read in order to determine whether any overarching themes could be applied to further organize Gloria's experience. Three such thematic clusters were identified and were titled: God's Presence, Emotional Consequences of Prayer, and Outward Manifestations of Healing (see Table 3). The first cluster reflected Gloria's experience of what God is (attributes) and how she can communicate with God (prayer). The second theme evident in Gloria's experience is the emotional consequences of prayer, a theme accessible as she connected feelings of relief, comfort, and strength to her experience of prayer. Finally, Gloria details several behaviors that are, for her, clear evidence of God's healing taking place in her life.

Table 3

Thematic Clusters: Gloria

God's Presence

- 1. God is a constant, receptive, protective, and supportive force in my life.
- 2. Private prayer is how I communicate with God.
 - a. God listens to all prayers and requests for help.
 - b. God always responds, either by filling my request or giving me a sense of hopefulness for the future.
- 3. God is consistently and constantly available to me and completely understands me.

Emotional Consequences

- 1. I receive a feeling of relief and comfort from prayer.
- 2. I receive a feeling of strength—personal agency and ability—from prayer.

Outward Manifestations/Consequences

1. Having the courage to testify against the attackers, tell my story to others, and enjoy my life are signs that God is working in my life.

Narrative Description. During the second interview, Gloria validated the following description of her experience of religious coping:

God is an omnipresent (everywhere at the same time), protective, and supportive force. Unlike people, who have limited abilities, God is always and completely available and understanding. Through prayer, which is direct communication with God, I experience God as listening and responding to my desire for hope, health, and happiness following the experience of sexual abuse. I feel strong, relieved, and comforted as a result of prayer. My ability to enjoy some everyday activities and candidly share my experience of sexual abuse is continued evidence of God's healing presence in my life.

Participant Two: Amanda

Brief Background. At the time of the first interview, Amanda was a 16-year-old Caucasian female who described herself as a Methodist. At the time of her sexual abuse, she was 11 years old and attending a weeklong church camp. A 20-year-old camp counselor touched her genitals and forced her to touch his own; this happened several times over the course of the week. Amanda revealed the abuse a year later and her family began the process of criminal prosecution. The night before the trial was scheduled to begin, her abuser committed suicide.

Significant Statements. The initial reading of Amanda's transcript yielded 29 significant statements relating to religious coping (see Appendix B). For ease of presentation, there are three topics (i.e., topics of prayer, what Amanda believed before the sexual abuse, what Amanda

believed after the sexual abuse) that were labeled and grouped by the researcher. All other significant statements with sub-headings are identified by Amanda's own words.

Formulated Meanings. From these significant statements, the primary researcher compiled a list of 17 formulated meanings (see Table 4). These formulated meanings were, in some cases, taken nearly verbatim from her earlier statements; in other cases, such as number three ("I doubt God would take away free will."), the formulated meaning was derived as an explication of an implicit component of Amanda's experience. It is important to note the seeming tension in formulated meanings ten and eleven which, taken together, address Amanda's beliefs about whether there is a reason good enough to justify the sexual abuse. As a result of a meeting with the second reader, the primary researcher added two formulated meanings, numbered three and fourteen, to this data analysis.

Table 4

Formulated Meanings: Amanda

- 1. If there is a God, God is omnipotent: God could have stopped the sexual abuse from happening or continuing.
- 2. God could have stopped the sexual abuse easily by altering the physical circumstances of the sexual abuse, not by interfering with anyone's free will.
- 3. I doubt God would take away free will.
- 4. The experience of sexual abuse, along with not having my prayers for comfort and removal of the event answered, led me to conclude that there wasn't a God.
- 5. If there is a God, God is omniscient; he knew about the sexual abuse, my negative coping behaviors, and his [perpetrator's] suicide while they were happening.
- 6. God can refrain from punishing or killing people, even people who commit sexual abuse.
- 7. I am not sure, right now, whether I believe in God or not.
- 8. I don't worry about my belief in God or whether God is judging me.
- 9. I would like for there to be a God, not only so others' prayers are directed at something real, but—because dying doesn't end my existence—I can ask God questions and receive answers after I die.
- 10. I might feel better if there is a good reason for the sexual abuse; however, I would be angry if God let it happen without such a reason.
- 11. There is no reason that can justify why the sexual abuse happened.
- 12. [Perpetrator's] suicide was not sufficient punishment for what he did to me; God should not have let the suicide happen.
- 13. God shouldn't let sexual abuse happen to anyone, especially not at churches and church events.
- 14. My relationship with the church and with God ended after the sexual abuse.
- 15. Having someone else get mad at God, like I was, was useful.

- 16. I can do what I need to do to stay alive and sane without knowing for sure whether I believe in God or not.
- 17. The religious statements I heard from others were unhelpful and made me irritated and angry.

Thematic Clusters. The formulated meanings were then read in order to determine whether any natural themes emerged as central to Amanda's experience. Two clusters, Flexibility and God's Lack of Action, were identified (see Table 5). The first cluster represents the coexistence of certainty and uncertainty, ambivalence and acceptance that are an important theme of her experience. God's inaction, for Amanda, is a significant presence in her experience. As such, this is the second thematic cluster.

Table 5

Thematic Clusters: Amanda

1. Flexibility

- a. It is possible to be both uncertain of God's existence and sure of God's unlimited ability and knowledge.
- b. It is possible to believe that there both can and cannot exist a reason that would justify sexual abuse.
- c. It is possible to survive and take care of myself while accepting and not worrying about my uncertainty about God.
- d. It is possible that I both wanted comfort from God and did not feel comforted by others' attempts to explain God.

2. God's Lack of Action

- a. God is defined as much by what God does not do—like not punishing or killing people, or interfering with free will—as by what God does.
- b. God's lack of response, both to my sexual abuse and my prayers, was sufficient proof that God is more likely non-existent than non-caring or incapable of action.

Narrative Description. Amanda made a single change to the narrative description presented; her change is an additional sentence shown underlined below. Amanda validated the following description of her experience of religious coping:

I don't really worry about whether there is a God or not. Either way, I will survive. Belief in God would make things easier for me. If there is a God, God is omnipotent (can do anything) and omniscient (knows everything). God could interfere with free will but probably won't do that...even though I wish God would have in order to stop the sexual abuse. God shouldn't let sexual abuse happen. I used to believe in God before the sexual abuse, but going through the abuse and having God not respond to my prayers led me to

decide that there wasn't a God after all. I stopped believing in God after that. Now, I'm not sure whether there is a God or not.

I got mad at God after the sexual abuse, and it was useful that my dad got mad at God too. People who think they understand God's reasoning and explain it to me are just irritating. I wonder whether there was a good reason why I was abused, and then I also think that there isn't a reason that would be good enough. I hope there is a God—not only so I can ask God this someday, but so that all the people who pray aren't wasting their time.

Participant Three: Tamara

Brief Background. At the time of the first interview, Tamara was a 14-year-old Caucasian female who described herself as a Jehovah's Witness. At the time of her initial sexual abuse, she was 9 years old. Her 13-year-old brother, initially in the guise of roughhousing, touched her in the genital area. Approximately once per week, Charles looked at and touched Tamara's genitals, had Tamara look at and touch his own genitals, and eventually taught Tamara to bring him to orgasm manually. The abuse ended 4 years after its inception when Tamara's brother moved out of the state. Three weeks after her brother left the home, Tamara revealed the abuse to her mother. Criminal charges have not been filed.

Significant Statements. The initial reading of Tamara's transcript yielded 29 significant statements relating to religious coping (see Appendix B). For ease of presentation, there are four topics (i.e., content of prayers during the sexual abuse, content of prayers now, how God filled the big hole, the little holes) that were labeled and grouped by the researcher. All other significant statements with sub-headings are identified by Tamara's own words. As a result of a meeting with the second reader, four statements—numbered 3, 5d, 8, and 9c—were added.

Formulated Meanings. From the significant statements, the primary researcher derived a list of 23 formulated meanings (Table 6). These formulated meanings are intended to capture both the implicit and explicit elements of Tamara's experience of religious coping. The items numbered five, twelve, eighteen, and twenty-seven were added as a result of a meeting with the second reader.

Table 6

Formulated Meanings: Tamara

- 1. God hears my prayers, both silent and spoken.
- 2. God is a source of reliable help and comfort.
- 3. God is wise and can give people wisdom.
- 4. God answers prayers.
- 5. God loves me and everybody.
- 6. Feeling certain and peaceful about a certain action or path is a sign you've received God's wisdom.
- 7. God can talk to people directly.
- 8. God is trustworthy—when he says I'm safe, I know it's true.
- 9. The elders of my former congregation were supposed to help me and keep my experiences private.
- 10. I was sad that people in my former congregation saw me differently.
- 11. God's wisdom inspired my mother to take me to a new congregation.
- 12. My new congregation has been a more understanding, helpful, and comforting place for me.
- 13. Meeting others who have dealt with sexual abuse was a divine opportunity.
- 14. Even after the sexual abuse, I can still be a valuable woman and believer in God's eves.
- 15. Even after the sexual abuse, I can still have a good life.
- 16. The presence of friendly, Godly women who were strong in the faith at my new congregation is proof that God led my mom there.
- 17. God is not watching over everyone simultaneously.
- 18. God did not know about the sexual abuse when it was happening.
- 19. God chooses whom he will help according to their relative need and resources.
- 20. To God, both sexual abuse and lying are wrong behaviors.
- 21. God can and will punish people for wrong behaviors.
- 22. God's punishment is worse than jail.
- 23. God holds people accountable for their behaviors towards one another.
- 24. God filled the big hole in my life by loving me, sending Charles to Michigan, and surrounding me with loving people.
- 25. God knows that sexual abuse is wrong, scary, and shouldn't happen to anyone.
- 26. God arranged for me to have loving people in my life to teach me the skills to fill the little holes in my life.
- 27. The fact that I am in counseling is a sign of God still working in my life.

Thematic Clusters. The primary researcher identified three themes evident in Tamara's experience, presented in Table 7: The Nature of God (what God is and is not), Worth (sense of value, to self and God), and Wisdom (its definition, presence, and effects).

Table 7

Thematic Clusters: Tamara

The Nature of God

- 1. God is reliable, trustworthy, loving, and wise.
- 2. God can and will hold people accountable for their actions, punishing those who engage in wrong behaviors.
- 3. God is not omnipresent and decides, according to their need, whom to help.

Worth

- 1. My worth, value, and potential, from God's perspective, are unchanged by the sexual abuse.
- 2. God has and is helping me fill in the big hole in my life; he has also surrounded me with loving people to help me fill in the little holes.

Wisdom

- 1. God is wise and the source of wisdom.
- 2. The evidence of wisdom is peace and certainty.
- 3. The results of wisdom are helpful relationships and healing connections with other people.

Narrative Description. Tamara validated the following description of her experience of religious coping:

God is wise, trustworthy, and loving. God thinks I am valuable and precious—being sexually abused doesn't change that at all. God did not know about my sexual abuse when it was happening to me because he does not watch over everyone at the same time. God decided to help other people, people who needed more help and had fewer resources than I did to deal with their circumstances. God is against all wrong behaviors, including lying and sexual abuse, and God does hold people accountable for those behaviors.

God filled the big hole in my life with love. Not only God's love, but God's wisdom has had a big effect on my life. It's God's wisdom that has inspired people around me, including my mom, the members and elders of my new congregation, and my counselor. All of these loving people are helping me reconnect with myself and the world around me.

Participant Four: Debbie

Brief Background. At the time of the first interview, Debbie, an African American female, stated that she was 17 years old. When asked about her religious affiliation, she stated, "I was raised Christian but I don't think I'm one anymore." At the time of her sexual abuse, she was 15 and had befriended an 18-year-old male via the Internet. After 2 weeks of online conversation and 2 months of face-to-face dating, Debbie agreed to visit him at his home. In his

bedroom, Christopher forced Debbie to orally stimulate him to orgasm. Debbie left his home that day and has not had any further contact with him. Debbie revealed the abuse to her grandmother a month later. No criminal charges have been filed.

Significant Statements. The initial reading of Debbie's transcript yielded 38 significant statements relating to religious coping (see Appendix B). There is one topic (i.e., previous involvement at church) that was labeled and grouped by the researcher. All other significant statements with sub-headings are identified by Debbie's own words. As a result of a meeting with the second reader, Debbie's statement of her religious affiliation (statement #1) was added for a total of 39 significant statements.

Formulated Meanings. From these significant statements, the primary researcher compiled a list of 25 formulated meanings (see Table 8). As a result of a meeting with the second reader, the primary researcher added three formulated meanings, numbered five, twenty-one, and twenty-three, to the list.

Table 8

Formulated Meanings: Debbie

- 1. I learned in church that God is omniscient and has foreknowledge of every event, and preordains all events (God is not a neutral entity).
- 2. I learned in church that all living and non-living things depend on God to exist and do what they do.
- 3. I don't know if I can believe in a God who knows about, and still allows, bad things to happen to me.
- 4. God cannot be protecting me and loving me and, at the same time, allowing people to burt me
- 5. If I think about God as omnipotent, omniscient, and loving, I get angry with God.
- 6. I don't know if God is a hypocrite and has it both ways or if what people say about him in the Bible is incorrect.
- 7. The Bible has some passages that I think are true, and others that I think are untrue.
- 8. Some of the Bible may not be an accurate reflection of what God really is or really said.
- 9. Churchgoers are threatened by God's contradictory actions; rather than confront them, they pretend the contradictions aren't there.
- 10. Now, I think God created life but does not interfere in it.
- 11. God is neutral, having no preference or opinion about the decisions people make. He is neither loving nor protective.
- 12. Believing in God's non-interference in human life releases some of my agitation, anger, and sadness.
- 13. Human choice, not a lack of God's accountability, is the cause of sexual abuse.

- 14. As God is everywhere, holding God accountable for sexual abuse would be challenging because I cannot leave God's presence.
- 15. I would prefer a God that wasn't watching during the sexual abuse than one who was watching and non-interfering.
- 16. The thought of a non-interfering God, who has no preferences about human behavior, is frightening for some people.
- 17. Suggesting a non-interfering God led others to question my thoughts.
- 18. Although I continue to go to church because my grandmother insists I do so, I will not go once I am not living with her.
- 19. Although I continue to go to church, I think independent thoughts about God, thoughts that are against the beliefs of my fellow congregants, when I am there.
- 20. Although I continue to go to church, I spend less time there, and it has little spiritual value for me.
- 21. I used to pray daily, asking God to bless others, neither expecting nor experiencing any kind of response from God.
- 22. If God and I were going to have a conversation, it would have happened by now.
- 23. God is neither insulted nor angry with me for being angry with and asking questions of him.
- 24. A God so easily offended would not be capable, strong enough to create the whole earth.
- 25. Other people perceive my questioning as a threat or an attack; as a result, they quickly begin defending God.
- 26. Rather than rushing to defend God and explain God to someone, friends should wait, trusting that God is fully capable of addressing the person directly.
- 27. God has remained silent and has not answered my questions.
- 28. My situation is similar to Job's: he, too, was hurt, asked God why it happened, didn't hear anything from God, and then his friend began to explain and defend God to him.

Thematic Clusters. The formulated meanings were then examined in order to determine whether any overarching themes could be applied to further organize Debbie's experience. Three such thematic clusters were identified and were titled: People as Mediators, The Nature of God, and Experience of Suffering (see Table 9). The first cluster reflects Debbie's experience of others as fallible and defensive mediators between herself and God. The second cluster evident in Debbie's experience is her changing experience and understanding of God's very being and qualities. Finally, Debbie compared her own experience with that of Job, one whom she feels suffered also.

Table 9

Thematic Clusters: Debbie

- 1. People as Mediators
 - a. People may not know or convey the full truth about God.
 - b. People, not God, are offended and threatened when I raise questions about and

to God.

- 2. The Nature of God
 - a. The God I learned of is contradictory in nature: omniscient, protective, omnipresent, loving—yet willing to allow me to be hurt.
 - b. The God I know now created all life but will not interfere with it. God is neutral and has no preference about how human events unfold.
 - c. God is neither harmed by nor angry with my questioning of him.
- 3. Experience of Suffering
 - a. Like Job, I have been hurt, asked God why it happened, and have not received any response from God.
 - b. Like Job, I have also had friends come to God's defense in my time of despair.

Narrative Description. Debbie made two changes to the narrative description presented below. While reading, she underlined two sentences and said, "These should be in bold or something." As per her statement, Debbie validated the following description of her experience of religious coping:

Since the sexual abuse, I have begun to notice contradictions in what I learned about God as a child. I was raised Christian but I don't believe I'm a Christian anymore. I don't believe anymore in a two-faced God: it isn't possible that a loving, omniscient (all-knowing), omnipotent (can do anything), omnipresent (is everywhere) God did nothing to interfere with the abuse. Now I think God is neutral—God created life but doesn't get involved in it at all. I don't think God is mad or threatened when I am angry and asking him questions. People, on the other hand, are quick to get angry, or offended, or feel attacked when I raise questions about and to God. I can relate to Job's experience. I also know what it is like to be really hurt, ask God why it happened, and not hear any response back. I also know what it's like to have friends who jump in and try and defend God and explain God to me.

Participant Five: Marcella

Brief Background. At the time of the first interview, Marcella was a 14-year-old girl who described herself as being a Christian with a "White and Puerto Rican" ethnic background. At the time of her sexual abuse, she was 7-years-old and was best friends with Ricky, a neighborhood friend and classmate. While playing with Ricky at his home, Ricky's teenage older brothers sent Ricky to buy snacks at a local store. Once alone with Marcella, both brothers touched her chest and genital areas. The elder brother unzipped his pants and forced Marcella to touch his genitals. The abuse ended when the boys' parents came home from work; the brothers

stopped touching Marcella just before the boys' mother entered the room. Marcella revealed the abuse to her mother 4 years later. No criminal charges have been filed.

Significant Statements. The initial reading of Marcella's transcript yielded 40 significant statements. After a meeting with the second reader, two statements were condensed into a single unit (now statement number one). Statements thirty-seven, thirty-eight, and forty were initially listed as part of a subgroup; they are now presented separately, yielding a total of 42 statements (see Appendix B). All subgroups are identified with Marcella's own words.

Formulated Meanings. A list of formulated meanings is presented in Table 10. These reflect both Marcella's words and her implied meanings as well. Item six, "Praying for material things or for help with everyday problems is disrespectful to God," was added following a meeting with the second reader.

Table 10

Formulated Meanings: Marcella

- 1. I know that God answered my prayer during the sexual abuse because Ricky's mom came downstairs.
- 2. God can answer prayers by directly influencing human actions, such as sending Ricky's parents home and by arranging for Ricky and I to be in different classes.
- 3. Now, I independently work towards, rather than pray to God for, my day-to-day goals and desires.
- 4. God expects me to take care of my own day-to-day desires.
- 5. It is not God's responsibility to take care of day-to-day desires when he has the more important work of attending to emergency situations.
- 6. Praying for material things or for help with everyday problems is disrespectful to God.
- 7. God is willing and able to assist in my emergencies, when my abilities are overwhelmed; however, this help may require me to experience a sacrifice, like losing a friendship.
- 8. If God hadn't answered my prayer during the sexual abuse, the abuse would have escalated further.
- 9. For a long time after the sexual abuse, I felt like Jesus did on the cross—neither happy nor sad—and I looked, as Jesus did, sad.
- 10. I once believed that keeping the sexual abuse a secret was helping me and other people.
- 11. Understanding that even Jesus' suffering on the cross ended helps me to believe that mine might also end someday.
- 12. If God can restore Jesus' happiness and reconnect him with others, the same is possible for me.
- 13. God's love for me remains strong and is unchanged by what wrong was done to me.

14. Being happy again does not require that God punish my abusers; rather, it is based on me having more friends and good things in my life.

Thematic Clusters. Marcella's experience of religious coping was further organized into two themes, entitled My Relationship with God and Suffering and Restoration, as shown in Table 11. The first cluster is comprised of her current awareness of how she relates to God. The second theme details her comparison of herself to Jesus in their shared experience of suffering.

Table 11

Thematic Clusters: Marcella

- 1. My Relationship with God
 - a. God expects me to use my abilities to fulfill my everyday desires and needs.
 - b. God is willing and able to directly intervene in human life; however, such interventions only happen in emergency situations and may require the person to experience a sacrifice.
- 2. Suffering and Restoration
 - a. As Jesus experienced mixed emotions on the cross, I experienced the same when I was keeping the sexual abuse a secret.
 - b. What God did for Jesus, restoring Jesus' happiness and relationships with others, is also possible for me and is not dependent on the punishment of my abusers.

Narrative Description. Marcella validated the following description of her religious coping experience:

My experience of sexual abuse has really changed my relationship with God. I used to treat God like a Coke machine: I'd pray for something I wanted and expect to just get it. During the abuse, I know that I received an answer to my prayers because the abuse stopped when it did, without getting any worse. I learned that God will intervene during emergency situations in my life, but that his interventions are answered with some sacrifice too. Since the abuse, I recognize that God is there to help when I really need him during an emergency situation that I can't handle by myself. The rest of the time, I work and use my own abilities to address what's going on, like God expects me to do.

For a long time after the sexual abuse, I was both happy and sad, which I think Jesus also felt when he was on the cross. But Jesus' suffering did not last forever. My new picture of Jesus helps to give me hope. It helps me remember that if God can restore Jesus' happiness and relationships, then God can do the same for me.

Participant Six: Julie

Brief Background. At the time of the first interview, Julie was a 14-year-old female who did not describe herself as being a member of a religious group. Julie self-identified as biracial, stating that her mother was "White" and her father was "Black and Cherokee." At the time of the initial sexual abuse, Julie was 10-years-old and living with her parents. Her maternal uncle Rob came to live with the family after completing a residential drug-treatment program. Over the next two years, Rob repeatedly forced Julie to manually and orally stimulate him to orgasm and touched her breasts and genitals. Following Julie's suicide attempt and subsequent inpatient hospitalization at age 12, she revealed the abuse to a psychologist. A criminal investigation is currently underway.

Significant Statements. Twenty significant statements were listed after the initial reading of the transcript. A meeting with the second reader yielded three additional items, numbered two, three, and five, for a complete list of 23 significant statements, as presented in Appendix B. The items numbered fourteen and fifteen were labeled by the primary researcher. All other subgroups are labeled with Julie's words.

Formulated Meanings. From these significant statements, the primary researcher compiled a list of 12 formulated meanings (see Table 12). As a result of a meeting with the second reader, the primary researcher added a single item (#1; "My dream was a powerful connection to the Great Spirit, to wisdom, and to the path towards healing,") to the list.

Table 12

Formulated Meanings: Julie

- 1. My dream was a powerful connection to the Great Spirit, to wisdom, and to the path toward healing.
- 2. Mother Ella is a wise woman, a trusted gateway for spiritual and emotional healing.
- 3. The Great Spirit is the spirit that created everything and it is in everything.
- 4. The Great Spirit is in me and in everybody else.
- 5. Everything and everybody should be respected because they are also a part of the Great Spirit.

- 6. Through the symbol of the snake, the Great Spirit demonstrates that it is possible to leave behind old experiences and, from within yourself, develop a new protective covering.
- 7. Snakes both stay the same and are transformed when they grow a new skin; like a snake, I am both the same person I was before the sexual abuse and different.
- 8. I go outside to connect with the Great Spirit.
- 9. I talk to the Great Spirit, in poem and song, about my sadness, strength, and wish for fairness in the world.
- 10. The Great Spirit always talks back to me in feelings of peace and calm.
- 11. My snake work is regenerative and healing, helping me reconnect with my father, express my emotions, and take care of my body.
- 12. My snake work is helping me put the sexual abuse behind me, want to live, and feel good about myself.
- 13. Knowing about the Great Spirit has helped me move away from being really sad, lonely, and angry with everybody.

Thematic Clusters. Julie's experience was further organized into two themes: Healing and Snake Work and Connection with the Great Spirit, as shown in Table 13. These two beliefs are believed to comprise the thematic core of her religious coping experience.

Table 13

Thematic Clusters: Julie

- 1. Healing and Snake Work
 - a. The snake is a symbol of regenerative healing, representing my ability to both conserve my identity and transform my experience of the sexual abuse.
 - b. Healing comes through many channels, including Mother Ella, wisdom, and dreams—from the Great Spirit, the single source.
- 2. Connection with the Great Spirit
 - a. Through dream, song, poetry, and communion with nature, I share my thoughts, emotions, and desires with the Great Spirit.
 - b. With peace and calmness, the Great Spirit responds in and to me.
 - c. The Great Spirit created all and is in all.

Narrative Description. Julie validated the following description of her experience of religious coping during the second interview:

My dream about a snake was powerful. It gave me the courage to reveal the sexual abuse. Although I did not recognize the voice in my dream, I trusted, valued, and tried to follow its message by not being afraid. I am changed by my communication with the Great Spirit, who is in everything and everyone and created everything. I speak with the Great Spirit especially in nature, of my sadness and strength; I receive peace and calm. Mother

Ella has helped me connect with snake healing, a force for regeneration and renewal, to help me transform my experience of sexual abuse.

Collective Description

As one of the 6 participants (Gloria) was not available for validation of the collective description, the remaining 5 participants were presented with the collective religious coping statement for their input and validation. All 5 of these adolescent participants validated the following statement of collective experience of religious coping:

My relationship with what is sacred changed with my experience of sexual abuse. I created a new relationship, questioned an existing relationship, or strengthened the relationship I already had with the divine.

Notes from Self-Reflection

Over the course of the interviews, the primary researcher kept a written record of her presuppositions, thoughts, and ideas about the nature of religious coping. Engaging in written self-reflection encouraged and enabled greater awareness of the cognitive, emotional, behavioral, and spiritual factors that arose for the primary researcher throughout the research investigation. The following excerpt from the primary researcher's investigative journal highlights an important impact this research had on her understanding of the phenomenon:

I think I expected that, as a whole, the group of adolescents would be all over the place in their experience of religious coping—that each adolescent's experience would be unique. Now, I've interviewed four girls, and based on what they have shared, I think that religious coping might be less of a single experience and more of a fluid process. It's weird: before the first interview, I was anticipating that each adolescent would have a single experience. So much for that! These girls' experiences are so much more complex than I thought it would be, with different hypotheses, thoughts, and emotions just sliding in and out of their current-moment experience. So, I wonder, what is the constant in an experience when every belief, thought, emotion, is subject to change?

This excerpt highlights the primary researcher's changing conceptualization and understanding of religious coping as it was informed and impacted by the adolescent participants. It is noteworthy that a sort of parallel process emerged in the primary researcher's experience: as the adolescent participants' experience of religious coping was reported as a fluid, changing, and

dynamic one, the primary researcher's own thoughts about religious coping began to reflect this complexity and dynamism as well.

Discussion

Before entering individual remarks about each adolescent's experience of religious coping, a brief return to the initial inspiration for the research is in order. The intention of this investigation was to explore the phenomenon of religious coping with the help of adolescents who, in some way, resonate personally to the experience of sexual abuse.

Individual Discussions

Gloria's Experience. Gloria's experience of religious coping reflects a clear example of positive religious coping, or turning towards religion during times of stress. This is most clearly indicated by her frequent use of benevolent religious appraisals. "God knew I was a strong person...God knew I had a strong family behind me," Gloria stated, explaining how she understands why this experience happened to her. In a sense, Gloria is acknowledging her own strength as well as God's ability to know that Gloria would be able to manage this experience somehow. She also explicitly attributes any sign of emotional healing or everyday enjoyment ("something going good") to God answering her prayers, an attribution that others might consider particularly generous (Livingston, 2006).

Gloria's experience is notable for its lack of ambivalence and negative religious coping strategies. Gloria was raped by two men and held against her will for 2 days. Despite this, Gloria does not report experiencing any anger, frustration, disappointment, confusion, sadness, or betrayal with God. Although many psychotherapists might be skeptical of any description of a phenomenon that did not include some paradoxical and contradictory elements (Livingston, 2006), Gloria's personal affirmation of an entirely positive religious coping experience is accepted as credible within a phenomenological inquiry.

It is also possible that, for Gloria, positive religious coping may have been a particularly compelling option given her previous spiritual experience and understanding. Researchers have asserted that certain populations, including women (Veroff, Douvan, & Kulka, 1981), ethnic minorities (Lincoln & Mamiya, 1990), and the poor (Neighbors et al., 1983), may choose religious means of coping more frequently. It is noted that, in the course of her interview, Gloria noted that her romantic interest had once taken her out for an "expensive" meal costing \$10. Being a young, African-American female with this sense of monetary value may have served as kindling for her to, when faced with trauma, gravitate towards a means of power that seemed accessible to someone in her unique life circumstances. For Gloria and those like her, turning towards an understanding, omnipresent, and helpful God may prove understandably helpful in times of stress.

Amanda's Experience. Unlike Gloria, Amanda does not attribute any of her daily triumphs and successes to God's doing. Amanda clearly noted that she could, in her words, "do what [she] needed to do" without God's help. For her, helpful and healing behaviors, which include going to sleep at a regulated hour, attending and remaining in school, going to work, going to regular therapy sessions, and refraining from substance use, were ones she had worked hard to establish as routine in her life.

Amanda describes having turned to God in prayers during the week of the abuse. When the abuse did not stop, she concluded that her prayers had gone unanswered. Amanda's concept of a benevolent God who would answer, in a meaningful way, her supplication, has been shaken. At the time of the interview, she maintained that God, if real, is omniscient and omnipotent. Simultaneously, Amanda is willing to accept another framework, one that denies God's existence. What Amanda apparently does not entertain is the possibility of a vengeful God, one who might have been punishing her, either by allowing the sexual abuse or refusing to respond to her prayers. Refraining from viewing her experience as punishment from an angry deity may serve to enhance her mental health status, as compared to those who engage in negative coping strategies

(Exline et al., 1999). Amanda's current indecision about God raises an important question to be considered later in this manuscript: Following an experience of trauma, is it protective and enhancing to one's mental health to deny God's existence rather than experience God as punishing?

At the time of the interview, Amanda expressed that she does not worry about whether God exists or not, simultaneously with a hope that God is real. Amanda cited two reasons for wanting God to exist. First, she doesn't want "all the people who pray" to be wasting their time, an acknowledgement that in her surroundings, a great majority of people believe in some sort of transcendental reality (American Religious Identification Survey, 2001). Amanda also has a question for God, one that she does not believe that anyone else can answer: Is there a good reason for why this happened to me? On several occasions during the interview, Amanda wondered whether there was a good reason why she was abused and immediately juxtaposed this by stating that she did not believe a good enough reason existed. Amanda's ambivalence is an important part of her experience of religious coping and, as such, it is essential for the reader to recognize and acknowledge the tension inherent in such ambivalence.

It is noteworthy that Amanda added a statement to the narrative description in order to accurately have it reflect her experience. Amanda added the sentence, "Belief in God would make things easier for me." When asked how this belief would make things easier, Amanda responded with the following:

Just because, it's like having a gun under your pillow. If you don't have to use it, but at least you know it's there to like—which is really weird, coming from me, because I hate guns. I think they're ridiculous. But it's like having that, a safety net, just in case, that you don't want to ever have to use but you know it's there.

Amanda's addition adds an important layer of meaning to her experience of religious coping. She has described her everyday successes neither as a collaborative effort nor as a reflection of God's effort and grace but as the result of her own creativity and perseverance.

Amanda, here, shares an understanding that borders, perhaps, on an admission of longing.

Amanda compares belief in God to having a gun under a pillow: a powerful weapon, easily available and accessible even when in a vulnerable position, which can provide comfort when unneeded and defense and safety when called upon. There are, of course, many situations in which having a gun under a pillow has led to less benevolent and desired outcomes. The idealized comfort, protection, and safety that Amanda perceives as being the result of belief in God may be a normal and predictable result of desiring what appears to be a simpler, less complicated path than one's own.

Tamara's Experience. A thorough analysis of Tamara's interview reveals that her understanding of God's agenda serves two critical functions in her religious coping experience. Throughout the ages, many wisdom texts and traditions have devoted considerable effort in explaining, exploring, and exhorting the adoption of God's agenda: people should understand, support, and do what it is that the divine or universal agenda requires (Bible, 1982; Wilhelm & Baynes, 1950). Tamara is clear in her conceptualization of God's agenda: God supports, assists, and actively helps those who really need his assistance. Her understanding that God was with her mentally challenged uncle, rather than with her, during her experience of sexual abuse, serves to answer the implicit question, "Where was God then?" Not only has she answered this question to her own satisfaction, she has placed God with a family member. This may serve not only to diminish or inhibit any feelings of anger or jealousy—it may be harder to be upset with God when God is helping a beloved relative—but also to personally localize God's benevolence and caring.

Tamara's understanding of God's agenda serves a second, potentially self-enhancing function as well. Tamara validated the statement, "God decided to help other people, people who needed more help and had fewer resources than I did to deal with their circumstances." What are the possible correlates and effects of concluding, in essence, that God knew that Tamara did not need as much help as others? The belief that God doesn't give or permit more adversity in one's life than one can handle is a frequently used aphorism, ostensibly reassuring the individual that

God knows one's actual abilities, resources, and strengths and is confident that the person can cope reasonably well with the situation (Kushner, 1983). Knowing that God believed she could handle the sexual abuse may serve to strengthen Tamara's sense of worth and encourage her to prove herself and God right by maximizing available support, rationales, and relationships to that end. Tamara, it seems, might agree with Kushner's (p. 25) explanation of this viewpoint: "[God] puts us to the test so that *we* will discover how strong and faithful we are."

Another significant aspect of Tamara's religious coping experience is her acknowledgment of Laura and Cassie, who are also abuse survivors and members of her new congregation. In fields as disparate as psychology, sociology, business, and education, many authors have explored the importance of role modeling and mentorship; although the majority of such research is a testament to the social, educational, personal, and professional benefits of having such a role model (Gerstein, 1985; Scheele, 1992; Schaller, 1996; Smith, 2003), there continues to be little consensus about the definition of a mentor. A mentor has been described, mainly in sociological, religious, and psychological writings, as one who is committed to the personal development of the protégé as she moves through an internal journey (Daloz, 1986; Schaller). Although these descriptors of mentorship are not absent from business and leadership texts, the language is frequently more reflective of an external journey. Here, a mentor is one who already has traveled a particular professional road or achieved a certain status or rank and commits to helping the protégé acquire the skills and experience needed to reach that same goal (Murray & Owen, 1991). It seems, then, that the actual role of a role model might be to help another develop the self, acquire certain skills, or a combination thereof (Schaller; Suess Kennedy, 2000).

When Tamara indicates that there are big holes and little holes in her life, she also shares her conclusions of how these areas are addressed. Helping her develop her personhood is God's work. This self-enhancement and development is facilitated by God's love and is further evidenced in God's arrangement for her interpersonal and physical environment to be a safe and

loving one. Tamara asserts that those around her can teach her skills which may very well help her on her external journey to womanhood and adult believer. There is a relative paucity of writing on the role of spiritual role modeling and mentoring for adolescent girls (Davis, 2001). There is some evidence that the spiritual and organizational structures of many religious groups do not optimally encourage, educate, and expose girls to experiences which might assist in their personal growth and active community membership (Schaller, 1996; Kujawa-Holbrook, 2001). Tamara noted that Laura and Cassie are women who have had "the same thing [sexual abuse] happen to them"; in addition, she describes them as "good women who are really strong in the Truth [her religious tradition]." In a fashion, Tamara identifies these women not only as ones who have taken the external journey from girlhood and child member of the Jehovah's Witnesses to womanhood and mature faith member, but also appear to have taken a valuable internal journey as well. Their presence, friendliness, and adherence to their shared faith are, in Tamara's experience, a sign that she too can have a good life. Her exposure to these women has helped to create a sense of micro-plausibility (Berger, 1967), a lived knowing that she, too, can move forward from the abuse with the God she serves. Tamara's understanding of God's agenda and wise, supportive nature, coupled with her acknowledgment of available role models in her faith tradition, are the bedrock of her experience of religious coping.

Debbie's Experience. Debbie's experience of religious coping following sexual abuse is constituted largely by her changing perception of whom and what God is. She also challenges, clearly and openly, her previously held belief that others can and are accurately disseminating information about God. As she begins to speak more honestly to God, attempting to move from the rote prayers of her childhood to a meaningful and meaning-filled dialogue, she experiences increasing isolation from her religious community. The benefits of religious community membership may include the opportunity to give and receive social and emotional support along with a feeling of inclusion and belonging (Blaine & Crocker, 1995; Levin, Chatters, & Taylor, 1995; Lincoln & Mamiya, 1990). However, community norms and standards also may function

as a powerful boundary and forceful deterrent, either explicitly or implicitly disallowing and discouraging community members from engaging in activities deemed to be unwholesome or negative (Anderson, 1998; Tickle, 1994). There remains considerable controversy, both among and within religious communities, about whether questioning one's most sacred beliefs is desirable. For Debbie, calling into question the accuracy of the Bible and God's very nature are, in her words, perceived as "crazy" by her grandmother and church-attending peers. Others might view this questioning as an essential step in developing a mature, whole, and complete faith (Peck, 1978).

Batson and colleagues (Batson & Schoenrade, 1991; Batson & Ventis, 1982), in their development of the Religious Life Inventory Scales, proposed the Quest orientation to religious life. The Quest scale addresses an individual's comfort with dealing with existential questions in the presence of self-criticism and doubt; it measures, in a sense, one's ability to engage in questioning and tolerate not having easy and certain answers. It seems that Debbie, at this time, is experiencing and would endorse more agreement with a Quest orientation than would some in her congregation. It is an oversimplification to conclude that Debbie is "crazy" or less religious at this juncture; rather, Debbie is actively reviewing, reevaluating, and questioning her previously held spiritual beliefs. Debbie's experience is a reminder that religious coping is neither a turning away nor a turning towards religion but can be either, as both are marked by a conscious involvement with the sacred.

Debbie's experience of religious coping clearly is impacted by her previous experience and knowledge. As Pargament (1997) noted, an individual will gravitate towards coping strategies that she believes are both available and compelling. For Debbie, the story of Job fits those criteria. The story of Job is frequently considered to be the preeminent story of suffering in Judaism and Christianity alike (Kushner, 1983). A brief synopsis that covers the beginning of Job's story is essential in order to situate Debbie's own experience (Bible, 1982; Kushner, 1983). In the tale, God has placed a special protection around Job, a faithful believer. Satan challenges

God, saying that Job is only faithful because his life is problem-free. Satan says that if God didn't protect Job, Job would turn against God. God accepts the challenge and stops protecting Job; Satan subsequently torments Job, killing his family and ruining Job's financial, social, and professional life. Job cries out to God, asking why these things have happened to him. Job's friends alternately tell Job to unquestioningly accept God's mysterious ways, to admit that he must have done something to deserve this reversal of fortune, and chastise Job for daring to ask God why these challenges have befallen him.

Debbie likens herself to Job, identifying with his suffering and pain. Kushner (1983) proposed that there are three statements in which Job and his friends may have wanted to believe:

(a) God is all-powerful and causes everything that happens. Nothing happens in this world without God willing it to happen; (b) God makes it so people get what they deserve because God is just and fair; (c) Job is a good person. Kushner asserts that when suffering enters Job's life, he is forced to reevaluate these propositions, affirming any two and denying a third. For Debbie, she has clearly retained her belief in the third statement. At no point does she suggest that she is a bad person who may have deserved the abuse. Debbie, instead, challenges the first proposition, the belief that God causes all things. She suggests that God is the first cause but not the subsequent cause of every action. In addition, in her statement that God is neutral and does not get involved in everyday life, she also may be challenging the second proposition. For Debbie, God may not have a preference or opinion about how events proceed for people; this, of course, would seem to be in direct contradiction to a belief that God stands for justice and fairness.

Debbie's reconceptualization of God may be, in its essence, a theological and spiritual concern, but it is one with profound and enduring intrapersonal and interpersonal components. Debbie's experience of religious coping is that her friends think she's crazy and that she's "through" with her grandmother's traditionalist explanations. Debbie perceives her grandmother and friends as being either unwilling or unable to engage with her in this exploration of belief; in turn, her experience of them as God's apologists and "lawyers" leads her to become increasingly

angry with and distant from them. Childhood sexual abuse often demands and compels silence from its victims, often leading to them to experience a deep sense of alienation, isolation, and disconnection from others (Cohen, 2000). The irony remains that, while Debbie has not indicated whether she has experienced isolation as a result of the sexual abuse, it is certain that her religious coping efforts certainly have resulted in the same.

Marcella's Experience. An analysis of Marcella's experience of religious coping reveals her reconsideration of her responsibilities, desires, and abilities in the context of God's presence. After coming to a lived realization of God's intervening power during the sexual abuse, Marcella is clearly embracing a conceptualization of self that can be described as more self-reliant than before. She emphasizes how she, not God, is ultimately responsible for bringing the little things in her life to fruition. This facet of Marcella's experience has some echo in the extensive body of research on the psychological concept of locus of control (for summaries, see Shapiro, Schwartz, & Astin, 1996; Willis and Reid, 1999). There is published research that suggests that an internal locus of control enhances positive outcome (Fouts & Vaughan, 2002) as well as research which suggests the opposite (Weist, Freedman, Paskewitz, Proescher, & Flaherty, 1995).

This tendency towards self-reliance has been called a uniquely American cultural phenomenon (Weisz, Rothbaum, & Blackburn, 1984) and has been roundly challenged by many theologians who assert that this drive towards a false independence is people's futile effort to become their own God (Rutledge, 2002). From this theological perspective, one that encourages human dependence upon God instead of treating God like a "Coke machine," Marcella is now relating to God as a spare tire, to be called upon only in emergencies, but otherwise marginalized and disconnected from everyday life (Pargament, 1997). Within the field of psychology, the mixed body of results is perhaps a testament to the variety of circumstances and variables under which an internal or external locus of control appears to be more adaptive (Willis & Reid, 1999).

Like Debbie, Marcella has situated her experience of religious coping in likening her experience to that of another. Marcella speaks of going through a time of suffering, like Jesus,

anchored by a belief that such suffering was beneficial, if not salvific, for others. The abusers' code of silence around sexual abuse is recontextualized by Marcella as a self-sacrificing act.

Marcella believed that it would be, in her words, "better for [her] and [her] mom and everybody" if she continued to hide the abuse. It took 4 years for Marcella to begin the transition from a sole consideration of herself as a crucified Christ to a gradual accommodation of a risen Christ (Carder, 1997). In other words, her journey is from a place of unmitigated suffering to a place of hope for meaningful restoration, or the intrapersonal experience of happiness and the interpersonal experience of relational reconciliation.

Julie's Experience. Julie's immersion into an experience of religious coping is the only one in this investigation group that does not directly reflect a personal background or strong cultural orientation within any Abrahamic religion (e.g., Judaism, Christianity, or Islam). The physical, religious, educational, and societal changes forced upon various First Nations (Native American) peoples by European colonizers served, at the least, to fractionalize and, at the most, condemn and extinguish existing societal and cultural beliefs (Tinker, 1989). Despite the variability within Cherokee beliefs (Smith, 1995), the essence of Julie's religious coping reflects three components frequently found in the metaphysical and actualized experience of Cherokee cosmology: direct contact, sacred word, and sacred world (Irwin, 1992; Smith, 1995; Tinker).

Within this cosmology, direct contact is seen as the gateway to spiritual reality (Sakim, 1972; cited in Smith, 1995). Knowledge of a concept is deemphasized; preparing for, allowing, and acknowledging the lived experience is immensely valued. Julie's experience of religious coping begins with a dream, a greatly respected means of experience with the spiritual essence of the world (Mooney, 1982). It is important to note that Julie immediately took action as a result of her dream, revealing her sexual abuse and trusting in its message, long before she shared it with others or solicited others' opinions about it. Julie's experience highlights a subtle and important piece of her relationship with Mother Ella as a healing resource. Direct and personal contact with Spirit is foremost; seeking additional wisdom or mediation from a guide is optional and based on

the individual's desire to seek such teaching (Sakim; cited in Smith, 1995). This is exemplified in Julie's relationship with Mother Ella as the latter, in the role of spiritual elder and mentor, consistently and gently encourages and redirects Julie towards engaging in personal ritual and direct contact. Rather than only teaching Julie about the Great Spirit, she facilitates and encourages Julie to open herself to experience direct contact in a myriad of ways. Julie's experience of religious coping includes other equally meaningful forms of direct contact with the Great Spirit, including conversation, song, and various physical and personal care rituals.

Religious coping, for Julie, is inextricably connected with the power of words. This importance can be connected historically and culturally to the respect for shamanic healers; not only is their knowledge of plant and animal life respected and honored, but their knowledge of the sacred word is also paramount (Mooney & Olbrechts, 1932). Among many Cherokee clans, knowledge of formulas—words that have a unique power to either heal or harm—are considered to be the bedrock of the healing process, even more so than the prescribed practices (e.g., diet) that the shamans suggested to those seeking their assistance (Irwin, 1992). Julie's own experience reflects a respect for the invocative power of language and the power of her words. She reported writing the words contained in her dream, "Don't be afraid of anyone or anything. I am everywhere," nearly 200 times daily. For Julie, her words have become an integral part of her attempts to connect with the Great Spirit, serving her as she creates poetry, writes in her journal, and sings.

Finally, an analysis of this religious coping experience would not be complete without acknowledging the role of and Julie's interaction with the sacred world. Julie's understanding is that a single Spirit created and values all that she sees around her. Although she previously had witnessed her father acknowledging this Spirit in animals and land, her newfound introduction into direct contact with the sacred influences her to uniquely experience the presence of the Great Spirit in the wind and trees. In her assertion that the Great Spirit is all and is located in all, Julie also manages to suggest her own worth and value: she decides that this same Spirit is her and is

located within her, a statement serving as a powerful tool to ward off fear (Tinker, 1992; 1994). In this interview, Julie did not address how she might reconcile such a view of the Great Spirit in all things with her lived reality of her abusive uncle and disbelieving mother; at the present time, Julie seems content to focus on acknowledging the Great Spirit in her own life and recognizing it as the healing energy that flows through those who love and care for her.

General Discussion

In order to examine the results of the present investigation, the credibility and limitations of the present findings will be explored. This will be followed by a discussion of the clinical implications and generative use of this investigation. The implications of the present investigation will be discussed, first by revisiting the phenomenon of religious coping. The expanded understanding of religious coping will then be applied as it pertains to post-traumatic stress disorder and its associated theory, research, and clinical intervention. Finally, implications of the present investigation will be explored for those outside the area of clinical psychology; namely, for the adolescent participants and members of spiritual communities.

The present investigation was conducted to answer the primary research question: From the perspective of a sexually abused adolescent female, what is the essence of religious coping? Phenomenology was selected as the methodology best suited to capture the experience of the adolescent participants as they lived it. Has the present investigation done so, that is, accurately and fully described the lived experience of religious coping in these adolescents? There are eight commonly used strategies for data verification among qualitative researchers in the social sciences; these strategies are used in order to assist the researchers in enhancing the trustworthiness and authenticity of their work (Creswell, 1998; Lincoln, 1995; Lincoln & Guba, 1985). Creswell recommends qualitative researchers engage in at least two of these strategies in any given investigation.

In the present investigation, the primary researcher used four data verification strategies in order to enhance the credibility of this work. The first strategy was self-reflection; to do this,

the primary researcher explored her own preconceptions of religious coping. As Merriam (1988) noted, when the primary researcher has acknowledged her own biases, she is better able to distinguish between her own voice and that of the research participant. The use of a peer reviewer is another data verification strategy. The second reader served to provide another perspective on the actual data, rigorously questioning the primary researcher's initial analyses and serving as an external check on the data (Glesne & Peshkin, 1992). The third data verification strategy was the use of member checks woven into the process of data analysis. This strategy, called "the most critical technique for establishing credibility" by Lincoln and Guba (p. 314, 1985), adds considerable richness to the final product as the participant herself has the opportunity to share her responses and feedback to the researcher's work. As a final strategy of data verification, the primary researcher chose to present the written work in the form of a "thick description" (Erlandson, Harris, Skipper, & Allen, 1993). By providing a highly detailed account of the process of data analysis and interpretation, including appropriate excerpts of the participants' own words, the researcher allows the readers to co-creatively enter the process of data analysis and follow the flow of the analytic process. While it remains unknown what may have happened if the primary researcher had implemented any of the other data verification strategies, it appears that the verification strategies that were implemented have contributed significantly to the credibility of this investigation, resulting in individual narrative descriptions that were affirmed by each participant and a collective narrative description that was affirmed by all of the five participants who read it.

The phenomenological researcher attempts to enter into the subjective experience of another person and understand more completely a particular phenomenon as another has lived it. At each stage of data analysis, however, there are decisions and inferences, reductions and categorizations, any or all of which might possibly distort, overstate, or omit a lived experience divulged by the research participant. Although the primary researcher engaged in purposeful reflection, enlisted the use of a trained secondary reader, and utilized the adolescent participants'

approval as the final test of the narrative descriptions, there remains the continued possibility of inaccurate and unintentional meaning creation by the primary researcher. This possibility can be minimized by the aforementioned data verification strategies; however, it cannot be eliminated.

A significant difference between qualitative and quantitative research is also applicable here: the former tells the reader 'what'; the latter, 'why.' Quantitative researchers who have explored the emotional, cognitive, physical, social, and emotional correlates of sexual abuse have often done so by creating groups of survivors based on any number of variables. As a result, much of the quantitative literature explores the difference in outcome between survivors who experienced different levels of abuse severity (Arata, 2000; Humphrey & White, 2000), duration of the sexual abuse (Arata), and the relationship to the perpetrator (Kessler & Bieschke, 1999). The present investigation included young women whose unique situations varied greatly along these and other dimensions. From the present investigation, it is not possible to infer which, if any, of these dimensions may have been positioned uniquely to impact the girls' experience of religious coping. What future qualitative researchers may be able to do is to engage with adolescent participants over the course of several years in an attempt to learn how their experience of religious coping might shift over time; the findings of such research would likely suggest clinical interventions that might be profitably tested using traditional quantitative methodology.

Although phenomenological research attempts to describe an experience as an individual has lived it, this does not imply that the work has little generative use. According to Polkinghorne (1989), phenomenological research has three overlapping areas of impact: (a) heightening others' understanding of and sensitivity to the phenomenon in question, which has direct implications for ethical and competent practice of psychotherapy; (b) adding to the general fund of scientific and human knowledge by alternately correcting, expanding, or deepening quantitative research findings; and (c) increasing the level of responsibility and responsiveness in social policy by informing and guiding its development.

Religious Coping Revisited

The adolescent participants in this investigation, as a collective body, endorsed a collective statement that reflected an experience of religious coping that is, in a word, relational. Each of these adolescents joined or discontinued activities, attended or avoided ritual practice, embraced or eschewed behaviors that were connected with their spiritual understanding, both during and after the sexual abuse. These behaviors, however, apparently were experienced as the outgrowth and outworking of their changing and changed relationships with the sacred. Before exploring the term 'sacred' and the role of relationality in these young women's experience, a brief comment on the gendered nature of this experience is in order.

Adolescence is believed to be a period during which boys and girls usually deepen, enlarge, and experiment within their social networks, including friends, school, and community (Santrock, 2001). A well-established body of research suggests that adolescent females are especially oriented towards establishing and engaging in relationships at this time (Gilligan, 1982; Pipher, 1994). Although debate continues over the origin, extent, and effects of this gendered experience, it remains a clear and present component of many girls' lives (Duck, 1988). While girls may be more oriented towards and socialized into a relational experience of the world, this should not imply that girls are necessarily enjoying high-quality relationships, characterized by trust, kindness, and mutuality. Bullying, gossiping, isolation, and rejection remain all-too-familiar phenomena in the relational lives of adolescent girls (Craig, 2005; Underwood, 2003). Perhaps the relational quality of these girls' religious coping experience is unique, at least in part, because it is an opportunity to engage in a truly intimate relationship.

Davis (2001, p. 20) comments, "For a girl to tell the truth about her spirituality is an act of courage and resistance...[girls] must be willing to negate a deeply embedded cultural rule about merely being nice." Girls' willingness to engage in their spirituality is an act of significant courage as girls are rarely encouraged to acknowledge and share their own truth (Davis). In addition to facing the fears of retribution or isolation for not being nice, girls do risk telling the

truth about their own experiences of spirituality are further challenged to evaluate the importance of these spiritual experiences, determining for themselves whether they are willing to consider their personal experiences as being valuable or worthwhile even if they do not match with previously held beliefs or societal norms.

The collective narrative description speaks of the adolescents' relationship with the sacred, which is conventionally defined as that which is "entitled to respect" (Merriam-Webster, 1994). For these adolescents, religious coping as a phenomenon is experienced as a relationship with the sacred, and it is nearly impossible to separate the quality and effects of such a relationship with the adolescent's assessment of what actually meets that standard. These adolescents are engaged in unpacking their definition of the sacred: seeing what, if anything, lived under that rubric, examining it, and perhaps eliminating, adding, or returning it to its original position. It is clear that determining what is sacred, or worthy of one's esteem and respect, is a highly creative, meaning-making, constitutive process, one that these adolescent participants entered into in various ways.

An immediate clinical implication from this exploration of the sacred is embedded within the definition of the term. It seems that these adolescent participants are living with the question, "Given my experience of sexual abuse, do I have a changed idea of what/whom I think is sacred?" Several of the adolescent participants obviously revealed their current-moment understanding of the sacred in how they speak about God with respect, as does Gloria, or with contempt, as does Debbie. Gloria regards God as a force that gives her strength and ability and is always available to her for comfort; these characteristics contribute to her speaking of God in a respectful, if not reverent, manner. Debbie, on the other hand, frankly questions whether she should respect a God who "has everybody fooled" for claiming to be all-loving and yet allowing child sexual abuse.

These two participants experienced themselves as relating to the sacred as it was located outside of them. Julie, on the other hand, experienced and located the sacred as an immanent

force, something that was within her. As a consequence, she concluded that she, too, was sacred, or entitled to respect. She credited this understanding of the sacred as having an immediate impact on what many psychologists would call the symptoms of depression (American Psychiatric Association, 2000): once she acknowledged herself as sacred, she began taking regular showers, brushing her teeth, and eating regularly and healthfully. In all three examples, it is apparent that the adolescent's definition of the sacred is an essential part of the lived experience of religious coping; in the final example, however, it is abundantly clear that her understanding of that lived experience has immediate and life-changing impact on her physical and psychological well-being.

For the adolescent girls in the present investigation, their experience of religious coping was an invitation to plunge into the deeper side of the relational waters. Whether the girl had extensive religious training or experiences before the abuse or not, the sexual abuse seemed to serve as a catalyst, encouraging the girls to risk speaking their truth, sharing their emotions, and revealing their hopes, expectations, disappointments, beliefs, and identities. Briefly stated, these adolescents entered not only into a relationship with the sacred, but an *intimate* relationship. For these participants, their experience of religious coping can be thought of as an opportunity to engage in an intimate relationship—and, as is true for all such opportunities, the end result is not guaranteed. Hansen (1997), writing from the Christian tradition, noted that the very intensity of Jesus' emotions reflect a brilliance that many are unaccustomed to: we are accustomed to experiencing and responding to pity, irritation, and happiness but are completely bewildered by the intensity of compassion, anger, and ecstatic joy. Relating in such an honest, focused and forceful manner is the antithesis of "being nice", or smoothing over differences in order to prevent any form of conflict (Davis, 2001, p. ix).

To summarize, the adolescent females in the present investigation endorsed a lived experience of religious coping as a relational experience that deeply explores the sacred. This has significant implications for future research efforts which might profitably explore these girls'

relationships with their own bodies and their sense of self-efficacy. These will be examined in turn.

Puberty, or the biological changes that mark the ability to sexually reproduce, frequently begins for girls between ages 9 and 13 (Haffner, 2001). The advent of puberty may or may not be acknowledged as an important developmental change by the individual, her family, or her culture. Puberty can be stressful and difficult for some girls as they recognize that they are not in direct, conscious control of their changing bodies: hair, breasts, bones, and skin change (or remain the same), all according to a timeline which the girls do not control (Blume, 1970; Haffner). There are many factors that may influence why pre-pubertal girls generally report higher self-esteem and self-confidence than do their post-pubertal counterparts (American Association of University Women, 1991; Tolman, 2001); one contributing factor may be girls' changing relationships with their bodies. It is likely that post-pubertal girls have become more acutely aware of their own limitations in relationship to their own physicality. Post-pubertal girls who experience sexual abuse may come to realize that they are not in control of their own bodies' development, but that they also are not entirely able to dictate others' response to and maltreatment of it.

Perhaps the quality and degree of an adolescent girl's engagement with the issue of control in their religious coping efforts is somehow influenced by the amount of control she perceived she had in her relationship with her body before the sexual abuse. The results of the present investigation suggest that many of the participants struggle with the idea of control in relationships as it manifested by statements and questions about free will, divine intervention or lack thereof, and individual responsibility. It is unknown whether an adolescent's response to sexual abuse might be affected by pubertal status and how it has, in turn, impacted her sense of what she can and cannot control in her life. Future quantitative research might be able to clarify whether pre-pubertal girls who are sexually abused experience issues of control in their religious coping efforts differently than do their counterparts who experience sexual abuse after the onset of puberty.

In addition to their relationship with their bodies, adolescent girls who have experienced sexual abuse also might be challenged to re-evaluate their relationships with themselves as a result of their life experience. Pargament and colleagues (1988) developed a measure to further investigate the role of personal control in the religious coping process. The measure identifies three approaches to responsibility in religious coping: (a) self-directing, in which the individual moves to deal with a difficult situation without any type of consultation or conversation with God; (b) deferring, in which the individual waits for God to produce the solution or resolution to the situation; and (c) collaborative, in which the individual views herself and God as active partners and collaborators in approaching the situation. It is important to note that this measure was developed with adults whose average age was 46 years old (Pargament et al., 1988). It is unknown at the present time whether these three approaches might hold true among adolescents. Conclusions cannot be substantively drawn from the present investigation; however, it is noted that these adolescent participants seemed to endorse personal responsibility and action in their experience of religious coping. Given that one of the hallmarks of adolescence is the development and exercise of competence and independence (Santrock, 2001), the predominance of a self-directing approach in adolescents might be considered.

Furthermore, of importance to this discussion is the authors' acknowledgment that each of these approaches has a reciprocal relationship with one's self-concept and competence (Pargament et al, 1988). It is possible that adolescents facing the challenge of coping with trauma are more flexible in their assignment of responsibility in religious coping, perhaps moving easily between self-directed, deferring, and collaborative strategies and perspectives. It could be that adolescents are not so much ambivalent and paradoxical as they are experimenting and flexible, having yet to draw conclusions about and establish a predictable relationship with their level of competence in dealing with significant life events. Both longitudinal and cross-sectional investigations might address whether adults have settled into a more stable assessment of their

own individual competence and, consequently, have a corresponding and predominant responsibility approach to religious coping.

For the practicing clinical psychologist, the results of the present investigation suggest the active incorporation of four verbs into their clinical work with sexually abused adolescent girls. The psychotherapist is encouraged to: (a) learn the client's religious coping language; (b) respect all parts, especially seemingly ambivalent and paradoxical ones, of the client's experience; (c) ask the client about her experience of religious coping; and (d) explore her own beliefs about religious coping. Although the first three tasks may seem to be the more pragmatic tasks of attending to religious coping in the therapeutic setting, it may be the final task which has the ability to most profoundly impact the course of therapy.

Three verbs—learn, respect, ask—facilitate building a meaningful relationship with the adolescent client who has experienced sexual abuse. The qualitative approach adopted for the present investigation is based upon the assumption that the individual is the expert of her unique experience. Psychotherapists across a wide variety of theoretical orientations all acknowledge the necessity of respecting and listening to each client's unique history and internal world as a (if not the) vital touchstone of a positive therapeutic alliance (Beck, 1995; Yalom, 1980). Although many of the adolescent participants in the present study used the same words (e.g., God, prayer), it is evident that these commonly used terms reflect each adolescent's uniquely nuanced experience. Corr and Doka (2001) suggest that psychotherapists listen with an intention to learn a client's unique language. Amanda and Debbie simply do not have the same God in mind. Amanda's God will not override human will; however, she strongly maintains that God still had the potential to have stopped the sexual abuse by "mov[ing] a log" and having her assailant trip over it. Debbie's God, on the other hand, does not stop the sexual abuse, not because of a disinclination to override human will, but from a policy of non-interference with all things. While these theological differences are perhaps not the purview of the psychotherapist, the subsequent emotional, cognitive, behavioral, and experiential responses to each of these

conceptualizations of God are immensely important. In summary, attending, clarifying, and mirroring a client's language may facilitate the psychotherapist's genuine understanding of the client's experience, assist the client in further naming and accurately sharing her own inner world, and, ultimately, further strengthen the psychotherapist-client relationship (Corr & Doka; Thompson & Rudolph, 2000).

Psychotherapists may be able to differently understand clients' changing, perplexing, or inconsistent behaviors by actively holding the concepts of ambivalence and paradox in mind. For many, the experience of trauma comes to serve as an indelible break in their lives, one which clearly marks a before and an after in their experience of their internal and external worlds. Not only have many of the adolescent participants engaged in or experienced both external and behavioral changes, such as transferring schools, altering their substance use, or becoming involved in the legal system, many report that their emotional and cognitive worlds have suffered a significant upheaval. Some of the adolescent participants' worldviews remain apparently unchanged; for others, the sequelae of sexual abuse have strongly challenged or nullified some or all of their worldview. Seen in this light, psychotherapists might reframe and respect ambivalent religious coping statements as an indication of grieving over a worldview that no longer quite fits the lived experience of the world. Similarly, paradoxical religious coping statements may be an attempt to reconcile deeply cherished beliefs with lived experience in a meaningful fashion. In this way, psychotherapists may be able to respond with compassion, rather than irritation, to their clients. In addition, psychotherapists also might have the opportunity to improve the clients' relationship with their families by engaging in appropriate psycho-education with key family members.

Flesichman (1990, p. 8) asserts that being "...watched, seen, known, taken seriously..." are uniquely compelling, universal human needs. Whether sought from parents, evaluation boards, or reality-show audiences, there seem to be a limitless number of methods which we use to gain one another's interest and reassure ourselves that we are significant. This need may be

especially acute for sexual abuse survivors, who often are both threatened with and confronted by real and imagined marginalization, social disapproval, or rejection (Cohen, 2000).

The next admonition for psychotherapists, who are uniquely situated to help the sexual abuse survivor (re-) claim her sense of personal significance and worth, is to ask. The psychotherapist, by inviting exploration into this topic, may not immediately or completely ease any of the client's beliefs concerning the impropriety or irrelevancy of engaging in or discussing her religious coping in the therapeutic context. However, as with many other topics, the psychotherapist's willingness to acknowledge her own beliefs, tolerate her own anxiety, and welcome religious coping into the discussion may prove to be important components of client healing over time (Yalom, 1980). It is perhaps this possibility that heightens the importance of the psychotherapists' willingness to engage in self-reflections and introspection as their clients' experiences will likely trigger strong responses. Muller and Thompson (2003) distinguish between clients' use of survival coping strategies, or those temporarily helpful strategies which may not prove helpful long-term (i.e., increasing alcohol use), and growth coping strategies, or those strategies described as being consistently helpful over a lifetime. A sexually abused adolescent may, during a point in her coping process, assert that her experience has led her to believe or affirm that there is a transcendent Higher Power, only to doubt or entirely change her beliefs at another point in time. A psychotherapist might approach a client's adoption or rejection of God's existence as a survival strategy; that is, as a well-meaning but ultimately misguided and detrimental attempt at healing. Another psychotherapist might perceive the same client's adoption or rejection of a Higher Power as a growth strategy, a potentially healing and adaptive response to a traumatic situation. The ability to effectively create a relationship in which the client feels respected and understood around such a choice is largely determined by the psychotherapists' own beliefs, biases, and perspective. Psychotherapists' ability to understand and appropriately acknowledge their own beliefs about what constitutes and fosters both shortand long-term healing is essential to working with clients who are themselves struggling with such concerns.

This final suggestion for the psychotherapist is especially heightened when we return to these adolescents' collective description: "My relationship with what is sacred changed with my experience of sexual abuse. I created a new relationship, questioned an existing relationship, or strengthened the relationship I already had with the divine." Regardless of differences in theoretical orientation, psychotherapists recognize that concerns about relationships are often what lead clients to enter therapy and, more importantly, that all effective psychotherapy takes place within a relationship (Beck, 1985; Nichols & Schwartz, 1998; Yalom, 1980). It is unlikely (but not impossible!) that the relationship the adolescent client has with the sacred will map seamlessly onto her relationship with her psychotherapist. However, the psychotherapist sends both implicit and explicit messages, not only about whom and what is deserving of the client's and psychotherapist's care, concern, and esteem, but also demonstrates in each session how some lessons about relationships themselves. For example, the psychotherapist who asks about the client's interest in meditation, refusal to attend church, anger at Allah, despair about her loss of sexual purity, or thoughts about forgiveness, is not only appropriately exploring the adolescent's lived experience of the phenomenon of religious coping, she is (knowingly or unknowingly) demonstrating to the adolescent client that her experience is, in a way, sacred: it is a worthy recipient of their shared care, concern, and esteem. Psychotherapists who embrace the role of relationality, as heightened by religious coping and evidenced throughout life, may serve as a potentially galvanizing force for exploration and growth in their adolescent clients' lives.

Posttraumatic Stress Disorder

According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000), Posttraumatic Stress Disorder (PTSD) is characterized by the presence, for at least one month's time, of re-experiencing, avoidant, and arousal symptoms following exposure to a significant traumatic event that gave rise to an intense fear,

helplessness or horror. Re-experiencing symptoms often include intrusive, unwanted memories, "flashbacks", or dreams about the event; in addition, the person with PTSD may also respond physiologically with fear when faced with any internal or external cues that remind her of the initial trauma. The person with PTSD typically attempts to avoid any cues that may remind her of the trauma and also experiences an overall numbing and detachment from significant activities and other people. Finally, PTSD is characterized by symptoms of increased physiological hyperarousal, including sleep disturbances, concentration difficulties, hypervigilance, and an exaggerated startle response. These symptoms have been observed among populations as dissimilar as Victorian-era women with histories of childhood sexual trauma, combat veterans from World War I, World War II, and the Vietnam War, and children who are victims of persistent violence (Cohen & Mannarino, 1998; Herman, 1992). Herman noted that the cyclical history of these symptoms, alternately described as hysteria and traumatic neurosis by the standards of the day, have been forgotten and rediscovered as both the helping professions and the public have vacillated in their willingness to admit the significant horrors and effects of traumatic experiences.

Many clinicians, however, further differentiate between PTSD as described above and another, expanded clinical presentation of PTSD. This latter strain of PTSD has been named Type II PTSD (Terr, 1991), complex PTSD (Herman, 1992), post-traumatic character disorder (Horowitz, 1986), and complicated PTSD (Brown & Fromm, 1986). This complex PTSD not only includes the aforementioned symptoms of 'classic' PTSD but is expanded to include significant behavioral, emotional, cognitive, and interpersonal difficulties that seem to deeply and significantly alter the person's sense of self. These difficulties may appear as continuing proclivity towards behavioral dysregulation and acting-out, including substance use, impulsivity and self-destructive behaviors, disordered eating, and aggression. Emotionally, complex PTSD is marked by affective lability and the presence of intense rage, depression, or anxiety. Cognitively, complex PTSD is thought to encompass a sense of fragmentation in one's relationship with one's

own consciousness and with others. Additionally, a sense of deep distrust, isolation, hopelessness, and helplessness may be markers of the person's altered relationship with self and others (Goodwin, 1990; Horowitz).

The final symptom cluster noted in the description of complex PTSD is termed an alteration in "systems of meaning," or one's basic set of assumptions and understandings about the world (Herman, p. 121, 1992). A theoretical reconceptualization might posit that the changes in the systems of meaning, via the individual experience of religious coping, are a prerequisite for (rather than a symptom of) complex PTSD. The lived experience of the adolescents in the present investigation is that they deeply engaged in an exploration of what is sacred, or worthy of their respect, care, and consideration. In addition, these adolescents are not redefining what is sacred in an impersonal, distant manner: they are intimately involved in the push-and-pull of a relationship with the sacred. A well-established body of research asserts that the symptoms of classic PTSD are more severe and/or develop into the presentation of complex PTSD when the traumatic experience is experiences in the context of an interpersonal relationship than not (e.g., sexual abuse versus a tornado; see Lasiuk & Hegadoren, 2006; Spinazzola et al., 2005). These young women, then, have not only experienced an intense interpersonal trauma, they are also now engaged in a highly relational attempt to create meaning out of the event itself. Conceptually, the lived experience of religious coping as a relational phenomenon in which the sacred is reevaluated may in fact lead to the significant personality, behavioral, cognitive, and interpersonal difficulties described in complex PTSD. Given the timeline of the young women in the present investigation, it seems feasible that their religious coping experience led them to have many of the difficulties described in the complex PTSD presentation: Amanda's initial efforts at religious coping led her to the conclusion that God did not exist; this shift in her understanding of the world immediately preceded her self-destructive behaviors (i.e., "partying, doing drugs, and drinking"). Julie, having lost her sense of trust in the world around her, became increasingly selfdestructive and eventually attempted suicide.

From the clinician's perspective, there is a small but significant shift in developing an appropriate treatment and intervention plan with a client. Imagine for a moment that Debbie presents to a psychotherapist's office seeking therapy immediately after revealing the sexual abuse. She has begun, and continues to, engage in religious coping; she is actively engaged with her relationship with the sacred, alternately accepting, rejecting, and asking questions. She does not endorse or display any of the symptoms of complex PTSD. Being a participant-witness to Debbie's experience of religious coping, the psychotherapist who acknowledges that it can be a precursor of complex PTSD has the opportunity to anticipate challenges and engage in important psycho-education. The psychotherapist, witnessing Debbie questioning the nature and abilities of the God of her childhood and calling God "two-faced," does not see this in itself as pathological. Although Debbie's system of meaning is obviously altered from its previous form and she has clearly experienced what Herman calls a "loss of sustaining faith", this clinician rather believes that Debbie's experience of religious coping, while not pathological, is a likely precursor of complex PTSD. The clinician has a unique opportunity to gently prepare both Debbie and her grandmother for the symptoms of complex PTSD that may follow, including a change in her emotional regulation, self-perception, and relationships with others. A rough parallel can be drawn from the addiction research: acknowledging, preparing for, and exploring the possibility of relapse may serve clients in their efforts to maintain sobriety (Festinger, Rubenstin, Marlowe, & Platt, 2001; Gerwe, 2000; Milkman, Weiner, & Sunderwirth, 1983-1984). Similarly, it may be that exploring some of the symptoms of complex PTSD with Debbie at this point in her religious coping relationship might serve to lessen her difficulties were they to appear.

Fischer and Wertz (1979, p. 157) write, "Note that qualitative research suggests which qualitative changes might make a quantitative difference." In order to test this amended theoretical model, in which one's experience of religious coping is a casual factor for rather than a symptom of complex PTSD, and the efficacy of the clinical intervention the qualitative change would be to provide a sample of traumatic exposure survivors with psychoeducational

information as explained above in Debbie's example. Another group of traumatic exposure survivors might engage in psychotherapy without any psychoeducation about complex PTSD to serve as a control group. Standardized, diagnostic assessments of complex PTSD might then be used within this longitudinal investigation in order to explore any relationship between the symptom endorsement patterns of these participants and any possible differences in endorsement patterns between the two participant groups.

In summary, the results of the present investigation have implications for the ways that posttraumatic stress disorder is understood, assessed, and clinically treated. Amending the present understanding of complex PTSD might necessitate reevaluating the role of an altered system of meaning; it may be that one's experience of religious coping is a precursor for, rather than a symptom of, complex PTSD. A change in clinical intervention might not only serve clients, but also provide a means by which outcome research could provide greater understanding or support of the theoretical outline itself.

Practical Implications

Adolescent participants. Research participants, Terr (1990) noted, give the gift of their participation so that others may someday benefit. Some of the adolescent participants reflected this desire during their interviews, stating their hope that their willingness to participate in this research would help other sexually abused girls have less painful, isolating experiences. In addition to their desire to assist others, it is possible that the experience of sharing their thoughts, feelings, and behaviors served to assist these participants' continuing journey of understanding and integrating their experience of abuse. Nelson-Gardell (2001) observed that sexually abused adolescents in a research study took pride in their participation and enjoyed the opportunity to see themselves as having a perspective and experience considered valuable to the researcher.

Among the adolescents in the present study, it is notable that 4 of the 6 participants asked for a copy of their individual narrative description during the second interview. These requests were accommodated in each case. The reasons that Gloria, Amanda, and Debbie requested their

statements, respectively, were: "It's cool to have, you know, like, a clear version of what's going on in my head," "I'm going to show it to my mom, and dad, and Rachel [my therapist], to help them understand me better," and "Sometimes it helps to see what I'm thinking, instead of it all just being jumbled up in my head." Julie said, after a short period of silence, "Maybe I can sing it [the final narrative description] to the trees too." These unsolicited requests and subsequent comments support the idea that, for Gloria and Debbie, having the individual narrative description edified their relationships with their own thoughts by making the latter more clear and tangible. Julie and Amanda clearly indicated their intention to use the narrative description as a tool to incorporate additional depth and honesty into their relationships with others. For these 4 participants, it seems quite likely that their participation in the present investigation was beneficial in helping them strengthen relationships with self and others as evidenced by their requests for their individual narrative descriptions.

Participating in the present investigation shares some similarity with testimonial psychotherapy. This approach invites trauma survivors to tell their stores in order to situate their experience of trauma in a sociopolitical context and, if they so desire, use the resulting document for educational advocacy and political activism (Agger & Jensen, 1990). Although research on the efficacy of testimonial psychotherapy is limited, initial findings suggest that both adolescents and adults may derive some pride and meaning or experience of traumatic symptom relief as a result (Becker, Weine, Vojvoda, & McGlashan, 1999; Cienfuegos & Monelli, 1983; Lustig, Weine, Saxe, & Beadrslee, 2004). The experience of being heard and validated may continue to be a meaningful one that may facilitate integration of the trauma and, perhaps, may establish or reawaken these adolescents' ability to appropriately and fully engage in mutually respectful relationships with others throughout their lifespan (Nelson-Gardell, 2001). Sexual abuse survivors frequently experience a decreased sense of agency over their own lives (Cohen, 2000; Gil, 1991); explicitly emphasizing the intended uses of the final document and encouraging them

to make decisions about how and with whom they will share their narratives may be an important piece in restoring an appropriate sense of agency in these adolescents' lives (Lustig et al.).

Members of spiritual communities. In their noted phenomenology of grief after bereavement, Muller and Thompson (2003, p. 199) cite the increased difficulty that results when people fail to recognize "that death, dying, and bereavement are fundamental and pervasive aspects of the human experience." In the midst of pain, there remains a knowing that although the particulars of death may vary, it is a universal aspect of the human life cycle and experience. This is not so for the sexually abused. Well-meaning television media, psychotherapists, parents, and spiritual leaders, regularly remind abuse survivors that sexual abuse is neither desired nor normative during the maturational experience (Haffner, 2001). It does not happen, like puberty, to everyone—or even to most. Such a realization has a significant potential impact on adolescent girls' relationships with other people and with the sacred alike.

Sexual abuse is, in these adolescent participants' understanding, an optional sort of suffering that stems from the interplay of divine and individual choices. The adolescent participants' ways of explaining this vary widely, from Gloria's benevolent attribution of God's protection from further harm to Amanda's assertion that God should have stopped the abuse. As the abuse perhaps need not have happened, there arises the need to substantially review, reconsider, and possibly reconcile the experience of abuse with their understanding of divine ability and order as well as human choice and responsibility (Hyman & Yares, 2002). These adolescent girls ask themselves and the divine the questions "Why?" and "Why, to me?" Members of spiritual communities and congregations may be better equipped to maintain meaningful relationships with such adolescents by exploring their own perspectives and engaging openly, honestly, and compassionately with adolescents who are asking these challenging questions.

Whether found in the I Ching or Torah, Qur'an or Bible, the concept of transformation abounds in spiritual texts (Bible, 1982; Dold, 2004; Getu, 2003). These texts, through metaphor

and direct teaching, engage the reader in a unique language and experience, one that speaks not just of change, but of the possibility of radical, unexpected, unlikely, and seemingly inexplicable change. The old newspaper idiom, reminding us that "man bites dog" makes the news while "dog bites man" will not, is useful here: it is not change in and of itself that captures our attention; instead it is the uncommon, unexpected, and surprising change that captivates us. By drawing upon the compelling language of transformation present within the spiritual framework, members of a spiritual community can assist in the adolescent's effort to redefine her relationship with her abuse as well as her ability to enter into interpersonal relationships. Following a traumatic experience, an individual may implicitly and explicitly express a desire to return to the beliefs, environment, or life that she used to have. McFayden (1996, p. 91) noted that a statement like this "...carries the assumption that the order of perfection is backward-looking and static." The grief and despair often expressed by sexually abused adolescents may be, in part, driven by a definition of healing which desires the impossible; that is, a return to conditions which no longer exist (Howison, 1995). In the same way that psychotherapists have long noted the presence of repetitive, fixated sequences of cognition and behavior in children, adolescents, and adults who have experienced a traumatic event (Gil, 1991; National Center for PTSD, 2006; Sherman, Zanotti, & Jones, 2005), members of spiritual communities, too, note how difficult it can be for the traumatized even to consider that healing may not necessitate an undoing of the past. The adolescents in the present investigation might be benefited by spiritual companions who speak of transformative healing and wellness, of the possibility of new and dynamic constitutive elements to construct one's spirit. Transformative healing is unique in that it does not use the past, either before the trauma or the traumatic experience itself, as the essential element of one's future experience. Explicitly drawing upon the spiritual examples of transformation, renewal, resurrection, and rebirth encourages adolescents to think in other than linear terms about their abuse. This may help these adolescents to reconceptualize their relationship the abuse in their history and re-evaluate the presumed effects of the abuse on their future.

Members of spiritual communities also may connect relationality in religious coping with transformation in the area of interpersonal relationships. McFayden (1996) situates child sexual abuse as primarily a distortion of relationship manifesting in physical and/or visual acts of sexuality. Abusers exploit differences in power, maturity, status, and knowledge for their own benefit; in abuse, authentic mutuality and reciprocity in the relationship do not exist (McFayden; WHO, 1999). The repetitiveness and secrecy present in most incidents of child sexual abuse create a distorted relationship, one in which the survivor comes to question her own ability to discern and communicate her own desires and appropriately trust herself and others (Cohen, 2000; McFayden, 1996). In the present investigation, all of the participants reported significant changes in their interpersonal relationships as a correlate and consequence of their religious coping experience. For example, Amanda noted that she learned people could not be trusted as a result of the abuse; Gloria came to view all members of her former church as judgmental; and Tamara withdrew from friends and family alike. Correlates of this damaged sense of relationality have been well-established in research; the dynamics of self-sacrifice, revictimization, and potential for abusing others are not uncommon for those who have experienced child sexual abuse in their own lifetimes (Classen, Palesh, & Aggarwal, 2005; Gleiser, 2003; Miner, Flitter, & Robinson, 2006). Individuals who have experienced trauma and who are struggling with the building blocks of relationships—trust, mutuality, respect—may benefit from contact with or membership in spiritual communities which assert that their relational future neither has to replicate the past nor be overdetermined by it (McFayden).

Final Comments

Although religious coping is a uniquely psychological construct, it is a phenomenon perceived by those outside of the world of psychology. One such example is found in Alice Walker's novel <u>The Color Purple</u>, which opens with the following introduction to Celie, an African American girl reared in the impoverished rural South of the mid-twentieth century:

Dear God,

I am fourteen years old. I am—I have always been a good girl. Maybe you can give me a sign letting me know what is happening to me...He [my father] never had a kine [sic] word to say to me. Just say You gonna do what your mammy wouldn't. First he put his thing up gainst my hip and sort of wiggle it around. Then he grab hold my titties. Then he push his thing inside my pussy. When that hurt, I cry. He start to choke me, saying You better shut up and git used to it. But I don't never git used to it. (Walker, 1982, p.11)

We quickly realize that Celie bears a huge burden at a young age: she reveals she is regularly raped by her own father and has borne two children (whom her father has given up for adoption). Having little to no meaningful connections with others who could help her escape her plight, Celie turns to God. In the series of letters that comprise the novel, Celie describes her life, telling God her problems, asking for guidance, and expressing her innermost thoughts and secrets. After finishing this novel, the reader still has many questions about Celie's experience: Did she turn to God only because she had no other way to cope, or is this, for her, an effective coping strategy? Has her experience of sexual abuse ever led her to consider turning away from God? Does she think God caused her sexual abuse? If so, what does she think and feel about that kind of God? What does she hope to get by sharing her experiences with God, and does she receive it?

Questions about the intersection of trauma, coping, and religion are raised and addressed by many, including artists, theologians, and physicians. Psychologists applying the phenomenological approach have a unique contribution to answering such questions in that the rigor of the scientific method leaves a "public blueprint", a guide that others may freely examine, question, replicate, or follow, for those also interested in exploring the phenomenon of religious coping (Pargament, 1997, p. 9). Through repeated, in-depth interviewing and methodological attempts to avoid errors of omission and commission, the present investigation first presents individual narrative descriptions of religious coping. These are richly textured and intimate reflections of the girls' relationships with the sacred, serving to illuminate theoretical and practical paths for those who seek to support these girls in their search for wholeness and wellness.

The collective description endorsed in the present investigation is not only a view of religious coping, but perhaps serves the same function as does Walker's (1982) letter: as a bridge of sorts into these adolescent girls' lives. This description hints at the continuing developmental transitions that these adolescents may encounter along with their experience of religious coping. Revisiting Fowler's faith development theory (2001) leads to a broader perspective on the present investigation's findings. The adolescent participants' collective experience, marked by questioning, strengthening, or creating a relationship while simultaneously re-evaluating their understanding of what is sacred, seems to reflect Fowler's stage of individuative-reflective faith, a stage marked by critical reflection and conscious choice of deeply held beliefs. The description hints that these young women may experience religious coping as a relational, intimate phenomenon; however, it does not serve to fully describe all aspects of their spirituality. This collective description, in summary, serves to provide a glimpse of the nature of the root system from which specific religious coping strategies, decisions, and choices—as unique, diverse, and unpredictable as the branches and leaves on a tree—then grow.

Although engaging in any form of scientific inquiry requires the currency of time and money, a special caveat and encouragement is offered for those researchers who choose to explore issues such as sexuality, spirituality, and trauma via phenomenological methods. The very nature of these methods both requires and demands a heightened willingness for self-exploration and self-awareness, challenging researchers to acknowledge their connection and experience with the topic as a necessary component of data analysis. For the primary researcher in the present investigation, coming into contact with the adolescent participants' experience served to challenge some of her presuppositions and, on occasion, brightly illuminated areas of assumption and thought that she herself had yet considered. Not only is this typical in phenomenological research (Humphrey, 1991), it is desirable in that the participants' experience is further challenging and refining the researchers' ability to hear them. The purpose of a phenomenological investigation is to explore and describe the nature of a phenomenon as an

individual experiences it; in the process of doing this work, researchers might also expect, anticipate, and plan to appropriately acknowledge that their connection to the topic will continue to emerge and evolve

References

- Achenbach, T. M., & Edelbrock, C. (1981). *Child behavior checklist for ages 4-16*. Burlington, VT: University of Vermont.
- Agger, I., & Jensen, S. B. (1990). Testimony as ritual and evidence in psychotherapy for political refugees. *Journal of Traumatic Stress*, *3*, 115-130.
- Aldwin, C. M. (1994). *Stress, coping, and development: An integrative perspective*. New York: Guilford Press.
- Allen, J. G. (1995). Coping with trauma. Washington, DC: American Psychiatric Press.
- American Association of University Women (AAUW). (1991). Shortchanging girls, shortchanging America. Washington, DC: American Association of University Women.
- American Psychiatric Association (APA). (2000). *Diagnostic and Statistical Manual of Mental Disorders* (4th ed., Text Revision). Washington, DC: American Psychiatric Association.
- American Religious Identification Survey (2001). Retrieved May 8, 2006, from http://www.gc.cuny.edu/faculty/research_briefs/aris/key_findings.htm
- Anderson, C. (1998, August 21). Autumn storm: An excommunicant's son reflects. *Sunstone*, 12-13.
- Arata, C. M. (2000). From child victim to adult victim: A model for predicting sexual revictimization. *Child Maltreatment*, *5*, 28-38.
- Bagley, C. (1996). A typology of child sexual abuse: the interaction of emotional, physical and sexual abuse as predictors of adult psychiatric sequelae in women. *Canadian Journal of Human Sexuality*, 5, 101-112.
- Baker-Ward, L., Gordon, B. N., Ornstein, P. A., Larus, D. M., & Clubb, P. A. (1993). Young

- children's long-term retention of a pediatric examination. *Child Development*, *64*, 1519-1533.
- Bandura, A. (1991). Human agency: The rhetoric and the reality. *American Psychologist*, 46, 157-162.
- Banyard, V. L., & Williams, L. M. (1996). Characteristics of child sexual abuse as correlates of women's adjustment: A prospective study. *Journal of Marriage & the Family*, 58, 853-865.
- Batson, C. D., & Schoenrade, P.A. (1991). Measuring religion as Quest: Validity concerns. *Journal for the Scientific Study of Religion*, 30, 416-429.
- Batson, C. D., & Ventis, W. L. (1982). *The religious experience: A social-psychological perspective*. New York: Oxford University Press.
- Beck, J. S. (1995). Cognitive therapy: Basics and beyond. New York: Guilford Press.
- Becker, D. F., Weine, S. M., Vojvoda, D., & McGlashan, T. H. (1999). Case series: PTSD symptoms in adolescent survivors of 'ethnic cleansing' Results from a 1-year follow-up study. *Journal of the American Academy of Child and Adolescent Psychiatry*, 38, 775-781.
- Beitchman, J. H., Zuker, K. J., Hood, J. E., daCosta, G. A., & Akman, D. (1991). A review of the short-term effects of child sexual abuse. *Child Abuse and Neglect*, 15, 537-556.
- Beitchman, J. H., Zuker, K. J., Hood, J. E., daCosta, G. A., & Akman, D. (1992). A review of the long-term effects of child sexual abuse. *Child Abuse and Neglect*, *16*, 101-118.
- Berger, P. (1967). *The sacred canopy*. New York: Anchor Books.
- Bible, New King James Version (1982). Nashville, TN: Holman Bible Publishers.
- Blaine, B., & Crocker, J. (1995). Religiousness, race, and psychological well-being: Exploring social psychological mediators. *Personality and Social Psychology Bulletin*, 21, 1031-1041.
- Bleakley, A., & Ellis, J. A. (2003). A role for public health research in shaping adolescent health

- policy. American Journal of Public Health, 98, 1801-1802.
- Block, D., Silber, E., & Perry, S. (1953). Some factors in the emotional reaction of children to disaster. American Journal of Psychiatry, 113, 416-422.
- Block, J. (1984). Sex-role identity and ego development. San Francisco: Jossey-Bass.
- Blume, J. (1970). Are you there, God? It's me, Margaret. Scarsdale, NY: Bradbury Press.
- Brenner, R. R. (1980). The faith and doubt of holocaust survivors. New York: Free Press.
- Brewin, C. R., Andrews, B., & Gotlib, L. H., (1993). Psychopathology and early experience: A reappraisal of retrospective reports. *Psychological Bulletin*, *113*, 82-98.
- Bruyn, S. R. (1966). The human perspective in sociology. Englewood Cliffs, N.J.: Prentice-Hall.
- Cain, B. S. (1988). Divorce among elderly women: A growing social phenomenon. *Social Casework: The Journal of Contemporary Social Work*, 69, 563-568.
- Carder, K. L. (1997). Why follow a crucified Christ? Christian Century, 114, 753.
- Chalfant, H. P., Heller, P. L., Roberts, A., Briones, D., Aquirre-Hochbaum, S., & Farr, W. (1990).

 The clergy as a resource for those encountering psychological distress. *Review of Religious Research_31*, 306-313.
- Chop, S. M. (2003). Relationship therapy with child victims of sexual abuse placed in residential care. *Child & Adolescent Social Work Journal*, 20, 297-301.
- Cienfuegos, A. J., & Monelli, C. (1983). The testimony of political repression as a therapeutic instrument. *American Journal of Orthopsychiatry*, 53, 43-51.
- Classen, C. C., Palesh, O. G., & Aggarwal, R. (2005). Sexual revictimization: A review of the empirical literature. *Trauma, Violence, and Abuse*, 6, 103-129.
- Coddington, R. D. (1972). The significance of life events as etiologic factors in disease of children. *Journal of Psychosomatic Research*, *16*, 7-18.
- Cohen, F., & Lazarus, R. S. (1983). Active coping processes, coping dispositions, and recovery from surgery. *Psychosomatic Medicine*, *35*, 374-389.
- Cohen, T. (2000). Child sexual abuse and adolescents. International Journal of Adolescent

- *Medicine and Health*, 12, 103-113.
- Colaizzi, P. F. (1978). Psychological research as the phenomenologist views it. In R. S. Valle & M. King (Eds.), Existential-phenomenological alternatives for psychology (pp. 48-71).
 New York: Oxford University Press.
- Colby, A., Kohlberg, L., Gibbs, J., & Lieberman, M. (19830. A longitudinal study of moral judgment. Monographs of the Society for Research in Child Development, 48 (21, Serial No. 201).
- Coley, R. L. & Chase-Landale, P.L. (1998). Adolescent pregnancy and parenthood: recent evidence and future directions. *American Psychologist*, *53*, 152-166.
- Corr, C. A., & Doka, K. J. (2001). Master concepts in the field of death, dying, and bereavement: Coping versus adaptive strategies. *Omega*, 43, 183-199.
- Craig, W. M. (2005). The treatment of aggressive girls: Same but different? In D. J. Pepler, K. C. Madsen, C. Webster, & K. S. Levene (Eds.), The development and treatment of girlhood aggression (pp.217-221). Mahwah, NJ: Lawrence Erlbaum Associates.
- Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.
- Crittenden, P. M. (1996). Research on maltreating families: Implications for intervention. In J. Briere, L. Berliner, Bulkley, J. A., Jenny, C., Reid, T. (Eds.)., *The APSAC handbook on children maltreatment* (pp. 158-174). Thousand Oaks, CA: Sage Publications.
- Crnic, K. (1996). *Children, families, and stress*. Cambridge, MA: Blackwell.
- Daloz, L. (1986). Effective teaching and mentoring: Realizing the transformational power of adult learning and experiences. San Francisco, CA: Jossey-Bass.
- Darlington, Y. (1996). Escape as a response to childhood sexual abuse. *Journal of Child Sexual Abuse*, 5, 77-93.
- Davis, P.H. (2001). *Beyond nice: The spiritual world of adolescent girls*. Minneapolis, MN: Fortress Books.

- Dold, P.A. (Ed.). Hybridic Hinduisms. Religious Studies and Theology, 23, 2004.
- Doll, L. S., Koenig, L. J., & Purcell, D. W. (2004). Child sexual abuse and adult sexual risk:
 Where are we now? In L. J. Koenig & L. S. Doll (Eds.), From child sexual abuse to adult sexual risk: trauma, revictimization, and intervention (pp.3-10). Washington, DC:
 American Psychological Association.
- Duck, S. (Ed.). (1988). *Handbook of personal relationships: Theory, research, and interventions*. New York: Wiley Press.
- Dukes, S. (1984). Phenomenological methodology in the human sciences. *Journal of Religion* and Health, 23, 197-203.
- Elkind, D. (1981). *The hurried child*. Reading, MA: Addison-Wesley.
- Ellison, C. G. (1998). Religion, health, and well-being among African-Americans. *African*-American Research Perspectives, 4, 94-103.
- Elwood, S. W. (1987). Stressor and coping response inventories for children. *Psychological Reports*, 60, 931-947.
- Erlandson, D. A., Harris, E. L., Skipper, B. L., & Allen, S. D. (1993). *Doing naturalistic inquiry:*A guide to methods. Newbury Park, CA: Sage Publications.
- Exline, J. J., Yali, A. M., & Lobel, M. (1999). When God disappoints: Difficulty forgiving God and its role in negative emotions. *Journal of Health Psychology*, 4, 364-379.
- Feldman, S. S., Fisher, L., Ransom, D. C., & Dimiceli, S. (1995). Is "what is good for the goose good for the gander?" Sex differences in relations between adolescent coping and adult adaptation. *Journal of Research on Adolescence*, 5, 333-359.
- Festinger, D. S., Rubenstin, D. F., Marlowe, D. B., & Platt, J. J. (2001). Relapse: Contributing factors, causative models, and empirical considerations. In F. M. Tims, C. G. Leukefeld, & J. J. Platt (Eds.), *Relapse and recovery in addictions* (pp. 122-142). New Haven, CT: Yale University Press.
- Fischer, C. T., & Wertz, F. J. (1979). Empirical phenomenological analyses of being criminally

- victimized. In A. Georgi, R. Knowles, & D. L. Smith (Eds.), *Duquesne Studies in Phenomenological Psychology* (Vol. 3), (pp. 135-158). Pittsburgh, PA: Duquesne University Press.
- Fitchett, G. F., Rybarczyk, B. D., DeMarco, G. A., & Nicholas, J. J. (1999). The role of religion in medical rehabilitation outcomes: A longitudinal study. *Rehabilitation Psychology*, 44, 333-353.
- Fleischman, P. R. (1990). *The healing spirit: exploration in religion and psychotherapy*. New York: Bonne Chance Press.
- Fouts, G., & Vaughan, K. (2002). Locus of control, television viewing, and eating disorder symptomatology in young females. *Journal of Adolescence*, 25, 307-311.
- Fowler, J. W. (1981). Stages of faith: the psychology of human development and the quest for meaning. San Francisco, CA: Harper & Row.
- Fowler, J. W. (2001). Faith development theory and the postmodern challenges. *International Journal for the Psychology of Religion*, 11, 159-172.
- Fowler, J. W., & Dell, M. L. (2004). Stages of faith and identity: birth to teens. *Child and Adolescent Psychiatric Clinics of North America*, 13, 17-33.
- Freud, A., & Burlingham, D. (1943). War and children. London: Medical War Books.
- Freud, S. (1955). Beyond the pleasure principle. In J. Strachey (Ed. and Trans.), *The standard edition of the complete psychological works of Sigmund Freud* (Vol. 18, p. 1-64).

 London: Hogarth Press.
- Friedrich, W. N., Beilke, R. L., & Urquiza, A. J. (1987). Children from sexually abusive families:

 A behavioral comparison. *Journal of Interpersonal Violence*, 2, 291-402.
- Frydenberg, E., & Lewis, R. (1991). Adolescent coping: The different ways in which boys and girls cope. *Journal of Adolescence*, *14*, 119-133.
- Gerstein, M. (1985). Mentoring: An age-old practice in a knowledge-based society. *Journal of Counseling and Development*, 64, 156-157.

- Gerwe, C. F. (2000). Chronic addiction relapse treatment: A study of the effectiveness of the high-risk identification and prediction treatment model Part II. The HRIPTM case table, case study examples and questionnaire. *Journal of Substance Abuse Treatment*, 19, 429-438.
- Getu, M. (2003). The biblical perspective of transformational business. *Transformation*, 20, 143-152.
- Gil, E. (1991). *The healing power of play: working with abused children*. New York: Guilford Press.
- Gilligan, C. (1982). In a different voice. Cambridge, MA: Harvard University Press.
- Gilligan, C. (1996). The centrality of relationships in psychological development: A puzzle, some evidence, and a theory. In G. G. Noam & K. W. Fischer (Eds.), *Development and vulnerability in close relationships* (pp. 237-262). Hillsdale, NJ: Erlbaum.
- Gleiser, K. A. (2003). Psychoanalytic perspectives on traumatic repetition. *Journal of Trauma* and Dissociation, 4, 27-47.
- Glesne, C., & Peshkin, A. (1992). *Becoming qualitative researchers: An introduction*. White Plains, NY: Longman.
- Glodich, A. (1998). Traumatic exposure to violence: A comprehensive review of the child and adolescent literature. *Smith College Studies in Social Work*, 68, 321-345.
- Grayston, A. D., DeLuca, R. V., & Boyes, D. A. (1992). Self-esteem, anxiety, and loneliness in preadolescent girls who have experienced sexual abuse. *Child Psychiatry and Human Development*, 22, 277-286.
- Haffner, D. W. (2001). Beyond the big talk: Every parent's guide to raising sexually healthy teens. Newmarket Press: New York.
- Hansen, G. W. (1997). The Emotions of Jesus. *Christianity Today*, 41, 43-46.
- Herman, J.L. (1992). Trauma and recovery. New York: Basic Books.
- Hewitt, S. K. (1999). Assessing allegations of sexual abuse in preschool children. Thousand

- Oaks, CA: Sage Publications.
- Hill, J., & Lynch, M. E. (1983). The intensification of gender-related role expectations during early adolescence. In J. Brooks-Gunn & A. Peterson (Eds.), *Girls at Puberty* (pp. 201-228). New York: Plenum.
- Himelein, M. J., & McElrath, J. V. (1996). Resilient child sexual abuse survivors: cognitive coping and illusion. *Child Abuse & Neglect*, 20, 747-758.
- Howison, J. (1995). "Where was God?": Responding to the rage caused by childhood sexual abuse. *Sojourners*, 24, 35-36.
- Humphrey, J. A., & White, J. W. (2000). Women's vulnerability to sexual assault from adolescence to young adulthood. *Journal of Adolescent Health*, 27, 419-424.
- Husserl, E. (1970). *The crisis of European sciences and transcendental phenomenology*. Evanston, IL: Northwestern University Press.
- Huston, A. C., & Alvarez, M. (1990). The socialization context of gender role development in early adolescence. In R. Montemayor, G. R. Adams, & T. P. Gulotta (Eds.), From childhood to adolescence: A transitional period. Advances in adolescent development (Vol. 2, pp. 156-179). Newbury Park, CA: Sage.
- Hyman, I. A., & Yares, A. S. (2002). Trauma, treatment, and religion: Dealing with children's fears since the World Trade Center attacks. *Journal of Religious & Theological Information*, 5, 7-29.
- Irwin, L. (1992). Cherokee healing: Myth, dreams, and medicine. *American Indian Quarterly*, 16, 237-258.
- James, W. (1902). *The varieties of religious experience: A study in human nature*. New York: Modern Library.
- Jenkins, R. A. (1995). Religion and HIV: Implications for research and intervention. *Journal of Social Issues*, *51*, 131-144.
- Jenkins, R. A., & Pargament, K. I. (1988). Cognitive appraisals in cancer patients. Social Science

- and Medicine, 26, 625-633.
- Jensen, L. A. (1995, March). *The moral reasoning of orthodox and progressivist Indians and Americans*. Paper presented at the meeting of the Society for Research in Child Development, Indianapolis, IN.
- Kendall-Tackett, K. A., Williams, L. M., & Finkelhor, D. (1993). Impact of sexual abuse on children: A review and synthesis of recent empirical studies. *Psychological Bulletin*, 113, 164-180.
- Kessler, B. L., & Bieschke, K. J. (1999). A retrospective analysis of shame, dissociation, and adult victimization in survivors of childhood sexual abuse. *Journal of Counseling Psychology*, 46, 335-341.
- King, M., Valle, R. S., & Citrenbaum, C. (1978). Existential-phenomenological implications for psychotherapy. In R. S. Valle & M. King (Eds.), *Existential-phenomenological* alternatives for psychology (pp. 265-273). New York: Oxford University Press.
- Koenig, H. G., Cohen, J. J., Blazer, D. G., Kudler, H. S., Krishnan, K. R. R., & Sibert, T. E. (1995). Religious coping and cognitive symptoms of depression in elderly medical patients. *Psychosomatics*, 36, 369-375.
- Kohlberg, L. (1976). Moral stages and moralization: the cognitive-developmental approach. In T. Lickona (Ed.), *Moral development and behavior*. New York: Holt, Rinehart & Winston.
- Kohlberg, L. (1986). A current statement on some theoretical issues. In S. Modgil and C. Modgil (Eds.), <u>Lawrence Kohlberg</u>. Philadelphia, PA: Falmer.
- Kolko, D. J., Moser, J. T., & Weldy, S. R. (1990). Medical/health histories and physical evaluation of physically and sexually abused child psychiatric patients: A controlled study. *Journal of Family Violence*, 5, 249-267.
- Kujawa-Holbrook, S. A. (2001). Courage and resistance: Spiritual formation and mentoring girls for religious leadership. *International Journal of Children's Spirituality*, 6, 299-310.
- Kushner, H. S. (1983). When bad things happen to good people. New York: Avon Books.

- Kvale, S. (1996). *InterViews: An introduction to qualitative research interviewing*. Thousand Oaks, CA: Sage.
- Lamb, M. E. & Garretson, M. E. (2003). The effects of interviewer gender and child gender on the informativeness of alleged child sexual abuse victims in forensic interviews. *Law and Human Behavior*, 27, 157-171.
- Lasiuk, G. C., & Hegadoren, K. M. (2006). Posttraumatic Stress Disorder Part II: Development of the construct within the North American psychiatric taxonomy. *Perspectives in Psychiatric Care*, 42, 72-81.
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. New York: Springer Publishing Company.
- Lazarus, R. S., & Folkman, S. (1991). The concept of coping. In A. Monat & R. S. Lazarus (Eds.), *Stress and coping: An anthology* (3rd ed.). (pp. 189-206). New York: Columbia University Press.
- Lazarus, R. S., & Launier, R. (1978). Stress-related transactions between person and environment. In L. A. Pervin & M. Lewis (Eds.), *Perspectives in interactional psychology* (pp. 87–327). New York: Plenum Press.
- Levin, J. S., Chatters, L. M., & Taylor, R. J. (1995). Religious effects on health status and life satisfaction among black Americans. *Journal of Gerontology: Social Sciences*, *50*, 154-163.
- Levy, H. B., Markovic, J., Kalinowski, M. N., Ahart, S., & Torres, H. (1995). Child sexual abuse interviews: the use of anatomic dolls and the reliability of information. *Journal of Interpersonal Violence*, 10, 334-353.
- Lincoln, C. E., & Mamiya, L. H. (1990). *The black church in the African-American experience*.

 Durham, NC: Duke University Press.
- Lincoln, Y. S. (1995). Emerging criteria for quality in qualitative and interpretive research.

 Oualitative Inquiry, 1, 275-289.

- Lincoln, Y. S., & Guba, E. G. (1985). *Naturalistic inquiry*. Beverly Hills, CA: Sage Publications.
- Livingston, G. (2006). And never stop dancing: Thirty more true things you need to know now.

 New York: Marlowe and Company.
- Lustig, S. L., Weine, S. M., Saxe, G. N., & Beardslee, W. R. (2004). Testimonial psychotherapy for adolescent refugees: A case series. *Transcultural Psychiatry*, 41, 31-45.
- Mannarino, A. P., Cohen, J. A., Smith, J. A., & Moore-Motily, S. (1991). Six and twelve-month follow-up of sexually abused girls. *Journal of Interpersonal Violence*, 6, 492-511.
- Marvasti, J. A. (2001). Using anatomical dolls in psychotherapy with sexualized children. In H.G. Kaduson & C. E. Schaefer (Eds.), 101 more favorite play therapy techniques (pp. 312-316). Northvale, NJ: Jason Aronson, Inc.
- McCracken, G. D. (1988). The long interview. Newbury Park, CA: Sage Publications.
- McFayden, A. (1996). Healing the damaged. In D. F. Ford & D. L. Stamps (Eds.), *Essentials of Christian community: Essays for Daniel W. Hardy* (pp. 91-103). Edinburgh: T&T Clark.
- McGrath, J. E. (1970). Social and psychological factors in stress. New York: Holt, Rinehart & Winston.
- Menninger, K. (1963). *The vital balance: the life process in mental health and illness*. New York: Viking Press.
- Merriam, S. (1988). *Case study research in education: A qualitative approach*. San Francisco, CA: Jossey-Bass.
- Merriam-Webster's collegiate dictionary (10th ed.). (1994). Springfield, MA: Merriam-Webster.
- Merrill, L. L., Thomsen, C. J., & Sinclair, B. B. (2001). Predicting the impact of child sexual abuse on women: the role of abuse severity, parental support, and coping strategies.

 **Journal of Consulting & Clinical Psychology, 69, 992-1006.
- Milkman, H., Weiner, S. E., & Sunderwirth, S. (1983-1984). Addiction relapse. *Advances in Alcohol and Substance Abuse*, *3*, 119-134.
- Miller, N. E. (1980). A perspective on the effects of stress and coping on disease and health. In

- S. Levine & H. Ursin (Eds.), *Coping and health* (pp. ##--##). New York: Plenum.
- Miner, M. H., Flitter, J. M. K., & Robinson, B. E. (2006). Association of sexual revictimization with sexuality and psychological function. *Journal of Interpersonal Violence*, 21, 503-524.
- Mitchell, R. E., Cronkite, R. C., & Moos, R. H. (1983). Stress, coping, and depression among married couples. *Journal of Abnormal Psychology*, 92, 433-448.
- Mooney, J. (1982). *Myths of the Cherokees and sacred formulas of the Cherokees*. Nashville, TN: Charles and Randy Elder Booksellers.
- Mooney, J., & Olbrechts, F. M. (Eds.) (1932). The swimmer manuscript: Cherokee sacred formulas and medicinal prescriptions. *Bureau of American Ethnology Bulletin*.

 Washington, DC: Smithsonian Institution.
- Moore, T. (1992). The African American church: A source of empowerment, mutual help, and social change. In K. I. Pargament, K. I. Maton, & R. E. Hess (Eds.), *Religion and prevention in mental health: Research, vision, and action* (pp. 237-258). New York: Haworth Press.
- Moscicki, A. (2005). Impact of HPV infection in adolescent populations. *Journal of Adolescent Health*, *37*, S3-S9.
- Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage Publications.
- Muller, E. D. & Thompson, C. L. (2003). The experience of grief after bereavement: A phenomenological study with implications for mental health counseling. *Journal of Mental Health Counseling*, 25, 183-203.
- Murphy, L. B. (1974). Coping, vulnerability and resilience in childhood. In G. V. Coelho, D. A. Hamburg, & J. E. Adams (Eds.), *Coping and adaptation* (pp. 69-100). New York: Basic Books.
- Murray, M. & Owen, M. (1991). Beyond the myths and magic of mentoring. San Francisco, CA:

- Jossey-Bass.
- National Center of Child Abuse and Neglect (NCCAN). (1996). Third study of national incidence and prevalence of child abuse and neglect (preliminary findings). Washington, DC: U.S. Department of Health and Human Services.
- National Center for Posttraumatic Stress Disorder. "What is Posttraumatic Stress Disorder?"

 Fact Sheet. Retrieved on April 15, 2006, from

 www.ncptsd.va.gov/facts/general/fs_what_is_ptsd.html
- Neighbors, H. W., Jackson, J. S., Bowman, P. J., & Gurin, G. (1983). Stress, coping, and black mental health: Preliminary findings from a national study. In R. Hess & J. Hermalin (Eds.), *Innovation in prevention* (pp. 5-29). New York: Haworth Press.
- Nelson-Gardell, D. (2001). The voices of victims: surviving child sexual abuse. *Child and Adolescent Social Work Journal*, 18, 401-416.
- New Webster Quotation Dictionary (1987). Springfield, MA: Lexicon Publications, Inc.
- Nichols, M. P., & Schwartz, R. C. (1998). *Family therapy: Concepts and methods* (4th ed.).

 Needham Heights, MA: Allyn and Bacon.
- Osofsky, J. (1997). Children in a violent society. New York: Guilford Press.
- Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice*. New York: Guilford Press.
- Pargament, K. I., Ensing, D. S., Falgout, K., Olsen, H., Reilly, B., Van Haitsma, K., & Warren, R. (1990). God help me (I): Religious coping efforts as predictors of the outcomes to significant negative life events. <u>American Journal of Community Psychology</u>, 18, 793-824.
- Pargament, K. I., Ishler, K., Dubow, E., Stanik, P., Rouiller, R., Crowe, P., et al. (1994). Methods of religious coping with the Gulf War: Cross-sectional and longitudinal analyses.

 **Journal for the Scientific Study of Religion, 33, 347-361.
- Pargament, K. I., Kennell, J., Hathaway, W., Grevengoed, N., Newman, J., & Jones, W. (1988).

 Religion and the problem-solving process: Three styles of coping. *Journal for the*

- Scientific Study of Religion, 27, 90-104.
- Pargament, K. I., Koenig, H., Tarakeshwar, N., & Hahn, J. (2001). Religious struggle as a predictor of mortality among medically ill elderly patients. *Archives of Internal Medicine*, 161, 1881-1885.
- Peck, M. S. (1978). The road less traveled: a new psychology of love, traditional values, and spiritual growth. New York: Simon & Schuster.
- Perrott, K., Morris, E., & Martin, J. (1998). Cognitive coping styles of women sexually abused in Childhood: A qualitative study. *Child Abuse & Neglect*, 22, 1135-1149.
- Pfefferbaum, B., & Allen, J. (1998). Stress in children exposed to violence: Re-enactment and rage. *Child and Adolescent Psychiatric Clinics of North America*, 7, 121-136.
- Piaget, J. (1932). The moral judgment of the child. New York: Harcourt Brace Jovanovich.
- Piaget, J. (1954). The construction of reality in the child. New York: Basic Books.
- Polkinghorne, D. E. (1989). Phenomenological research methods. In R. S. Valle & S. Halling (Eds.), *Existential-phenomenological perspectives in psychology* (pp. 41-60). New York: Plenum.
- Pynoos, R., & Eth, S. (1984). The child as witness to homicide. *Journal of Social Issues*, 40, 87-108.
- Pynoos, R., & Nader, K. (1990). Children's exposure to violence and traumatic death.

 Psychiatric Annals, 20, 334-344.
- Riemen, D.J. (1986). The essential structure of a caring interaction: doing phenomenology. In P.M. Munhall & C.J. Oiler (Eds.), *Nursing research: A qualitative perspective* (pp. 85-105). Norwalk, CT: Appleton-Century-Crofts.
- Rind, B., Tomovitch, P., & Bauserman, R. (1998). A meta-analytic examination of assumed properties of child sexual abuse using college samples. *Psychological Bulletin*, 124, 22-53.
- Rutledge, F. (2002). Self-help, crucified. *Christian Century*, 119, 10-11.

- Ryan, N. M. (1988). The stress-coping process in school-age children: Gaps in the knowledge needed for health promotion. *Advances in Nursing Science*, 11, 1-12.
- Santrock, J. W. (2001). *Child Development* (9th ed.). New York: McGraw-Hill.
- Saywitz, K. J., Mannarino, A. P., & Berliner, L. (2000). Treatment for sexually abused children and adolescents. *American Psychologist*, *55*, 1040-1049.
- Schaller, J. (1996). Mentoring of women: Transformation in adult religious education. *Religious Education*, 91, 160-171.
- Schechter, M., & Roberge, L. (1976). Child sexual abuse. In R. Helfer & R. S. Kempe (Eds.),

 Child abuse and neglect: the family and the community (pp. 127-142). Cambridge, MA:

 Ballinger.
- Scheele, A. (1992). Second-stage mentoring. Working Women, 17, 32-35.
- Shapiro, Jr., D. H., Schwartz, C. E., & Astin, J. A. (1996). Controlling ourselves, controlling our world: Psychology's role in understanding positive and negative consequences of seeking and gaining control. *American Psychologist*, *51*, 1213-1230.
- Sherman, M. D., Zanotti, D. K., & Jones, D. E. (2005). Key elements in couples therapy with veterans with combat-related posttraumatic stress disorder. *Professional Psychology: Research and Practice*, *36*, 626-633.
- Sigmon, S. T., Greene, M. P., & Rohan, K. J. (1996). Coping and adjustment in male and female survivors of childhood sexual abuse. *Journal of Child Sexual Abuse*, 5, 57-76.
- Silver, R. L., & Wortman, C. B. (1980). Coping with undesirable life events. In J. Garber & M.E. P. Seligman (Eds.), *Human helplessness: Theory and application* (pp. 279-375). New York: Academic Press.
- Smith, C. (2003). Theorizing religious effects among American adolescents. *Journal for the Scientific Study of Religion*, 42, 17-30.
- Smith, R. A., Martin, S. C., & Wolters, P. L. (2004). Pediatric and adolescent HIV/AIDS. In R. T. Brown (Ed.), *Handbook of pediatric psychology in school settings* (pp. 195-220).

- Mahwah, NJ: Lawrence Erlbaum Associates.
- Smith, W. A. (1995). A Cherokee way of knowing: Can native American spirituality impact religious education? *Religious Education*, 90, 241-253.
- Sorensen, E. S. (1993). Children's stress and coping. New York: Guilford Press.
- Spataro, J., Moss, S. A., & Wells, D. L. (2001). Child sexual abuse: a reality for both sexes.

 Australian Psychologist, 36, 177-183.
- Spinazzola, J., Ford, J. D., Zucker, M., van der Kolk, B.A., Silva, S., Smith, S. F., et al. (2005). Survey evaluates complex trauma exposure, outcome, and intervention among children and adolescents. *Psychiatric Annals*, *35*, 433-439.
- Starkman, N., & Rajani, N. (2002). The case for comprehensive sex education. *AIDS Patient Care and STDs*, 16, 313-318.
- Sternberg, K. J., Lamb, M. E., Esplin, P., & Baradaran, L. P. (1999). Using a scripted protocol in investigative interviews: a pilot study. *Applied Developmental Science*, *3*, 70-76.
- Sternberg, K. J., Lamb, M. E., Orbach, Y., Esplin, P. W., & Mitchell, S. (2001). Use of structured investigative protocol enhances young children's responses to free-recall prompts in the course of forensic interviews. *Journal of Applied Psychology*, 86, 997-1005.
- Suess Kennedy, S. (2000). Kids need role models, not magic. Church and State, 117, 21.
- Tarakeshwar, N., Pargament, K. I., & Mahoney, A. (2003). Initial development of a measure of religious coping among Hindus. *Journal of Community Psychology*, *31*, 607-628.
- Terr, L. (1979). Children of Chowchilla: A study of psychic trauma. *Psychoanalytic Study of the Child*, *34*, 547-623.
- Terr, L. (1990). Too Scared to Cry. New York: Basic Books.
- Terr, L. (1991). Childhood traumas: An outline and overview. *American Journal of Psychiatry*, 48, 10-20.
- Thomas, M.E., & Holmes, B.J. (1992). Determinants of satisfaction for blacks and Caucasians. Sociological Quarterly, 33, 459-472.

- Thompson, C. L., & Rudolph, L. B. (2000). *Counseling children*. Pacific Grove, CA: Wadsworth, Brooks, & Cole.
- Tickle, P. (1994, April 25). Mormon church excommunicates five scholars over their books. *Publishers Weekly*, 241, 12.
- Tinker, G. (1989). The integrity of creation: Restoring trinitarian balance. *Ecumenical Review*, 41, 527-536.
- Tinker, G. (1992). The full circle of liberation: An American Indian theology of place. *Sojourners*, 12, 12-17.
- Tinker, G. (1994). Reading the Bible as Native Americans. In *New Interpreter's Bible I* (p. 174-180). Nashville, TN: Abindgon Books.
- Tolman, D. L. (2001). Female adolescent sexuality: An argument for a developmental perspective on the New View of women's sexual problems. *Women and Therapy*, 24, 195-209.
- Tolman, D. L. (2002). *Dilemmas of desire: teeenage girls talk about sexuality*. Cambridge, MA: Harvard University Press.
- Trickett, P. W., McBride-Chang, C., & Putnam, F. W. (1994). The classroom performance and behavior of sexually abused females. *Development and Psychopathology*, 6, 183-194.
- Trickett, P. W., & Putnam, F. W. (1991, August). *Patterns of symptoms in prepubertal and pubertal sexually abused girls*. Paper presented at the annual meeting of the American Psychological Association, San Francisco, CA.
- Trickett, P. W., & Putnam, F. W. (1998). Developmental consequences of child sexual abuse. In
 P. K. Trickett & C. J. Schellenbach (Eds.), Violence against children in the family and
 the community (pp. 39-56). Washington, DC: American Psychological Association
- Underwood, M. K. (2003). Social aggression among girls. New York: Guilford Press.
- Ursin, H. (1980). Personality, activation and somatic health. In S. Levine & H. Ursin (Eds.), *Coping and health* (pp. 259-280). New York: Plenum.
- Vaillant, G. E. (1977). Adaptation to life. Boston: Little, Brown.

- Valle, R. S., & King, M. (1978). Existential-phenomenological alternatives for psychology. New York: Oxford University Press.
- Veroff, J., Douvan, E., & Kulka, R. A. (1981). *The inner American: A self-portrait from 1957-1976.* New York: Basic Books.
- Walker, A. (1982). The color purple. New York: Harcourt Brace Jovanovich.
- Walker, C. L. (1986). Stress and coping in the siblings of children with cancer. *Dissertation Abstracts International*, 47 (07), 2841B. (UMI No. DA8624430)
- Weist, M. D., Freedman, A. H., Paskewitz, D. A., Proescher, E. J., & Flaherty, L. T. (1995).
 Urban youth under stress: Empirical identification of protective factors. *Journal of Youth and Adolescence*, 24, 705-721.
- Weisz, J. R., Rothbaum, F. M., & Blackburn, T. C. (1984). Standing out and standing in: The psychology of control in America and Japan. *American Psychologist*, *39*, 955-969.
- White, W., Halpin, B. M., Strom, G. A., & Santilli, G. (1988). Behavioral comparisons of young sexually abused, neglected, and nonreferred children. *Journal of Clinical Child Psychology*, 17, 53-61.
- Wilhelm, R., & Baynes, C. F. (1950). *The I ching*. Princeton, New Jersey: Princeton University Press.
- Willis, S. L., & Reid, J. D. (Eds.). (1999). *Life in the middle: Psychological and social development in middle age*. San Diego, CA: Academic Press.
- World Health Organization (WHO) (1999). Report of the consultation on child abuse preventions. Geneva: WHO.
- Yalom, I. D. (1980). Existential psychotherapy. New York: Basic Books.
- Yamamoto, K. (1979). Children's ratings of the stressfulness of experiences.

 *Developmental Psychology, 15, 581-582.
- Yamamoto, K., & Byrnes, D. A. (1984). Classroom social status, ethnicity, and ratings of stressful events. *Journal of Educational Research*, 77, 283-286.

Zuckerman, D. M., Kasl, S. V., & Ostfeld, A. M. (1984). Psychosocial predictors of mortality among the elderly poor. *American Journal of Epidemiology*, *199*, 410-423.

Appendix A: Investigation Protocol

Are you a teenage girl (14-17) who had a sexual experience you didn't want to have?

Did this experience occur more than one year ago?

If so, you may be eligible to participate in two research interviews at Georgia State University.

To thank you for your time, we will give you \$40. We will also give your parent/guardian \$10.

Eligible participants must be high school students who speak fluent English.

If you are interested in participating, talk it over with your parent/guardian.

Your parent/guardian can call Ndiya Nkongho at (615) 356-8603 for more information and to sign up.

Your PARENT or GUARDIAN must call to sign you up for this project.

Screening Protocol

1. Purpose/Intention of Investigation

Criteria for Involvement

The purpose of this investigation is to learn more about how adolescent girls deal with different experiences in their lives. We are interested in learning more, specifically, about how some girls deal with sexual experiences that they didn't want to have (didn't agree to). I want to make sure you know this: we want to make sure that all the participants are safe right now. That's why we require that at least one year has passed since the sexual experience they didn't agree to. So, we want you to know that if we learn about any present harm in the girls' lives, we will definitely report it to the authorities. Do you have any questions about that?

	The adolescent female has had a non-consensual sexual experience.	
	_ She is between the ages of 14-17.	
	_ She speaks English fluently.	
	_ She is a student in high school.	
	At least one year has passed between the current time and the nonconsensual sexual experience.	

3. Consent/Assent

The adolescent female and the parent and/or guardian will come to the Psychology Clinic at Georgia State University. The adolescent will be explained the terms of confidentiality and will have an assent form to sign. She will receive a copy of this form. The parent and/or guardian, who must be present at the time of the interview, will be required to sign a consent form in order for the adolescent to participate. The parent/guardian will also receive a copy of the consent form.

Study participation consists of two interviews; the first lasting 1 ½ hours; the second, 30-45 minutes.

4. Financial Aspects of Participation

The adolescent female will receive \$20 at the end of each interview. The parent/guardian will receive \$10 at the time of the first interview to cover transportation costs.

- 5. Scheduling of the 90-minute Interview
- 6. Directions/Contact Information

7. Ineligibility

The parent/guardian will be thanked for their willingness to participate. If the adolescent is ineligible for this research investigation, the reason(s) why will be explained to the parent/guardian (i.e., "I am sorry, but the participants must be at least 14 years old to participate."). If the parent/guardian requests referrals to other service providers, this will be provided.

Georgia State University Department of Psychology Informed Consent Form

Title: Coping in Adolescent Girls

Faculty Principal Investigator: Greg Jurkovic, Ph.D. **Principal Investigator:** Ndiya Nkongho, M.S.

Purpose of the Study: The purpose of this research project is to learn more about how teenage girls think, feel, and handle unwanted sexual activity.

Procedures: Your child will be interviewed in a private room by a trained female investigator. The first interview will be 90 minutes. Your child will have an opportunity to share what she thought, felt, and did in response to unwanted sexual activity. Your child will also be asked about her greatest successes and future goals. At the end of the interview today, we will also schedule a second interview. The second interview will be 30 minutes long and will be in about 6 weeks. During the second interview, the female investigator will ask your child how she felt after the first interview and whether she has any additional thoughts she would like to share. The investigator will also give your child a short summary of what she said in the first interview, and ask your child if there's anything she thinks should be added or subtracted from that summary. At the end of each interview, your child will receive \$20 for participating. You are required to come to each interview with the child. After the first interview, we will also give you \$10.

The female investigator will take notes during both interviews. In addition, both of these interviews will be audio taped. We would like to audiotape these discussions to have an accurate record of your child's responses. After we transcribe the audiotapes, we will destroy them right away.

Risks of Participating: Your child will be talking about a sensitive issue during these interviews. There is a possibility that your child may feel uncomfortable during either interview. To prevent this, all information will be kept private and confidential. This means that your child's answers will not be shared with anyone, including you, unless required by law (see below). If your child becomes very upset during the interview, we will act immediately. The licensed psychologist here would speak with your child and with you. The psychologist will decide if your child needs more help. If the psychologist decides your child needs more help, you will be asked to take your child to the hospital right away. You will have to pay for any hospital costs.

Benefits of Participating: Your child will have the opportunity to think about her strengths. Your child may understand more about how she is dealing with her experience. Your child's participation will help us help other children in similar situations.

Voluntary Participation and Withdrawal: Your child does not have to participate in this study. You may choose to not have your child participate in this study. If you change your mind about your child being in this study, you have the right to drop out at any time. Your child may excuse herself from any interview that bothers her. Your child can also choose skip any questions or stop an interview completely. Whatever you decide, you or your child will not lose any benefits that you would otherwise receive.

Confidentiality: Your child's answers will be kept private and confidential. A number and a made-up name, and not your child's name, will appear on all study records. All the interview notes, audiotapes, and transcripts will be kept in a locked file in a locked office. Only the research staff will see these notes. The audiotapes will be destroyed after the study is completed. All electronically stored information will be kept on a computer with a secret password. Any information that could identify your child will not appear when we talk or write about this study.

The law requires us to notify the State Protection Agency if we suspect current child abuse or neglect. We will tell you if your child tells us she is in danger. We will tell you if your child says she is hurting herself or other people. We will tell you if your child says she is in danger of being hurt by someone else. The results of this study may be shared with other researchers in talks or papers. We will not share any information that could identify your child.

Contact Persons: You may call Dr. Greg Jurkovic at (404) 651-2859 or Ndiya Nkongho at (404) 394-7386 if you have questions about this study. If you have questions or concerns about your rights as a participant in this research study, you may contact Susan Vogtner. Her e-mail address is: svogtner1@gsu.edu and her phone number is: (404) 463-0674. Ms. Vogtner is with the Institutional Review Board (IRB), the group that protects the rights of all human research participants.

We will give you a copy of this consent form to	keep.
You agree to have your child,titled "Coping in Adolescent Girls," which is be Department of Psychology at Georgia State Unicompletely voluntary. Your child can stop partiany penalty. Both of your child's interviews wi	ring conducted by Ndiya Nkongho of the versity. Your child's participation is cipating in the study at any time without
Signature of Parent/Guardian	Date
Signature of Principal Investigator	Date

Georgia State University Department of Psychology Participant Assent Form

Faculty Principal Investigator: Dr. Greg Jurkovic **Principal Investigator:** Ndiya Nkongho

Purpose of the Study: We are trying to learn how teenage girls deal with unwanted sexual activity.

What you will be asked to do: We will interview you today and one other time. We will ask you how you dealt with unwanted sexual activity. We will ask you what you thought, what you did, and how you felt. After each interview, we will give you \$20.

Risks and Benefits: You may learn more about your strengths. You will also be helping us learn how to better help other teenage girls. There are few risks to taking part in this study. You may feel nervous when answering certain questions. You may feel nervous about being audio taped. If you are upset by a question, you do not have to answer it. You can call "time-out" and take a break during any part of the interview.

Privacy of Answers: We will not tell anyone what you said. We will only tell your parent if the law says we have to. Instead of your real name, we will make up a name. We will use the fake name on our notes. All the interview notes and audiotapes will be kept in a locked file in a locked office. Only the research staff will see these notes. We will destroy the audiotapes as soon as we finish the study. We may talk about the results of this study with other people. We will not share any details that would let people know who you are.

We want to make sure that you are safe right now. That's why we make sure that it's been at least one year since the sexual experience you didn't want to have. If you tell us that unwanted sexual activity is happening to you right now, the law says we have to tell somebody. We would report it to the authorities to try and get some help for you and your family. If you say that you are thinking about hurting yourself or that someone is hurting you, the law says we have to tell someone. We would try and get help for you and your family.

To Stop Being in the Study: You do not have to be in this study. Your being in this study is completely voluntary. If you do not want to be in this study, you are free to stop at any time without losing any of your rights.

Questions: If you have further questions about this study at any time, you can ask your parent/guardian, call Dr. Greg Jurkovic at (404) 651-2859, or call Ndiya Nkongho, M.S. at (404) 394-7386.

Agreement: The purpose of the study, what you are to do, risks, and benefits have been fully told to you. You voluntarily agree to be in this study. You may stop at any time.

Both of the interviews will be audiotaped.	You have been given a copy of this form.	
Participant Name (print)		
Participant Signature	Date	
Signature of Parent/Guardian	Date	
Signature of Principal Investigator		

Demographic Information Sheet

How old are you?
How do you describe your race? Your ethnicity?
What grade are you in at school?
Do you consider yourself a member of any particular religious group (faith)?
If so, what is that group?

Interview #1 Protocol

Date/Time of Interview:					
Location (Room Number):				
Participant	Coding #:				
Questions					
1.	The intention of this study is to learn more about how teenage girls deal with having a sexual experience that they did not want to have. How did this experience affect you?				
2.	What did you do (or think) differently to try and deal with (Question #1)?				
3.	I'd like to ask you about your religion—is that okay?				
	a. If participant does not agree: Okay, that's fine. Let me return to (<i>Question #2</i>). Is there anything else that you did or thought differently to try and deal with the unwanted sexual experience? Once participant has no further elaboration, begin Debriefing Protocol.				
	b. If participant agrees: How did your religious (spiritual) beliefs make dealing with the unwanted sexual experience harder?				
	How did your religious (spiritual) beliefs make dealing with the unwanted sexual experience easier?				

Have your religious beliefs changed as a result of this unwanted sexual experience? If so, how?

Once participant has no further elaboration, begin Debriefing Protocol.

Debriefing Protocol Date/Time of Interview: Location (Room Number): Participant Coding #: Questions 1. What do you like about your personality (character)? 2. What is the most fun (experience) you've ever had?

What are two things you are looking forward to doing as an adult?

3.

Interview #2 Protocol

Date/Ti	ime of Interview:
Locatio	on (Room Number):
Particip	oant Coding #:
Questic	ons:
1.	How are you doing this morning/afternoon?
2.	Have you thought any about the interview we had before? (If so, what have you been thinking?)
told mal	Please look at this short paragraph I wrote. I have tried to summarize what you I me last time about how you dealt with the unwanted sexual experience. I want to ke sure I didn't miss anything, or get anything wrong. Is there anything in this agraph you would change?

Appendix B: Significant Statements

Significant Statements: Gloria

- 1. God has been with me through it all [this experience].
- 2. I prayed every night.
- 3. I still pray every night.
- 4. God knew I was a strong person.
- 5. God knew I had a strong family behind me.
- 6. God hears them [my prayers].
- 7. God hears my cries.
- 8. Subjects of prayer:
 - a. To get me home safely [during the sexual abuse].
 - b. For them [the offenders] to get arrested and prosecuted [during court involvement].
 - c. That I would not catch any diseases from the offenders [before health screenings].
 - d. To be able to do normal things.
 - e. To be happy.
 - f. For my future to be successful
 - g. For the courage and strength to not believe [naysayers]
 - h. That my life would be better
- 9. Every day I wake up and something goes good, it's [a prayer] being answered.
- 10. God answered my prayers by guiding me home safely.
- 11. I know God is watching me every day.
- 12. God is there and helping me cope with bringing myself back together.
- 13. God is there for other girls [who have had a similar experience].
- 14. I just feel that he [God] is working.
- 15. Sometimes I feel so good, there are days when I don't think about it at all.
- 16. God is helping me be a better person.
- 17. God is helping me be a happier person.
- 18. Churches today are not right.
- 19. The people [at church] judge you regardless.
- 20. The people [at church] judge you before they even hear what you have to say.
- 21. Most people [at church], they don't say anything, they just look.
- 22. It's just him [God] and me when I pray.
- 23. God is the only one who knows what I went through.
- 24. God has me here today.
- 25. I was able to testify in court because God was there with me.

- 1. My relationship with the church stopped after [the sexual abuse].
- 2. I stopped believing in God after [the sexual abuse].
- 3. I prayed really hard during the abuse for something to change.
- 4. I prayed really hard, for the year after the sexual abuse, for something to change.
- 5. I stopped praying because nothing changed.
- 6. Topics of prayer
 - a. Not to be bad anymore
 - b. To be okay
 - c. To not be scared
 - d. For [perpetrator] to not hurt me or my parents
- 7. Before the sexual abuse
 - a. I thought everybody was good
 - b. I thought everybody was good, especially people at church or connected with church.
 - c. Never thought about lying to my parents
- 8. After the sexual abuse
 - a. Learned that's not really how it works [that at church and church camp, everybody is going to be good]
 - b. Had to lie to my parents
- 9. I wanted prayer to comfort me.
- 10. I wanted prayer to make it so that the sexual abuse never happened.
- 11. I decided there wasn't a God because
 - a. If there were, the sexual abuse wouldn't have happened
 - b. He would have made it better when I prayed.
- 12. Right now, I don't know what I believe.
- 13. If I do believe in God, then he's got some explaining to do.
 - a. Why did the abuse happen at a church camp?
 - b. Why did he [perpetrator] get to kill himself?
 - c. Why wasn't he [perpetrator] ever punished?
- 14. I feel like [perpetrator] could have pled insanity and not gone to hell.
- 15. Although I want him [perpetrator] to suffer and be in pain, I don't think God would have done that to him.
- 16. I don't go to church now.
- 17. I stopped going to church after [the abuse].
- 18. If I could have had God's power, I would have killed him [perpetrator] before he hurt me or anyone else.
- 19. If there is a God, he knew that I was doing [my negative coping behaviors].
- 20. Right now, I'm not worried about whether I believe in God or not.
- 21. Knowing whether I believe in God or not is not as important as staying alive and sane.
- 22. I don't worry about God.
- 23. I don't worry about some Higher Power judging me.
- 24. I just do what I need to do [to stay alive and sane]
 - a. Get up
 - b. Go to school and stay there all day
 - c. Working
 - d. Coming here [therapy]
 - e. Not partying, doing drugs, drinking
- 25. I'd like there to be a God.

- a. I'd rather not die and have nothing happen.
- b. I'd rather not die and not be able to ask somebody why a lot of stuff happened the way it did.
- c. I'd rather not the 90% of people who believe in something all be wrong. That would mean people are praying and that God doesn't exist.
- 26. Three questions I would ask God:
 - a. Why did you let this [the abuse] happen?
 - i. If there is a good reason for the abuse, I might feel better.
 - ii. If it is because God felt like it, then I'd get pissed.
 - iii. I don't feel there could ever be a reason good enough [to explain why the abuse happened].
 - b. Why did you let him [perpetrator] leave [get alone to kill himself]?
 - c. How do you really feel about abortion?
- 27. God could have stopped [the abuse].
 - a. Not by taking away [perpetrator's] free will
 - b. It's God's world; in theory—he can control everything in it.
 - i. Move a log, make [perpetrator] trip, make him break his leg
 - ii. Give me a way out, leave a door open, have somebody walk across us and see it happening
 - iii. Move a rock
- 28. All of that nonsense I have heard from religious people
 - a. Everything happens for a reason. I think: "Fuck you."
 - b. It's all in God's plan. "The plan sucks."
 - c. God's going to take care of you.
 - d. Let go and let God. "Leave me alone."
- 29. All you can really do is say fuck you and walk away. Because if you cry, then they think that's because you're having like a God breakthrough, and you don't want that because then they'll never leave you alone.
- 30. Somebody else [my father] was getting mad at God and that was useful.

- 1. I pray to God, both silently and out loud.
- 2. Content of prayer during the time of the sexual abuse
 - a. God, you should help me.
 - b. I don't know whether to tell Mom.
 - c. I don't want to get Charles in trouble.
 - d. I don't think sexual abuse is right.
 - e. Please help me by giving me wisdom, which is knowing what to do and how to do it.
- 3. God has wisdom.
- 4. During the sexual abuse, I was expecting my prayers to be answered with more certainty and peacefulness about a particular course of action.
- 5. Content of prayers now
 - a. I want to trust people again.
 - b. I want to have peace of mind.
 - c. I want to feel better.
 - d. I want to have an open heart
- 6. I heard God speak to me.
 - a. God said Charles wasn't coming back.
 - b. God said I was safe.
- 7. I know God gave my mother wisdom because God led my mother to join a new congregation.
 - a. Elders in my former congregation were not helpful.
 - b. I was sad that the elders told everybody and people looked at me as if it [sexual abuse] was my fault.
- 8. The elders in my new congregation are cool.
 - a. They say I do not have to confront Charles unless I want to.
 - b. They also say my mom can't do it for me.
- 9. God brought Laura and Cassie into my life to show me that:
 - a. I am not alone [in experiencing sexual abuse].
 - b. I can still have a good life.
 - c. There is strength in the Truth [my faith tradition].
- 10. God loves me.
- 11. Everything is going to work out okay.
- 12. Laura's suggestion that I come to counseling is another sign of how everything is coming together and shows me how God is still working in my life.
- 13. God didn't know about the sexual abuse when it was happening.
- 14. I don't think God can be there for everybody at the same time.
- 15. God loves everybody.
- 16. God knows that everybody is important.
- 17. God can't help everybody at once.
- 18. I think God starts with the people who have the most problems first.
 - a. There are plenty of people who have less resources, and they need more help.
 - b. God knew that my Uncle Buddy needed more help than me.
- 19. When the people who have the most problems are doing better, then God can help people who need maybe a little less help.
- 20. If I said something to Charles about the sexual abuse and he said he didn't do it, then he has lied before God.
- 21. I don't want Charles to be punished, but God would have to deal with him for lying like that.

- 22. I don't think jail is anywhere as bad as God's punishment.
- 23. God hates lying, maybe just as much as he hates people who know they are sinning and do it anyway.
- 24. I think I know for sure now what it is like to really have God comfort you.
- 25. Before [the sexual abuse], I thought that God made every little thing happen.
- 26. Now, I think that God kind of lets us fill in the little holes in our lives, and then he fills in the big ones.
- 27. [Sexual abuse] is a big hole.
- 28. I haven't taken drugs or gotten really depressed because God filled in the big hole.
- 29. The big hole is "The abuse is really bad and scary, and nobody should have to have this happen."
- 30. How God filled the big hole
 - a. Loving me
 - b. Taking Charles up to Michigan
 - c. Putting people in my life who love me, help keep me safe, and help me fill in the little holes
 - i. My mom
 - ii. Laura and Cassie
 - iii. Elders and members of new congregation
 - iv. My counselor
- 31. The little holes
 - a. What to do when I feel sad
 - b. Getting to know other people and make friends again
 - c. How to trust my mom and not keep secrets like that [sexual abuse] any more.

- 1. I was raised Christian but I don't think I'm a Christian any more.
- 2. My friends at church think I'm crazy.
- 3. Previous involvement at church
 - a. I was real big in the youth ministry
 - b. I sang in the choir.
- 4. Now, I am not as into it [church] as I used to be, and spend less time there.
- 5. They teach you at church that God knows everything before it even happens.
- 6. They teach you that not a bird flies without God permitting it to happen.
- 7. [They teach you] that even the planets would fall out of their orbit without God.
- 8. Then somebody hurts you—what am I supposed to think?
- 9. I don't know if I believe in a two-faced God.
 - a. God is protecting me by letting somebody hurt me? That isn't right.
 - b. You wouldn't say that about a good parent.
 - c. A good parent does not let nobody hurt their child.
 - d. If God were really my father, he would not have let Chris hurt me. It even says so in the Bible.
 - e. [The Bible says] "What man, if your child asked you for food, would give him a snake?" Nobody would do that.
 - f. God is either protecting you or letting bad things happen to you for your own good? What the heck is that? Which is it already?
 - g. Either God wants the best for me, wants me to have love and peace, or he is just fine with me getting raped and mugged and hit by a damn truck.
- 10. God has it both ways, and everybody is pretending that he doesn't.
- 11. God has got everybody fooled, thinking that he is both all-loving and he can let bad things happen.
- 12. Church people, like my grandmother, don't want anybody to talk about how God says one thing and does something else instead.
- 13. I don't know whether it's God is a hypocrite, or whether the stuff that people say about him in the Bible is sometimes wrong.
- 14. Maybe God never said that he loves and protects people.
 - a. Maybe somebody thought that was a nice idea and just put it in the Bible.
 - b. So, maybe we are all expecting something out of God that he never said he was anyway.
 - c. I don't really think God is like that [loving and protecting people] at all.
- 15. I think God is neutral.
- 16. God just put everything in motion and said, "Now let's see what happens."
- 17. He [God] started it all, but that's it.
- 18. God stays out of everyday life.
 - a. If I think that, then I feel a little better. Calmer. Less angry at God and at everybody. A little less sad.
 - b. If he [God] just stays out of it, then he didn't have no cause, no responsibility to stop Chris at all.
 - c. It ain't God's job, so it ain't his fault it happened.
 - d. That means it's Chris' fault, that it was Chris who was an asshole, not God.
- 19. If I thought it was God's fault, that would be worse.
- 20. [That would be worse] Because I can get away from Chris. I can't get away from God.
- 21. God is everywhere.

- 22. Most of the time now, I think that God is neutral, that God created this world and isn't involved now in everyday decisions and behaviors in human life.
- 23. At church, from when I was little, I was not taught that [that God is neutral].
- 24. Sometimes I think about it like I still believe in the God I learned about when I was little.
 - a. Ever since it [sexual abuse] happened, I have a harder and harder time believing what people say about God.
 - b. When I think about it that way, I get mad at God.
 - c. "His eye is on the sparrow and I know he watches me." That God, he was sleeping on the job for sure.
 - d. I guess [that God wasn't watching me]. Because if he was watching and just let it happen, that is even worse [than him not watching me].
- 25. When I say things like that to my friends at church, they think I'm crazy.
 - a. They just don't know how to deal with it.
 - b. They say all the tired stuff my grandmother says, "The Lord works in mysterious ways."
 - c. When my grandmother said that, I was just through [with standard religious explanations].
 - d. Maybe the Lord didn't have no part in it at all. And that is probably scarier to some people, that God just ain't involved and ain't pressed about each and every thing they do, one way or the other.
 - e. God not being the cause of everything scares the heck outta most people in church.
- 26. I don't say things like that to them [people in church] anymore. But I think it, especially when I'm in church.
- 27. I go [to church and church activities] because my grandmother insists that I do so as long as I live in her house.
- 28. I know I ain't going to church once I leave [for college].
 - a. I don't have nothing to say to God.
 - b. If he had something to say to me, he would have said it by now.
- 29. I used to pray. Gave God the daily summary every night, asking God to bless this person and that person.
- 30. I just always said my prayers, I guess because I was taught to do that.
- 31. I never heard back [from God].
 - a. I would have freaked out if he [God] had said something like that [telling me to wear the blue shirt instead of the red shirt today].
 - b. No [I never expected God to talk back to me, like in an actual conversation].
 - c. I don't know if I ever expected some kind of answer at all [like a burning bush or something].
- 32. I think God is okay with me asking questions, and being angry with him. I think God is fine with it all.
 - a. God may be neutral, but he is strong.
 - b. God doesn't get his feelings hurt by everything.
 - c. He wouldn't be God if he just shriveled up and died every time somebody got mad at him, or asked him a question.
- 33. It really made sense that Job was angry at his friends.
- 34. I learned that it's the people that are freaked out if you start asking God questions.
 - a. Like with Job, he was with his friends, and he asked God—not his friend, he asked God—why? Why did this happen? Why did you do this?
 - b. God didn't say nothing.
 - c. His friend butted in, started defending God.

- 1) "Well, Job, you got to understand."
- 2) "Well, Job, you got it all wrong."
- 3) "Well, Job, maybe you deserved it."
- d. That's right! [in response to the statement: "The friends started defending God. God wasn't defending himself."]
- 35. That is what happened with my friends.
 - a. God didn't strike me down, or answer my questions to him.
 - b. But my church friends, they just jump and start talking, saying everything that Job's friends said.
 - c. God don't need a lawyer!
 - d. If he had something to say, he could tell it to me himself.
 - e. He doesn't need my pastor, or my church friends, to say it.
- 36. I learned that people defend God, even though I don't think God is really offended, or feeling attacked, or anything.
- 37. If God can't take the questions of some teenage kid, he sure didn't create this whole earth.
- 38. The important thing is for friends, is not to start defending God.
- 39. They [friends of someone who is hurt] should just chill out and trust that if God wants to say something, he can do it without them!

- 1. When Ricky's brothers started touching me and making me touch them, I was praying for God to do something—for Ricky's parents or Ricky to come home.
- 2. When Ricky's brothers started feeling my chest, I said to God right then,
 - a. God, if you do this, if you send somebody in here right now, I won't ever pray for anything stupid again. I promise.
 - b. I swore on my grandmother's grave, that I wouldn't ask for anything dumb any more if he would just send somebody back in the house.
- 3. I had never prayed so hard in my life for God to do something.
- 4. I knew if somebody didn't come back in that house, it would have gotten worse.
- 5. They could have made me do whatever, or even raped me or something, and I wouldn't have been able to fight them both.
- 6. I knew that if God would just send somebody back in that house, then they'd come in the basement, and then it would be over, and I would be okay.
- 7. I don't know if I'm ever going to pray for anything else.
 - a. I haven't really asked God for anything since then [the sexual abuse].
 - b. Maybe, when I get older, I will ask God for something really important like for my kids to be protected. Safe.
- 8. Before that day [of sexual abuse], I used to pray for all kinds of things.
 - a. God, I want a bike for Christmas.
 - b. God, please help me do well on my Gateway exam [mandatory statewide examination for public school students].
- 9. God answered my prayer by sending Ricky's parents home.
- 10. I knew God had really heard me because then you could hear the door to the basement open, and somebody coming down the stairs.
- 11. Though I'm not friends with Ricky anymore, I kinda think that was God too.
- 12. Maybe God wanted to make sure that I wasn't ever going to be back in that kind of a situation.
- 13. I really think that God fixed it so that I would be assigned to one class and Ricky to another one so that I would be far away from Ricky's brothers.
- 14. Now, I don't pray for little things.
- 15. I think that you should only ask God to do things that are really important—like to come into a life-threatening situation, or if your kid is really sick, or something like that.
- 16. Otherwise then we are like calling 911 instead of calling information.
- 17. But if you have a real emergency, then it's okay to ask God to do something.
- 18. I wouldn't have been able to deal with what was coming [with Ricky's brothers] by myself. And that is what God is for.
- 19. Now that I know that God will respond to 911 calls, I don't want to jam up the line, calling him for dumb stuff, when other people are trying to get through with a real emergency.
- 20. God answers the real calls for help first, and people who just want new toys and stuff, they just have to wait.
- 21. So I think God knows which requests are more important and deals with those first.
- 22. I just think it would be rude for me to ask God for anything dumb anymore.
- 23. Maybe it was okay before I realized I should be saving my prayer for when I really needed something.
- 24. Now, after the whole thing, now I feel like I have a new relationship with God.
- 25. Before, it was like I treated God like a Coke machine.
- 26. Put in a prayer for a bike, expect to get a bike.

- 27. Now I realize that God, most of the time, is expecting us to do most things ourselves, not just pray and ask for them.
- 28. There's a price for everything. God can't just do something for you, and you expect that it won't cost anything.
- 29. God got me out of that situation and answered my prayer, but I think the only way to get me out was to make Ricky and I not be friends anymore. So it was a sacrifice.
- 30. Whenever you see a picture of Jesus on the cross, he just looks like he knows he has to be there but not happy about it. His eyes are always sad. That's what I looked like, I think.
- 31. Jesus knew what he was doing was the right thing, and that it would help so many other people, but it also hurt, you know?
 - a. I think that's how I feel.
 - b. Not really sad, because God did answer my prayer and brought Ricky's mom downstairs.
 - c. But not really happy, because it wasn't right, and I couldn't tell anybody what had happened, and then Ricky and I weren't friends anymore.
- 32. I used to think that I had to keep it a secret, and that if I kept it a secret, then that would help other people.
- 33. I realized one day that even Jesus didn't stay up there [on the cross] forever.
- 34. He got to feel better, and maybe I could feel better someday too.
- 35. In the front of the picture, is Jesus, and he's smiling, and he's with people [the disciples], and they are just so happy to see him.
- 36. If God can bring Jesus off the cross, and give him happy eyes again, then maybe I can be happy again, and with people too.
- 37. Maybe [I] can be happy again too, not because God will kill Ricky's brothers or anything, just by helping me start over.
- 38. Having friends and sunshine and good things in my life are ways that I feel like I have started over.
- 39. Sometimes I feel like the cross picture, but now, I have more days when I feel like the new picture.
- 40. I keep the new picture on the wall in my room and look at it when I feel sad or bad about what happened to me.
- 41. God loves everybody, no matter what bad things people have done to you.
- 42. That means I'm not bad, and God loves me even though Ricky's brothers did something to me that wasn't right.

- 1. While I was in the hospital, I had a special dream.
- 2. The voice in my dream said, "Don't be afraid of anyone or anything. I am everywhere."
- 3. My Dad took me to see Mother Ella, a wise woman, because he said she would know what to do and how to help.
- 4. The snake in my dream, according to Mother Ella, was a symbol of the Great Spirit.
- 5. I still don't completely know what the dream means, but I feel better about the sexual abuse when I think about the dream.
- 6. I hung onto my dream and told myself over and over again not to be afraid.
- 7. After I had the dream, I talked about my sexual abuse for the first time.
- 8. The snake is a powerful, respected animal because it can leave behind old things and grow a new skin when it needs to.
- 9. Before the sexual abuse, I'd heard my father talk about the Great Spirit.
 - a. He talks about respecting animals and land, and how these things are a part of the Great Spirit.
 - b. He always thanks the animal before he cooks things [meat].
 - c. He's always done stuff like that.
- 10. [Before the sexual abuse], I sorta knew that the Great Spirit was everywhere and in everything and everybody.
- 11. One day, I asked Mother Ella if the Great Spirit was in me too.
- 12. [Continuing from #11: "Mother Ella asked me if I thought so."] I said 'yes', and Mother Ella smiled and said my new colors were beginning to show.
 - a. Mother Ella explained that a snake sheds its skin and grows a new one, and it is the same snake, but different too.
 - b. That made me feel better.
 - c. In some ways I am the same, and in other ways, I am different.
- 13. I just sit out there [outside] and talk to the Great Spirit in the trees, and then I feel like I can deal better with what is going on my head.
- 14. What is going on in my head
 - a. Sadness
 - b. Being angry with my mother and Rob
- 15. What I talk to the Great Spirit about
 - a. I just sing mostly. I sing what I'm feeling.
 - b. I write poetry and stuff in my journals.
 - c. And sometimes it just feels good to go outside and sing into the wind.
 - d. I sing about being strong, and sometimes being sad, and about how people should be fair to each other.
- 16. [Does the Great Spirit ever speak back to you?] All the time. Not in words, though. In feelings.
 - a. I always feel better after I'm out there, just singing or sitting under a tree or whatever.
 - b. So that is the Great Spirit talking back to me. Talking in peace, and in calm.
- 17. I talk to Mother Ella regularly, and I'm going to see her again this summer.
- 18. [My snake work is] just being around my Dad, and talking to him more, and writing in my journals, and talking to the Great Spirit, and taking care of my body.
- 19. Mother Ella taught me that a snake can't grow a new skin unless it's taken care of.
- 20. The snake work is what helps me, put the stuff with Rob behind me, and to feel good about myself, and my body, and not want to kill myself anymore.

- 21. If Mother Ella hadn't talked to me about the Great Spirit, I don't think I'd be doing okay.
- 22. Because all those girls in the hospital, I have been there, and if I hadn't been with Mother Ella, I think I'd still be that sad and lonely and angry with everybody.
- 23. I'm not lonely any more because I have my dad and the trees and Mother Ella.