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An exploration of women's lived experiences of event centrality resulting from childhood trauma – an existential perspective

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AN EXPLORATION OF WOMEN'S LIVED EXPERIENCES OF EVENT CENTRALITY RESULTING FROM CHILDHOOD TRAUMA – AN EXISTENTIAL PERSPECTIVE

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2024

This thesis is submitted in partial fulfilment of the requirements of the New School of Psychotherapy and Counselling and the Psychology Department of Middlesex University for the Degree of Doctor of Counselling Psychology and Psychotherapy

Statement of authorship

I hereby declare that this thesis is entirely my own work and any sources of information utilised have been cited accordingly. No funding has been received for the research nor has any organisation been involved. The work presented in this thesis is exclusively for the purpose of the achievement of a doctorate in counselling psychology at Middlesex University & the New School of Psychotherapy and Counselling and has not been used to obtain any other qualifications.

Abstract

Objective: The purpose of this study was to explore the lived experience of Event Centrality, being when an event becomes central to identity, of women who have experienced trauma in childhood. A systematic review of literature demonstrates a lack of qualitative research in the field. The study aimed to provide qualitative insight into the lived experience of Event Centrality. Following a narrative literature review of existential literature on trauma, the study explored Event Centrality through an existential lens, specifically within the framework of Eventual Hermeneutics; there is currently has no supporting research for this approach. ***Method:*** Participants (*N*= 8), all female, and residing in the UK, aged 24–45 years old, completed the Adverse Childhood Events and Centrality of Events Scales. This was then followed up with semi-structured interviews on their experiences of Event Centrality resulting from childhood trauma. Data were analogised using Interpretative Phenomenological Analysis. ***Findings:*** Five themes emerged from the data: self-identity, self and others, making sense, constraints and possibilities, and distress and growth. The combined results offered insight into the experience of Event Centrality resulting from childhood trauma from the perspective of the participants. ***Conclusion:*** The findings supported Event Centrality research on the effects of trauma becoming central to identity and existential theories on the impact of trauma. They provide relevance to clinical interventions for the sample population, counselling psychology, and social policy. Furthermore, they add to existing literature on Event Centrality and existential theories.

Keywords: Trauma, Childhood Trauma, Self-identity, Event Centrality, Centrality of Events, Eventual Hermeneutics, Existential.

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Abbreviations

ACEs	Adverse Childhood Events Scale
ACT	Acceptance and Commitment Therapy
BPS	British Psychological Society
CBM-app	Cognitive Bias Modification app
CBT	Cognitive Behavioural Therapy
CEM	Childhood Emotional Maltreatment
CES	Centrality of Events Scale
DBT	Dialectical Behavioural Therapy
DSM-5	Diagnostic and Statistical Manual of Mental Disorders 5th Edition
EC	Event Centrality
EH	Eventual Hermeneutics
EMDR	Eye Movement Desensitisation and Reprocessing
GDPR	The General Data Protection Regulation
GET	Group Experiential Theme
GT	Grounded Theory
IAT	Implicit Association Training
IPA	Interpretative Phenomenological Analysis
LI	Lifespan Integration therapy
NA	Narrative Analysis

NET	Narrative Exposure Therapy
NICE	National Institute for Health and Care Excellence
OCD	Obsessive-Compulsive Disorder
PE	Prolonged Exposure Therapy
PET	Personal Experiential Theme
PTG	Posttraumatic Growth
PTSD	Posttraumatic Stress Disorder
PTSS	Posttraumatic Stress Syndrome
RO-DBT	Radically Open Dialectical Behavioural Therapy
TA	Thematic Analysis
TAU	Treatment As Usual
TLT	Timeline Therapy
TPT	Time Perspective Therapy
ICD-11	International Classification of Diseases, 11th Edition
WHO	World Health Organization

Introduction

This research is designed to explore the lived experience of Event Centrality (EC) of women who experienced trauma in childhood. The research emerged from observing gaps in the literature on EC and existential perspectives of trauma.

This introductory chapter provides an overview of the structure of the thesis before detailing the research question and aims. Definitions of key terms such as Event Centrality, Existentialism, childhood, and specific trauma responses will be provided to ensure clarity throughout the thesis. Information about the motivation and context of the research will then be outlined.

The literature review chapter is separated into two sections, *A Systematic Review of Event Centrality* and *Existentialism, Trauma, and Childhood: A Narrative Review.* The first examines the existing literature on EC discussing the key features of the phenomenon. It critically explores what the research on EC does and does not reveal about the occurrence of trauma becoming central to identity. In exploring this information the gaps in the research will be examined, the most significant gap being the dearth of qualitative research. The section on existential contributions to trauma and identity will include the introduction of the concept of Eventual Hermeneutics (EH), the theory that events are central to what it is to be a person. It will be argued that EH and existential theories which are often overlooked, can offer some useful inputs into the theory and treatment of trauma, but are currently under researched.

A chapter is then included on the methodology and methods used for this study, providing a detailed description of how the research was conducted. Integrated within this are sections describing why a qualitative methodology and more specifically IPA were deemed

suitable for the research, the process the research followed, the participation criteria, ethical concerns, the data analysis procedure, and the researcher's reflexivity.

The chapter following on from this provides full findings from the participants' data. It captures the lived experience of EC due to childhood trauma through the voices of the participants and the interpretation of the researcher. The findings are presented, as is the norm for an IPA-style methodology, according to a collection of group experiential themes and further corresponding themes. Together these point to the similarities and differences in the participants' experiences of EC. A discussion of how the findings link to the existing literature and what the findings mean for clinical work with this client group will be presented. Thereafter the limitations of the research and recommendations for further research will be discussed.

The conclusion of the research offers a summary of the research. It also contains a discussion of the implications and relevance of the research in the areas of contribution to knowledge, implications for social policy, and relevance to counselling psychology and clinical practice. Thereafter final reflections from the research will be offered.

Research Question and Aims

Given the gaps apparent in the literature on EC, which will be discussed in the literature review, the research question is designed to explore the phenomenon of self-identity becoming centred on childhood trauma, based on individual lived experience. By taking an existential approach, using philosophical theories such as those on self, meaning-making, and isolation, but applying newer concepts and research on EH and EC, the hope is that the understanding of childhood trauma will be advanced, especially in terms of how trauma can become over-absorbed into identity. As will be explored in the literature review, EC has been

found to be more prevalent among women (Boals, 2010), hence the focus on this group. The research question is:

What is the lived experience of Event Centrality among female victims of childhood trauma?

The research title is, thus:

An exploration of women's lived experiences of Event Centrality resulting from childhood trauma – an existential perspective.

The research aims to understand women's lived experiences of EC in the context of the following objectives which are designed to add to the field of research and practice:

- To explore whether Event Centrality is something felt as real to those who have experienced childhood trauma and, if so, how their unique experience of it.
- To add to existing Event Centrality research, primarily by exploring EC in a qualitative manner where existing research is solely quantitative.
- To view theories of Event Centrality through the lens of existential theories on trauma, specifically by linking Event Centrality with Eventual Hermeneutics, which represent two theories that appear similar yet fail to acknowledge one another.

It is important to clarify here that the research does not aim to explore the experience of actual trauma events, rather how the trauma impacted the self-identity and worldview of those who experienced it. As such no details on actual trauma events are detailed. Likewise, the study does not seek to examine any trauma response diagnosis, or any recover or treatment processes. The study focuses instead on what it is to experience EC due to childhood trauma, the impact on self-identity and variables of the phenomenon.

Definitions

To ensure that the phenomena under discussion are presented clearly, this section will define some of the key terminology used throughout this study. It is beyond the scope of the research to provide a full exploration and critical discussion of each definition; however, the definitions, as they will be referred to within the research, will be outlined.

Trauma: Psychological trauma has popularly been defined as:

> events that are emotionally shocking or horrifying, which threaten or actually involve death(s) or a violation of bodily integrity (such as sexual violation or torture) or that render the affected person(s) helpless to prevent or stop the resultant psychological and physical harm. (Reyes et al., 2008, p. x)

More recently, traumatic events have come to be understood as subjective events (Dalenberg et al., 2017), defined in the following way:

> a. Violation of the assumption that justice and fairness must prevail; b. abandonment, treachery, betrayal, especially if perpetrated by a trusted person, organisation, or institution; c. threats to, or violations of, the physical safety of oneself or others; d. contradiction of the view of oneself in a positive, self-efficacious manner; and e. a disruption to, or violation of, some deeply held overarching assumption about life. (Everly & Lating, 2004, p. 33)

Thus, if an individual feels that an event has been traumatic, then they have indeed been party to trauma, as individuals will experience events differently: ‘what is traumatic for

an individual, may not be as traumatic for another (Kira, I. A., 2001, p. 73). Due to the subjective nature of trauma, it can present in many forms and throughout an individual's lifespan.

The medical model, pathologizing trauma reactions, remains the prevalent theory of trauma, defining trauma as:

> "Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways: directly experiencing the traumatic event(s); witnessing, in person, the traumatic event(s) as it occurred to others; learning that the traumatic event(s) occurred to a close family member or close friend (in case of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental); or experiencing repeated or extreme exposure to aversive details of the traumatic event(s)." (APA 2013, p. 271)

When referring to trauma throughout this study, the above definitions will be used such that trauma will be regarded as a subjective experience, and if an individual perceives and experiences something as being traumatic then it is considered that they have experienced trauma.

Trauma responses:

Post Traumatic Stress Disorder (PTSD) is one of the most studied outcomes of trauma. The Diagnostic and Statistical Manual for Mental Disorders 5th Edition (DSM-5) (APA, 2013) defines PTSD as a prolonged reaction to a trauma event. The condition is

characterised by intrusive memories, nightmares, avoidance of reminders, negative alterations in mood and cognition, and increased arousal (see Appendix A for the full diagnostic criteria).

Participants in this study were not screened for PTSD so no assumptions are made about whether they had PTSD. However, PTSD is the basis of much EC literature which means that the mention of PTSD and corresponding symptoms justifies the need for a clear definition.

*Posttraumatic Stress Syndrome (PTSS) w*hile not an official mental disorder is frequently used in clinical and research settings. As the name implies, it refers to a response to trauma and is used for individuals who exhibit some of the symptoms shared with PTSD but do not meet the full PTSD criteria (Sparks, 2018).

The term will be used in this research in relation to research recognising where participants have trauma symptoms but where there is no screening or evidence of a full PTSD diagnosis.

Posttraumatic Growth (PTG) is defined as ‘positive psychological changes experienced as a result of the struggle with traumatic or highly challenging life circumstances’ (Tedeschi, Shakespeare-Finch, Taku, & Calhoun, 2018, p. 3). It is a relatively new term first coined in the work of Tedeschi and Calhoun (1995) to encapsulate the experience of positive changes in areas such as personal strength, spirituality, appreciation for life, relationships with others, and the opening of new possibilities in life following an experiences or experiences of trauma. The term will be used in reference to relevant research and participants’ experiences of growth.

Childhood can be understood as the period between infancy (0–2 years) and puberty (10–12 years) which precedes adolescence (Vandenbos, 2015). Within the context of this research, it will be used to refer to the period of life from birth to 18 years of age. It is common within psychology research to use measures such as the Adverse Childhood Events Scale (ACE) (Finkelhor et al., 2015) which identify the occurrence of trauma under the age of 18 years, thereby justifying the decision to define childhood in this way.

Self-identity: Although there are many theories on self-identity, how it is developed and maintained throughout an individual's life-span, what happens if things go wrong with self-identity, and the importance of self-identity, this research will utilise the term self-identity as it is understood within EC literature. EC understands self-identity to be the unique way an individual perceives themselves (Berntsen & Rubin, 2007). Self-identity can also be referred to as sense of self, self-concept or personal identity; this is developed in the context of the traits, characteristics, social labels, emotions, and experiences that people relate to in order to define themselves. In EC literature, a core component of self-identity is how perceptions of self-interplay with how a person also perceives the world (Berntsen & Rubin, 2006).

Motivation for the Research

This thesis is an original piece of research designed to explore the lived experience of EC among those who have experienced childhood trauma. The research is born out of personal experience and professional curiosity. On a personal level, my own upbringing was in a dysfunctional family where trauma was unavoidable. Throughout my life I have been astutely aware of the way my experiences have impacted me as a person and how I perceive myself, although at this point in my life I cannot claim to have an identity centred on that

trauma, during my life as a young adult it likely was. I have always been drawn to studying and working in the field of trauma. In my late teens, during my first brush with academia, undergraduate level research took me to the former Yugoslavia in the midst of war. I conducted an ethnographic study on the experience of religion and displacement. I had observed families in refugee camps, children who had seen their parents shot, young men hiding from the militia, and families brutally separated by ethnic cleansing. The despair was almost beyond emotional comprehension, sparking in a desire to work in a caring role.

Before embarking on training as a counselling psychologist I volunteered in various emotional support roles. Supporting families with children with life-threatening illnesses provided me with insights into working with the fear of death, and during a period of trauma. I worked with the homeless, and observed how unsupported mental health plays out, often in drug and alcohol use, and aggression. As a crisis volunteer for a text-line, I was privileged to enter the lives of individuals at crisis point. I worked with people who were self-harming, on the point of committing suicide, or thinking of suicide. Central to all these roles was trauma. With every person I worked with, a trauma experience was either happening or had happened.

In the early stages of my training, I had to undertake a placement which again brought me into contact with many clients who had experienced trauma of various types. Many of them had been in and out of therapy for many years with problems reoccurring in their lives or new ones emerging. I also recall being deeply moved by a 14-year-old client who bravely declared she was scared to know who she might be without the emotional attachment and symptoms of her trauma; she had vocalised a strong identification of who she was in relation to her experience. Being on an existential based doctorate I became curious about possible alternative approaches to traditional treatments for trauma and PTSD and what these might

offer clients who were not responding to treatments such as trauma CBT. With many of the clients noting issues in their sense of self, such as not knowing who they were or feeling disconnected from themselves and others, I began reading up on existential views of self and trauma. By chance, while searching for literature to inform an essay on the loss of selfhood, I came across research on EC. I immediately saw strong links between what my clients had been describing and existential philosophy. Further investigation revealed the existential concept of EH which bore a strong resemblance to EC. It was from here that my research came into being. I wanted to study EC through the lens of existential philosophy and in doing so explore how selfhood might, for some people, be impacted by trauma. My hope was that having even a little more understanding of self and trauma, based on a different approach, could help me to support those who were not finding more traditional approaches helpful and where some of their issues were related to selfhood.

Research Context

The Importance of Self-identity

Although this research is focused on the experience of EC rather than the development of self-identity in childhood, it is important to outline why self-identity is important and why childhood is an important period for developing self-identity. This section does not critically discuss the vast array of theories on self-identity, but rather notes some of the key theories as a basis for understanding why self-identity maybe an issue for some people if it is centred upon an adverse event.

It is possible to view the development of self-identity as an ongoing process that begins in an infant's early development, the moment when the child looks at his or her

caregiver and acknowledges that they are not like them (Oyserman et al., 2012). Although research suggests that by the age of 30–39, people tend to have a more definite perception of themselves (Labouvie-Vief, 2006), the development of self-identity is widely believed to be a non-linear, ongoing, and multifaceted process (Kira, 2019).

However, childhood and adolescence are considered crucial periods in the development of self-identity. Erikson's (1963) psychosocial theory on ‘ego identity’ claims that individuals need a continuous feeling of selfhood upon which to base their behaviour, relationships, world, and self-view, and that childhood is the key period when identity forms. According to Erickson (1963), a child progresses through eight stages of identity development (trust vs mistrust, autonomy vs shame, initiative vs guilt, industry vs inferiority, identity vs role confusion, intimacy vs isolation, generativity vs stagnation, and ego integrity vs despair). Any experience of crisis during the developmental stages can disrupt identity formation leaving unhealthy development. Erickson's theory ‘can be found in almost all forms of identity research’ (Sokol, 2009, p. 1), making it one of the most influential theories on self-identity.

Marcia (1966) further developed Erickson's ideas on identity formation, suggesting a four-staged approach specifically when resolving issues such as identity diffusion (where no identity crisis has yet been experienced), identity foreclosure (where a commitment to an identity is made but not yet challenged), identity moratorium (where an identity crisis occurs), and identity achievement (where the adolescent makes an identity commitment). Marcia found that solid identity in late teenage years, with a commitment to such things as gender, traits, and social position, helps when navigating any identity crisis throughout adulthood. A lack of identity often results in anxiety, as well as low self-esteem, autonomy, moral reasoning, cognition and behaviour (Marcia, 1980).

Despite the importance of these theories, they focused on childhood and adolescence, neglecting the possibility of self-identity changing over the life course. They suggest that identity is somewhat more stable after adolescence. Markus (1986) developed an approach to self-identity based on mental representations named schemas and argued that often people had different self-schemas. Markus thus asserted that an individual may have multiple views of themselves not only through their life course but also depending on the context they find themselves in. What Marcus could not ascertain, though, was where these perceptions derive from.

Marcus' contemporary Bronfenbrenner's (1977) ecological systems theory proposed that self-identity is influenced and constructed at five levels: *the microsystem* – family, friends and social setting; *the Mesosystem* – how similar, or different the individual is within each of the micro settings; *the exosystem* – extended family and external organisations; *the macrosystem* – cultural frameworks; and lastly, *the chronosystem* – changeable historical, environmental, and ecological influences. Bronfenbrenner considered the many aspects that contribute to self-identity. However, he did not offer any conclusions about which of the levels or elements he delineated were more important than others, if at all, in the process of developing a perception of self.

Co-constructionist theories and narrative psychologists offer some insight into this process. Co-constructivists regarded identity as a co-construction between individual choice, responsibility, integrity, and social influence (Kurtines et al., 1995). Thus, the individual is constantly faced with a choice about how to construct their self-identity in line with, or even in conflict with, society's expectations. Self-identity is then a matter of choice in terms of who they wish to be and who they see themselves as. Such a view regards the individual as

an active agent in creating their self-identity rather than a passive adopter of influences, as perhaps is more commonplace in the psychosocial model of identity.

Narrative psychology, as with co-constructionist views, regards identity as a choice but within social and cultural bounds. Identity within narrative psychology is based on the stories a person uses to define themselves (McAdams & McLean, 2013) and which become an organising framework for individuals (Sarbin, 1986). Individuals can use their life stories to create meaning and make sense of their current being. Ricoeur (1991) argues that it is through life stories that people come to understand themselves and the world. A person's life narrative can provide them with a sense of sameness throughout their life in terms of their identity, but at the same time, individuals can have several self-narratives (McAdams et al., 2006). Self-identity within this context can ‘change, depending on context and function’ (Bamberg, 2011, p. 3) and be subject to constant change because of a desire to ‘be understood’ (Bamberg, 2011, p. 14). Self-identity based on narrative can be adjusted depending on time and context but it is also movable, depending upon the relational aspect of who you are with, how you are reflected back by others, and how you want to be understood by yourself and others (Bamberg, 2011).

Largely speaking modern contemplations of self-identity are understood in terms of attempting to the answer the question ‘Who am I?’ (Bailey, 2003). Such theories derive from Allport’s concept of a need to know the difference between who I am and who or what I am not (Allport, 1954). Self-identity is a combination of one's own view of oneself, which, in general, includes characteristics, values, labels (gender, career, marital status, defining features and the like), which provide a sense of sameness to self but also differentiate the self from others (Bailey, 2003).

Research demonstrates that disruptions to self-identity can impact mental well-being. Those with higher levels of discrepancies between who they want to be and who they feel they are correspond to heightened levels of psychological distress (Rickwood & Ferry, 2018), lower rates of general well-being, and reduced social interactions (Mason et al., 2019). Thus, a solid sense of self is crucial for many aspects of life.

This is an extremely brief overview of self-identity, since a full critical analysis is beyond the capacity of the thesis. However, what is discernible is that having a sense of self appears to be an important part of being a healthy human, that disruptions to self-identity may have distressing and long-standing impacts. There is cause for concern then when we consider how many individuals experience disruption to their development of self-identity in childhood in the form of trauma.

An Overview of Childhood Trauma

The word trauma is an ancient Greek work originally meaning ‘a wound’ (Reyes et al., 2008, p. 315). Although originally used to describe a physical state, the definition of trauma, has evolved to include a psychological shock, or suffering (Colman, 2015).

The prevalence of trauma is not fully quantifiable, but statistics point to trauma being a widely occurring aspect of life. A study of 24 countries revealed over 70% of sample populations had experienced trauma, of whom 30% had experienced four or more traumas (Benjet et al., 2016). Thus, it is fair to say that most people will experience trauma at some point in their life.

Rates for childhood trauma in the UK demonstrate slightly lower prevalence, with The National Household Survey finding 47% of those under 18 to have experienced an

adverse event (Bellis et al., 2014). There is additional evidence that 31.1% of the population of England and Wales experiences trauma before the age of 18, with the ensuing psychopathology rates being high (Lewis et al., 2019). Public Health England has declared childhood trauma to be ‘a chronic public health disaster’ (Reid-Blackwood, 2013), based on its negative effects on both individuals and society. Correlations between childhood trauma and many issues including teen pregnancy, suicide, depression, addiction, incarceration, and major diseases have been demonstrated (Reid-Blackwood, 2013). Worryingly, research suggests that those who experience trauma in childhood are twice as likely to suffer from a mental illness at some point in their life (Torjesen, 2019). Undoubtably childhood trauma, as described by Public Health England, gives cause for concern.

The impact of childhood trauma was first researched by French medic Tardieu (1860) who considered hundreds of cases of children maltreated mainly by caregivers, but also by employers, and other adults. Tardieu reported lasting physical and mental health effects from abuse including physical and sexual abuse, neglect, maltreatment, accidents, and poor work environments (Tardieu, 1860). As conclusive and convincing as Tardieu’s findings were, many of his contemporaries failed to accept how widespread child maltreatment was and thus his work failed to become mainstream (Labbe, 2005). It took decades for childhood trauma to begin to attract interest within the field of psychology.

Kempe et al. (1962) published a worrying paper titled battered-child syndrome, defining the syndrome as ‘a clinical condition in young children who received serious physical abuse generally from a parent or foster parent’ (Kempe et al., 1962, p.143). The paper documented how a vast number of children presented with unexplainable injuries, both physical and psychological. Kempe illustrated not only how caregivers who were themselves psychologically distressed harmed children but how all caregivers from every walk of life

were capable of abusing a child, often because they repeated behaviours they had themselves experienced as children. Kempe's work was significant in discussing the long-term effects of being abused in childhood. However, it would still take a long while for trauma to become more widely considered in the field of psychology.

Early childhood theorist Bowlby (1973) brought childhood trauma back into the frame of psychology; he observed that when issues arose in caring for children, later issues in attachment often presented in adulthood. Bowlby noted an 'internal working model' as a reference point which allows children to develop attachments throughout their life and also offers a basis for perceptions of self and others. According to Bowlby, traumas in childhood, especially if under a caregiver's influence, can cause maladaptive schema, with schema generally defined as a foundational way of thinking and being. Such maladaptive schemas in reference to selfhood may include someone self-sacrificing their own selfhood, fearfulness of their own self and of others, and negative perceptions of the self and others.

Recent research grounded in maladaptive schemas demonstrates how those with early maladaptive schemas resulting from childhood trauma frequently report having an undeveloped self and/or enmeshment issues (Cecero et al., 2004; Lang, 2015). Enmeshment occurs when an individual's sense of self is overly entwined with another's, to the point where they cannot distinguish their own identity from that of others; their self-identity can thus be considered underdeveloped in that the individual does not have an independent sense of themselves (Young et al., 2003). Miller (2008) extends this idea to suggest that in some instances childhood trauma can result in a complete loss of selfhood when a child must sacrifice their self to survive. Even where enmeshment and complete loss of self does not occur, the development of self-identity can still be influenced by trauma. Of course, as a model of childhood trauma this only goes so far, as not all childhood trauma occurs as a

result of another person being the perpetrator. And even where it does, there is a wealth of research that finds children can become bonded to an adult responsible for the trauma (Julich, 2005; Julich & Oak, 2016; Namnyak et al., 2008); this is referred to as Stockholm syndrome or trauma bonding. As Namnyak (2008) highlights, a lack of research into Stockholm syndrome means that why and how such bonding occurs is still largely unknown. Assumptions that over attachment is due to some need for survival or pleasing to the perpetrator might, at this stage, appear to be ill-founded, especially given that in cases of non-perpetrated trauma, such as natural disasters, children can become over attached to care givers in response (Galante & Foa, 1986). Or indeed, following trauma, children can become avoidant of bonding especially when a care giver is responsible (Perry, 2001).

Attachment theory of childhood trauma gets complex and whilst attachment will be discussed later in this research in relation to the literature on EC and existential theories on being in relations with other, it is beyond the scope of this research to explore attachment in depth given that the research is about the experience of EC rather the intricacies of how selfhood develops in the first instance.

Nevertheless trauma in childhood appears to impact key aspects of life; for example, adverse events in childhood have been correlated with negative life outcomes in areas such as physical health (Dye, 2018; Megala et al., 2021), neurobiological changes (Assogna et al., 2020; Perry, et al., 2018), socioeconomic attainment (Jones et al., 2018), life satisfaction (LaBrenz et al., 2021; Mosley-Johnson et al., 2019), and mental health issues (Jones et al., 2018; Sheffler et al., 2020).

Studies indicate that the development of a coherent sense of self in childhood is important for many aspects of life for young people including having better outcomes in education (García-Martínez et al., 2022; Susperreguy et al., 2018), increased resilience and

general well-being (Waters & Fivush, 2015). Such studies, which detail the positive effects of a well-developed sense of self, are cause for concern then if self-identity is disrupted.

A meta-analysis of trauma in childhood as it correlates to self-identity, encompassing 134 studies and 255,334 participants, found significant evidence of disruption to self-identity due to the trauma (Melamed et al., 2024). Disruption to self-identity is believed to have two potential effects. It can either leave trauma unintegrated into self-identity or become over assimilated, thus becoming a fixed frame of reference (Horowitz, 1991). Either way, the individual may be left with consequences, as noted above. Failure to make sense of trauma experiences can notably affect the ability of some individuals to form and sustain a coherent sense of self (Habermas & Bluck, 2000; Ogle et al., 2013b). If such disruption takes place in childhood, then it can be more detrimental because children are still experiencing developmental stages, meaning that they have often not transcended to a point in development when they have an established sense of self (Reviere & Bakeman, 2001). Adults experiencing trauma often report wanting to get back to their former selves (Blum, 2003; Brewin et al., 2011; Kira, et al., 2017; Stolorow, 2007). However, children and adolescents frequently lack a self to refer back to and will often carry a feeling with them into adulthood that they have never had a coherent self-identity (Herman, 2015) because the trauma experiences affect the assumptions made about the self and the world (Crowley, 2000). Research demonstrates correlations between those reporting identity confusion linked to childhood trauma and identity-based disorders such as avoidant personality disorder (Dereboy et al., 2018).

Those with early life traumas often demonstrate less self-integration as adults than those who have not experienced trauma in childhood (Reviere & Bakeman, 2001). Self-integration refers to a situation where a person has a perceived sense of wholeness and

coherence about their self-identity. Theories on self-narrative assert that individuals with a sense of self-integration create a cohesive identity through evolving a story of their life and the world. Such narratives combine past, present, and future experiences to give a felt sense of selfhood (McAdams, 2001).

What seems to be lacking in social responses to childhood trauma is a fuller understanding of the role of selfhood and trauma. Recent research claims that working with identity issues as a treatment model offers better outcomes for some people who have experienced childhood trauma than the current popular treatment methods (Watts et al., 2021). Given then the apparent importance of self-identity in relation to childhood trauma, EC, which wholly focuses on how self-identity is impacted by events, could provide valuable insights into the impact of childhood trauma and self-identity. This is especially so when we consider the predominant recommended treatments for those affected by trauma.

Recommended Treatments for Trauma

Despite the prevalence of trauma, there remain many unanswered questions surrounding it. Two of the predominant questions are: Why is there such a difference in individuals' reaction to trauma and the impact it has on them? and What is the best treatment for those suffering from trauma? (Bradley et al., 2005).

Although this research does not aim to explore the process of recovery from childhood trauma, but rather the experience of EC, it is the case that EC research has a bias towards its relationship with PTSD and PTSS. Although a fully critical discussion of trauma treatment, which would be a thesis in itself, is beyond the scope of this research, it seems relevant to briefly note the main treatment approaches for these conditions.

The National Institute for Health and Care Excellence (NICE) guidelines recommend treatment using Cognitive Behavioural Therapy (CBT), and/or Eye Movement Desensitisation and Reprocessing (EMDR) (NICE, 2018, 1.6.6 & 1.6.13). CBT works towards changing negative thoughts, emotions, and behaviour. EMDR utilises bilateral stimulation, such as eye movements, to reprocess distressing trauma memories by reducing negative emotional responses.

Two recent meta-analyses of PTSD treatment demonstrated significant positive effect in terms of symptom reductions for trauma following CBT and EMDR, with these modalities appearing to be the most effective treatments. However, additional research suggests that although efficacy is high with CBT at 67% (Bradley et al., 2005), and EMDR at 61.1% (Yurtsever et al., 2018) effectiveness, respectively, there is still a high percentage of people for whom clinically recommended treatments do not work. McFarlane (2018) argues that the lack of research, especially on the longitudinal efficacy of PTSD treatments, probably inflates the success rate of current trauma treatments since relapses are not accounted for. Furthermore, one meta-analysis revealed that those who had experienced trauma in childhood were more likely to experience treatment resistance (Alisic et al., 2014). This points to issues with the recommended trauma treatments currently in common use.

CBT and EMDR both fall under the category of cognitive-based treatment and as such regard trauma as a disorder of memory processing and cognitive function (Ehlers & Clark, 2000). Therefore, it may be helpful to look outside of the cognitive framework to increase the understanding of trauma.

A Brief Introduction to Event Centrality and Existential Thoughts.

Rather than considering trauma as a malfunction of the memory and cognitive system, research on EC takes a different perspective. EC refers to how an event, usually negative, can become central to an individual's self-identity. EC researchers argue that a trauma event infiltrates the selfhood of an individual (Berntsen & Rubin, 2006), with the event becoming central to how they view themselves, others, and the world (Boals, 2010). There are similarities here with existential philosophy, specifically EH.

Existential philosophy is 'wide and far reaching and considers many aspects of human existence such as knowledge, morals, ethics, religion, aesthetics, and metaphysis' (van Deurzen & Arnold-Baker, 2018, p.11). As a group of theories, Existentialism is concerned with what it is to exist and the human condition (van Deurzen & Kenward, 2005). The human condition is then regarded as anything that a human experiences as a part of their existence, meaning that existentialist philosophy has its roots in all aspects of human life. Philosophers and their works in the field of Existentialism, many of whom will be discussed in this thesis, such as Nietzsche, Heidegger, Kierkegaard, and Sartre, to name but a few, are often overlooked.

As this thesis will demonstrate, existential theories have a wealth of wisdom to impart on many human dilemmas, and with specific reference to this research, the self and the experience of trauma. As stated above in reference to EC, there are some highly relevant theories from Existentialism that may help to inform on the phenomenon further, leading us back to EH.

EH states that events can become over-assimilated into an individual's perceptions of self and being in the world (Romano, 2009) and trauma is an existential shattering, which assaults our right to live, self-worth, and views of the world (Greening, 1990). Viewing

lasting trauma symptoms as being the result of existential shattering rather than a memory and cognitive disfunction might represent a small step forward in helping some victims of childhood trauma.

EC and EH are interesting when considering broader research on self-identity and trauma. Although the scope of this research does not extend to an in-depth analysis of the literature in this area, there are some important aspects to self-identity and trauma that mean it is relevant important to explore EC and EH within the field.

Summary

This study has identified gaps with the literature on EC and existential theories relating to childhood trauma. as discussed, childhood trauma appears to be a common occurrence and can cause significant negative outcomes for some people; meanwhile, current treatments are frequently ineffective. As such, further understanding of childhood trauma would be useful to offer suitable support. EC, which focuses on the impact of self-identity, may often be overlooked in treatment but could be helpful. However, with little known about the experience of EC as it relates to childhood trauma it is currently difficult to make recommendations about what might help those whose identity has been deeply impacted by trauma. Therefore, research into the lived experience of EC resulting from trauma, specifically focusing on women as a highly susceptible group, offers a good starting point for better understanding the phenomenon.

This research then is focused on how individuals experience EC. As such, it does not explore actual trauma events, or the trauma healing process; rather it aims to examine how EC is experienced through first-person accounts.

Literature Reviews

A Systematic Review of Event Centrality

This chapter explores the current literature on EC. In the first instance, it outlines details of the method used to source and screen the literature. This includes information on the generation of search terms, number of papers included and excluded and specific details including participant gender, location of participants, and the method utilised in the research.

The larger part of the chapter presents a critical discussion of the EC literature examining key components of EC including gender, age, childhood, perceptions, memory retrieval, meaning-making, and time.

Method

The present study systematically reviewed the existing scholarly literature on EC. The review aims to help contextualise the research question: *What is the lived experience of Event Centrality among victims of childhood trauma?*

The guidelines and framework for the Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA) (Page et al., 2021) were followed (see Appendix B for the PRISMA checklist). To be considered for inclusion, the literature had to: relate to EC, study samples including women, be peer reviewed, written in English, and Western-based. The PsycINFO and Google Scholar databases were used to source the literature; these are highly utilised databases for psychology research with high accuracy, especially if used in conjunction (García-Pérez, 2010; Halevi et al., 2017). The search terms were generated using the Patient/Problem, Intervention, Comparison and Outcome (PICOS) model (Richardson et al., 1995) (see Appendix C). The final search term was trauma AND self-identity AND

women or female AND Event Centrality or Centrality of Events (see Appendix D for search outcome statistics). The searches and all screening were completed by the sole researcher and no automated screening tools were utilised. The search was conducted on 16th October, identifying 227 papers. Sixty-one duplicate papers were excluded from further consideration. The abstracts and titles of the remaining 166 papers were then screened.

At this stage, 79 articles that did not meet the inclusion criteria were excluded where they were not relevant, peer-reviewed, in the English language, grounded in Western contexts, or involving female participants. Exceptions for gender and geographical criteria were permitted where the research focused exclusively on childhood experiences. The results reflect a lack of literature in the area. Missing data were present in the form of gender non-disclosure; this was relevant to two papers which were included with an acknowledgement of the unknown data. Of the 87 papers identified, four were non-retrievable. Following retrieval, six additional papers were identified through citations. A total of 89 papers were eligible for inclusion.

Figure 1

PRISMA flow diagram.

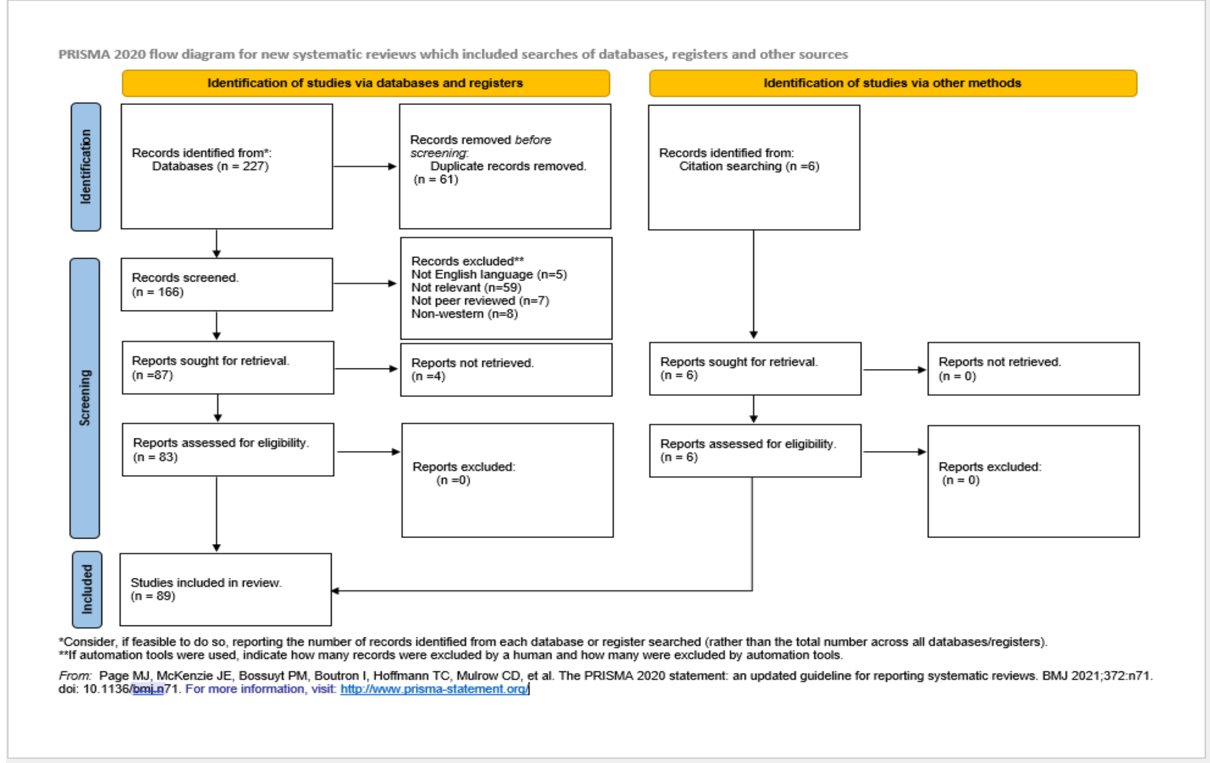


Table 1

Features of retrieved papers.

Feature	*n=*
Method	
qualitative	*0*
quantitative	*86*
mixed	*2*
general article	*1*
Age study focus	
adulthood	*81*
childhood	*9*
*Location**	
Australia	*3*
China	*1*
Denmark	*4*
France	*1*
Germany	*1*
Greenland	*1*
Italy	*2*
Lithuania	*2*

Mexico	*1*
Norway	*8*
Philippines	*1*
Portugal	*2*
Spain	*2*
Syria	*1*
UK	*2*
USA	*53*
Peer-reviewed	*89*
English language	*89*
Gender of participants	
female only	*6*
mixed	*79*
undisclosed	*3*
not applicable	*1*
Gender proportions of participants	
more women	
more men	*68*
not stated	*17*
not applicable	*2*
	1

* There are more countries than papers due to some studies covering multiple locations

The 89 eligible papers were logged onto a spreadsheet (see example in Appendix E), after which they were coded (see example in Appendix F), into groups identifying the key features of EC research which have informed the heading in this systematic review.

The search findings highlight significant gaps within the existing EC literature. Specifically, these gaps are in the following areas:

1. A lack of research conducted in the United Kingdom
2. Insufficient representation of qualitative research within EC literature
3. Limited research on EC as it relates to childhood trauma.

Defining Event Centrality

EC was formalised by Bernsten and Rubin (2007) based on observations that for some patients, trauma events had developed into an overarching theme in their lives. According to Bernsten and Rubin, 'trauma becomes a reference point for other experiences, the world, and self-view' (Bernsten & Rubin, 2007, p. 418). Three critical elements of EC were proposed. Firstly, negative events can serve as a reference point for all other experiences and aspects of life. Secondly, adverse events become a turning point in life, changing previously held perceptions. Thirdly, the event can become central to a person's self-identity.

Working with the above framework, the Centrality of Events Scale (CES) (Berntsen & Rubin, 2006) was developed to measure the presence and severity of EC. The scale, now freely available to use, consists of 20 questions (see Table 2), answerable using a 5-point Linkert scale: 1-strongly disagree to 5 strongly agree. All the literature in the following systematic review has utilised the CES to quantify EC levels. The CES has proven reliable, consistent, and valid in its original form (Bernsten and Rubin, 2006; 2007), in a shorter form (Bernsten and Rubin, 2006; Galan et al., 2017), and when translated into foreign languages (Ionio et al., 2018; Vagos et al., 2018; Vermeulen et al., 2023).

However, the CES is not entirely clear in terms of the scoring. Scores range from 0 to 100 but nowhere in the EC literature is any indication given about what might be considered a high or low score. It is not known what score constitutes having a sense of self which is centred on an event. There do not appear to be any thresholds. Further clarity on scoring thresholds would be helpful.

Table 2

Centrality of Events Scale questions

CES questions
1. This event has become a reference point for the way I understand new experiences.
2. I automatically see connections and similarities between this event and experiences in my present life.
3. I feel that this event has become part of my identity.
4. This event can be seen as a symbol or marking of important themes in my life.
5. This event is making my life different from the life of most other people.
6. This event has become a reference point for the way I understand myself and the world.
7. I believe that people who haven't experienced this type of event think differently than I do.
8. This event tells a lot about who I am.
9. I often see connections and similarities between this event and my current relationships with other people.
10. I feel that this event has become a central part of my life story.
11. I believe that people who haven't experienced this type of event have a different way of looking upon themselves than I have.
12. This event has coloured the way I think and feel about other experiences.
13. This event has become a reference point for the way I look upon my future.
14. If I were to weave a carpet of my life, this event would be in the middle with threads going out too many other experiences.
15. My life story can be divided into two main chapters: one is before and one is after the event happened.
16. This event permanently changed my life.
17. I often think about the effects this event will have on my future.
18. This event was a turning point in my life.
19. If this event had not happened to me, I would be a different person today.
20. When I reflected upon my future, I often think back on this event.

(Berntsen & Rubin, 2006)

Despite the scoring ambiguity, a plethora of research emerging over the last 15 years which uses EC as a theory and a measure. As will be discussed below, the research attempts to identify the key features and variables of EC and why EC is an important contribution to the field of trauma.

Event Centrality and Trauma Responses

Posttraumatic Stress Disorder.

EC research grew from an exploration of why some people who have experienced trauma go on to develop PTSD while others do not (Berntsen & Rubin, 2006; Berntsen & Rubin, 2007) therefore, most of the research on EC focuses on PTSD. It is worth noting that almost all of the research referred to in this literature review examines PTSD while also exploring components of EC. Before examining the specific components of EC, an understanding of the strength of the relationship to PTSD is thus necessary.

As detailed above a measure of EC is achieved using the CES. On its first use Bernsten and Rubin (2006) found that PTSD and EC were correlated. A sample of 707 college students completed the Posttraumatic Stress Disorder Checklist and the CES focusing on a traumatic or their most stressful event. The results demonstrated that EC predicted PTSD. At this stage, the research was standalone and the CES was designed based on the hypothesis that EC predicted PTSD rather than PTSD predicting EC.

However, since its development, research using the CES has shown consistent supporting findings. In a follow-up study, Bernsten and Rubin (2007) once again used college students (*N*=207, 201 females) to focus on EC and PTSD rather than testing the CES, and

again they found ‘a reliable association with PTSD and EC’ (p. 423). Although this research supported their earlier findings, the overall sample was small and limited to college students so generalisations about the relationship between EC and PTSD could still not be made at this point.

However congruent research has emerged since Bernsten and Rubin’s initial findings; these are discussed individually in later sections. In fact, the research noted in this systematic review supports the findings with no contradictory evidence, meaning that as a body of evidence, EC research is unique in that the conclusions drawn about it are unanimous. As a coherent body, the research reveals consistently that those reporting EC are more likely to have PTSD or indeed PTSS, with studies finding ‘event centrality to be one of the strongest correlates of PTSD symptoms’ (Boals & Ruggero, 2016, p. 540). Because this research is focused on the wider aspect of what the lived experience of EC is, providing a full examination of the numerous papers as they relate to EC and PTSD is not relevant here. However, it is crucial at this stage to acknowledge the significant correlation between EC and PTSD for this research since the variables within EC provide the framework for understanding how people experience the phenomenon of EC.

The literature review now takes the mediating variables found within EC and PTSD research and explores them in depth. Variables include perceptions of trauma (Boals, 2018), perceptions of self (Lancaster et al., 2011), worldview (Schuler & Boals, 2016), attachment (Ogle et al., 2015), and rumination (Brooks et al., 2017).

The research on EC and PTSD does conceptualise the idea that those experiencing EC are also very likely to experience distress; however, what the research fails to do is describe the experience of living with EC and distress.

Posttraumatic Growth.

Although negative outcomes in the form of PTSD and PTSS were the original focus of EC research, attention has also turned toward posttraumatic growth (PTG). There is also consistent and unanimous research on EC predicting PTG, as with PTSD research. The correlation between EC, as with PTSD, finds that higher EC predicts PTG (Barton et al., 2013; Bernard et al., 2015; Boals et al., 2010; Boals & Schuettler, 2011; Boelen, 2021; David et al., 2022; Eze et al., 2022; Glad et al., 2020; Groleau et al., 2013).

Boals and Schuttler (2011) refer to the phenomenon of EC predicting both PTSD and PTG as 'a double-edged sword' (p. 817). Their study of the same title found that for a sample of 929 (603 females), EC, when focused on a negative event, could predict either PTSD or PTG. This alongside the above-noted research indicates that where an individual has a self-identity centred on an adverse event, assumptions should not be made that the outcome will be negative. However, Boals and Schuttler (2011) and the additional EC/PTG research do not inform about whether participants know they have EC. Likewise, while much of the early EC research infers that an individual with EC will develop either PTSD or PTG, the research is almost entirely quantitative and, as such, how individuals experience EC and PTG is unknown. As with the PTSD literature, specific aspects of PTG will be explored below in various sections. Prior to this though it is relevant to discuss EC findings relating to PTSD and PTG occurring simultaneously.

Co-existing PTSD/ PTSS and PTG .

As detailed above, EC predicts both PTSS/PTSD and PTG. Both positive and negative outcomes for the same event have often been examined in the same sample set, indicating that some participants will demonstrate both positive and negative outcomes. Such findings are highlighted in the literature, with evidence that distress and growth can develop

separately or simultaneously (Groleau et al., 2013). Moreover, some individuals may struggle between distress and growth (Schuettler & Boals, 2011).

There were only two mixed methods studies within EC research that used a qualitative method to explore the relationship between EC and PTG. One of them was a study of stroke survivors (*n*=42, 27 females) (Kuenemund et al., 2016). Initially, through quantitative analysis, it found that stroke survivors had significantly higher EC and PTG than the non-stroke control group (*n*=42, 29 females). The findings showed that stroke survivors' sense of self had been redefined following the stroke, which included changes in spirituality, relating to others, appreciation for life and perception of emotional strength. Overall, 26 of the participants (14 females) then participated in the qualitative study involving a semi-structured interview about the experience of identity change, which was analysed using grounded theory.

The qualitative results supported the quantitative findings of self-identity changing post-stroke. Moreover, they resulted in the addition of PTG themes such as appreciation for relationships, increased creativity, an increased drive to live, living more consciously, and trying to enjoy each day. The results also found that the same participants also disclosed adverse effects, including disruption to or loss of self-identity and restrictions in their lives.

The qualitative data thus provided evidence that PTG components co-exist with PTSD. However, the qualitative aspect of the data were not given equal prominence to the quantitative data. Perhaps more depth from the qualitative findings could have been provided if the two studies had been performed as linked but separate research. The research is relevant to the current study despite not being on the topic of childhood trauma. It also demonstrates how qualitative research can, in some instances, provide further evidence, in this case more PTG themes and PTSD variables that might otherwise have been missed.

Congruent findings have been noted in additional research, including the understanding that individuals with trauma EC can have both positive deliberate rumination and negative intrusive rumination (Allbaugh et al., 2016). Likewise, Bruce et al. (2024) observed PTSD in the form of anxiety, avoidance, a sense of not being in control and intrusive rumination, co-occurring with growth.

Additional evidence of the co-existence of PTSD and PTG emerges in the EC literature where attempts to reduce PTSD and EC have been made. The growth of PTG was not associated with a decrease in trauma distress (Boals et al., 2015), confirming that distress and growth can coexist.

Although EC research on the co-existence of PTSD and PTG is limited, it already indicts that researching PTSD and PTG relationships with EC separately may miss key aspects of the phenomenon. Likewise, the bias towards quantitative methods could mean important features are being missed which could provide useful insights into the experience of EC.

Further Mental Health Associations

EC research has also highlighted correlations with mental health conditions such as depression (Boals, 2014; Galán et al., 2017; Nourry et al., 2023; Vermeulen et al., 2023; Wamser-Nanney et al., 2018) and anxiety (Galán et al., 2017; Johnson & Boals, 2015). This suggests that PTSD might not be the only negative outcome connected to EC.

Three studies found a moderate association between EC and depressive symptoms (Nourry et al., 2023; Vermeulen et al., 2023; Wamser-Nanney et al., 2018). Wamser-Nanney et al. (2018) first recorded this association in a study of 429 college students (78.6% female).

However, the study was more focused on PTSD and PTG, so the results, whilst significant, are overshadowed. Vermeulen et al. (2023) also found a correlation between EC and depression. Their study (*N*=382, 83.8% female), similarly to Wamser-Nanney et al.'s (2018), reported results as an aside to the research as Vermeulen et al.'s (2023) focus was on testing the validity of the CES.

A third moderate association of EC with depression is offered by Nourry et al. (2023), who focused on depression. Their study explores the reactions of police staff to a terrorist attack and confirms links between EC and depression. The study was biased toward male participants, with only 148 of the 556 participants being female. Therefore, Nourry et al.'s (2023) study may not be highly relevant to the current all-female study. However, Boals's (2014) earlier study with a female majority participant group (*N*= 318, 68 men) demonstrated similar correlations between EC and depression. A study of distress due to romantic conflict, in terms of relationship breakdown, found not only a relationship between EC and depression but also concluded that the more prolonged the conflict was, the higher the EC and more severe the depression. Thus, the longer a distressing event lasts, the higher the EC may become. However, it is pertinent to note that Boals' (2014) study is not based on trauma but rather on emotional distress; therefore, it might not support attempts to draw solid conclusions about trauma events.

There is, though, a contradictory study finding no correlation between EC and depression (Newby & Moulds, 2011). Newby and Moulds' (2011) study of 94 participants found no association between EC and depression in those with current depression (*n*=25), recovered depression (*n*=30) or who had never been depressed (*n*=30). While the study does appear to contradict the aforementioned research, Newby and Moulds' study was conducted on a sample not reporting PTSD mainly due to negative but not traumatic experiences being

the central event. Thus, the research might indicate that for EC to influence depression symptoms, or vice versa, a perception of trauma linked to an event might be a mediator.

A further study that focused on trauma did find the same moderate relationship between EC and depression (Galan et al., 2017). Galan's research (*N*=262, 79% female), in which the validity of the CES was tested, found a relationship with depression but also with anxiety. Although this and, indeed, the other noted studies demonstrate an association between EC and depression, none of them examine the relational direction, so information about whether EC causes depression or depression causes EC has not yet been provided.

Johnson and Boals (2015), while studying EC and PTG, also noted relationships with anxiety and depression. The results of their study (*N*=1295, 912 females) are somewhat in reverse in that they found lower EC correlated with lower anxiety in a sample demonstrating PTG. Again, no directional causation is explored, only that a relationship appears to exist.

What the above studies provide in relation to the current study is evidence that PTSD is not the only negative outcome associated with PTSD. If research which leans towards PTSD is conducted then other negative effects may be overlooked. More EC research which does not expect to find PTSD or, indeed, PTG, would be helpful. Such research might reveal further associations.

Gender

Although only one paper focuses entirely on gender differences and EC (Boals, 2010), several papers loosely include gender variables within their study (Pociunaite et al., 2022; Vagos et al., 2018; Zaragoza Scherman et al., 2020). Boals (2010) observes that women have higher CES scores linked to negative events. Boals' (2010) two-part study asked 170

participants (98 females) to complete the CES focusing on an adverse event and then a positive event. Results of the first study found that for negative events, women had significantly higher CES scores than men. However, no significant difference was noted for positive events. In the second study (*N*=111, 59 females) participants were asked to complete the CES, focusing on the 2004 presidential election as a positive or negative experience for them. The results were congruent with Study 1, with higher CES scores for women who perceived the event as negative. However, contrary to Study 1, women also scored higher on the CES when they perceived the event as being positive. The research was slightly skewed, with more female than male participants. Study 2 had far fewer male participants reporting the election as a negative event, which could also have influenced the result. However, the research, when taken into account alongside further studies that briefly consider gender, establishes that women are more likely to have self-identities centred on negative events than men.

Supporting research includes Pociunaite et al.'s (2022) examination of centrality and positive and negative memories. The study, which will be discussed more fully in a later section on perceptions, also found women to have higher CES scores for positive and negative events. However, aside from reporting the statistical data, no further exploration of gender and EC was provided.

Particularly in relation to childhood trauma, Vargos et al. (2018) explored specific elements of the CES questions related to gender. This was as part of research testing the validity of the Portuguese version of the CES. The study (*N*=1490, 704 females) found no CES variant between girls and boys. However, certain questions on the CES were given high scores predominantly by girls. Those being: 'The event became a reference point (...). I feel this event became central (...). If I were to weave a carpet (…), I think of the effects of this

event (…)' (Vagos et al., 2018, p. 535). The participants were between 12 and 21 years old, and apart from noting a mean age of around 16 years, no full age breakdown is provided. Such data would be useful as a 12-year-old may be less aware of self-identity and trauma impact than a 21-year-old. There is no indication from the research about whether those falling into a more adult age category, 18 and over, align more with adult research on gender differences; thus, the relationship between gender differences and CES could be different between adult and child samples.

Zaragoza Scherman et al. (2020) contradicts the above research. Their study (*N*=943, 640 females) found no significant difference in EC and gender. The research focused on cultural comparisons. Boals (2010) accounted for gender differences in their research through cultural variations in emotional education and acceptability, which result in women being more encouraged to internalise than men. With Zaragoza Scherman et al.'s (2020) study covering Mexico, Greenland, China, and Denmark, it could be that cultural differences, especially in non-Western cultures, accounted for the contradiction with purely Western research.

Whether or not women are more likely to have EC is relevant to the current research since it is focused on women. However, it is important to consider the fact that the literature search data finds that EC research sees far larger proportions of female participants. Although exiting EC research is congruent, the results could be skewed by having fewer research pieces with equal numbers of participants by gender. Furthermore, EC is somewhat behind in its attention to gender diversity. The traditional male female categorisations are used throughout and further research is needed to cover the growing diversity in gender identity.

Perceptions

EC research highlights the subjective nature of trauma, detailing how individual perceptions of trauma can influence whether trauma becomes central to identity (Boals, 2018; Johanßen et al., 2022; Stevens et al., 2022). It also details findings on the influence of valence perceptions towards EC and whether EC is considered a positive or negative outcome that impacts centrality (Broadbridge, 2018; Teale Sapach et al., 2019). Furthermore, contained within EC research are explorations of how perceptions of self, including issues such as perceived coherence of self, can impact upon events becoming central to identity (Saint Arnault & Sinko, 2019), self-concept (Pociunaite et al., 2022) and negative self-cognitions (Clauss et al., 2021; Keshet et al., 2019; Lancaster et al., 2011; Wamser-Nanney, 2019).

With the current study focusing on the experience of EC in terms of how individuals subjectively experience trauma and EC, differences in perceptions and their impact is relevant.

Perceptions of trauma events

As previously stated, trauma is generally considered to be a subjective experience. Subjective events are experiences as perceived by a specific viewpoint as opposed to objective events, which are experiences without regard to personal biases or beliefs. There has been some investigation in EC research into the relationship between perceptions of a trauma event and the resulting effect on CES scores and PTSS (Boals, 2018). Furthermore, some research explores how positive and negative cognitions influence EC (Johanßen et al., 2022; Stevens et al., 2022).

Event Centrality and childhood trauma

Trauma in the Eye of the Beholder (Boals, 2018), is the leading paper on EC and subjective versus objective events. This paper offers insight into the effect of personal perceptions of trauma on EC. Boals argues 'that just because an individual is exposed to an event that meets the DSM-IV's threshold for a traumatic event does not necessarily mean the event is subjectively experienced as traumatising' (Boals, 2018, p. 54). Therefore, individuals experiencing trauma are not necessarily traumatised by the event. The symptoms are primarily associated with their perception of the event rather than the event itself. Indeed, Boals' study (*N*=2198, 1546 female) compared the impact of subjective and objective perceptions of trauma events on EC. More than 73% of subjectively experienced events showed higher CES scores and stress symptoms. Alternatively, only 37% of objectively experienced trauma events saw higher CES scores and trauma stress symptoms. The study does not provide information about the time interval between the trauma event and the study; therefore, it is impossible to determine whether the trauma was viewed more objectively or subjectively over time, which may have affected the study's results. This information would be useful since the current study deals with trauma that happened some years ago. However, it suggests that how an individual perceives an event is more important than its social labelling.

Boals et al.'s research (2018) assumes directional causality between EC and PTSS. However, Stevens et al. (2022) suggest that PTSS may alter perceptions, leading to CES. Based on the findings of Stevens et al.'s study (*N*=191, 101 females), higher EC may be caused by PTSS since EC does not predict PTSS, whereas PTSS does predict EC. The results showed that perceptions of traumatic injury influence EC. On 18-month follow-up participants, who'd had high PTSS and low EC 1–3 months after injury, had high EC even where PTSS had reduced. Stevens et al. (2022) concluded that PTSS influences the

perception of an event, often resulting in the belief that the event was worse than initially thought, which increases the likelihood of higher EC. Therefore, perception of the event is the key to EC. The researchers recommend reductions to PTSS would be better focused on changing perception as part of lowering EC and PTSS. However, they do not detail how this could be achieved.

Further evidence supporting perception as a mediating factor for EC can be found in Schuettler and Boals' (2011) paper on EC, PTSD, and coping. Findings (*N*=2326, 66% female) showed EC combined with positive perceptions mediated PTG whereas negative perceptions and EC influenced PTSD. Schuettler and Boals claim it is reasonable to suggest that some individuals 'struggle between perspectives' (Schuettler & Boals, 2011, p. 190) prior to either positive or negative perspective becoming centred; however, their research fails to evidence this within the findings.

In an earlier study, Johanßen et al. (2022) claimed that developing positive post-trauma cognitions contributed to a reduction in negative EC. The research (*N*=109, 73 females) found that EC had an indirect correlation with PTSD which was mediated by negative cognitions. Furthermore, EC and PTSD decreased when negative cognitions were changed to more positive ones. Study participants, however, were in-patients, and the study does not consider variables such as medication, social support, or a reduction in the need to function in the outside world, which may also have affected PTG development. The research also acknowledges that all participants had a comorbid diagnosis alongside PTSD. These conditions were not accounted for in the data analysis so there is the possibility that the comorbidities influenced the findings. For example, we do not know if decreases in symptoms in other disorders supported a decrease in PTSD nor how these symptoms interacted with EC. What is relevant to this research however is that 46 participants reported

physical or sexual abuse in childhood. This means a large proportion of the participants experienced trauma during childhood. The mean age of participants in this study was 40.46 years. This suggests that trauma in childhood can have lasting effects on EC and negative cognition into adulthood.

A review of two studies criticised the CES for failing to assess perceptions of EC valence (Broadbridge, 2018; Teale Sapach et al., 2019). In their view, the standard CES cannot identify whether centrality is viewed as a positive or negative event; rather, it merely indicates the presence of EC. Firstly, Broadbridge (2018) added positive and negative words to CES questions. For example, changing 'I feel that this event has become part of my identity', to 'I feel that this event has become a positive (or negative) part of my identity' (Broadbridge, 2018, p. 318). Thereafter, 400 participants (75% female) completed the altered CES with their most traumatic or stressful event in mind. Two salient results were found: EC can be positive or negative, and both are correlated with PTSD, although negative correlations were slightly stronger. Thus, there can be positive aspects to EC for an individual while at the same time, they experience a negative mental health outcome overall. Broadbridge’s study focused only on PTSD, overlooking positive outcomes. However, Teale Sapach et al. (2019) considered PTG in their study of valence and EC.

A second attempt to fill the valence gap was made by Teale Sapach et al. (2019) by incorporating questions regarding positive and negative perceptions related to centrality into a revised version of the CES, the CES-V. In developing the CES-V, Sapach et al. (2019) report similar findings to Broadbridge (2018). Participants (*N*=512, 47.9% female) were able to classify the CES questions based on additional positive or negative perceptions. As a result, 55% of participants reported their EC as positive, which in turn appears to increase PTG, whereas 45% of participants reported negative perceptions towards their EC, which

appeared to increase PTSS. Additionally, 12.5% of participants reported trauma was not central to their identities, in which case neither growth nor distress was observed. No further studies utilising the CES-V have been published since its development; hence, Teale Sapach et al.'s (2019) and Broadbridge's (2018) research lacks direct additional support.

Indirect support is offered, though, in the research of Steinberg et al. (2022). Steinberg et al.'s study (*N*=1136, 75.1% females) identified specific perceptions linked to EC predicting distress or growth. Participants viewing trauma as a 'turning point in their life' (p. 441) experienced increased growth, whereas those perceiving that trauma 'serves as a script for the future' (p. 434) had increased distress symptoms. The results showed that those who believe that trauma will have an ongoing impact on their life, instead of seeing some positive turning point, will struggle more. However, the research expands on the thoughts linked to growth, stating that an appreciation for life, a better life, changing priorities, closer relationships, stronger faith, resilience, a new path in life, valuing people, and feeling stronger are all important for growth. Specific future thoughts are not examined. Thus, there is no way to predict what future thoughts will impact EC. More research into how trauma affects thoughts of the future, as it links to EC, is required.

In the main, EC research acknowledges individual differences relating to positive or negative perceptions of trauma events and indeed EC itself. All of the research in this area is confined to quantitative research. While this does highlight the finding that perceptions influence EC, it tells us little about what the individuals' perceptions are other than distinguishing between the positive and negative. Furthermore, the results do not indicate how these positive and negative outcomes impact day-to-day life for those with EC. However, there is additional research on perceptions of self which does offer some further insights on potential impacts.

Perceptions of self

The perception of self-coherence may also influence EC. Saint Arnault and Sinko (2019), who offer one of the two mixed-method studies incorporating a qualitative element, explored the role of self-coherence in understanding trauma healing. The study consisted of 206 participants in the quantitative stage and 26 in the qualitative. This study focused on female participants who had experienced sexual abuse in childhood and who had also been assaulted as adults. The findings showed participants with higher CES scores reported lower self-coherence. There was no investigation of directional causality, so it is not known if low self-coherence increases EC or vice versa. However, the research does indicate a relationship between traumatic experiences, self-coherence and EC. Furthermore, although a qualitative method was used, interview data were coded using software and converted into quantitative codes. As a result, only themes are identified with no discussion of or direct quotes from the qualitative elements. Therefore, the participants' voices are lost in the data, and no conclusions can be drawn about their experiences with EC.

In line with Saint Arnault and Sinko's (2019) findings, Lancaster et al. (2011; 2013) report a relationship between EC, negative cognitions, and PTSS or PTG. The first study found that participants (*N*=405, 215 females) with higher rates of negative cognitions about themselves combined with EC were more likely to have PTSD (Lancaster et al., 2011). Using the same sample set in a later study to explore PTG results demonstrated that PTG could not be predicted where EC and negative cognitions were present. As with similar research, both papers failed to examine fully the directionality of EC and negative self-thoughts. It, therefore, remains unclear whether EC causes negative cognitions or if negative cognitions cause EC.

Wamser-Nanney (2019) supports the idea that EC and negative self-cognitions predict PTSD, but self-blame did not. Wamser-Nanney's (2019) study (*N*=263, 79.8% female) examined the link between EC, posttraumatic cognition, and specific PTSD symptoms. The results concluded that negative cognition combined with EC increased the likelihood of all PTSD symptoms. The study only accounted for changes in cognition, which, while useful in examining trauma, can alter self-perceptions. The study did not account for the intensity of the change, nor did it give details of what exactly changed.

Pociunaite et al. (2022) further evidence the relationship between self-perception and EC. A total of 365 participants (67.1% female) reported centrality of positive and negative events, finding that younger participants (under 49 years) where EC was present had lower self-concepts than older participants. Thus, a clearer self-concept appears to buffer EC severity. However, this was true when participants considered negative events but not positive events. This supports the inference that adverse experiences are more likely to impact self-concept negatively.

Keshet et al. (2019) found a directional causality whereby trauma adversely impacts post-trauma cognition. Furthermore, the research found that not only did EC cause negative self-cognitions, but there was a stronger relationship between EC and PTSD. Their research, 'W*omen's self-perceptions in the aftermath of trauma' (Keshet et al., 2019)*, indicated that participants (*N*=108) with higher EC and PTSD scores also had higher post-trauma negative self-perceptions. Importantly, participants in the study had an average age of 19.83 years at the time of the trauma event, meaning they were probably aware of self-perception changes and had developed an awareness of their self-identity, even if this was not fully coherent. What the research cannot tell us, though, is what happens when trauma occurs before awareness of self-identity.

Maladaptive cognitive beliefs were found to be relational to EC, with higher CES scores and maladaptive cognitive beliefs predicting higher PTS levels (Clauss et al., 2021). In a study of 139 college students (73.4% female), comparing negative cognitions, including ‘my mind has been damaged by what happened’ and positive cognitions, such as ‘I must go over events to make sense of them', Clauss et al. (2012) concluded that those with EC and negative post-trauma cognitions were most at risk of prolonged PTSS. However, there was also a link between EC, and positive post-trauma cognition. Regarding the positive variable, the items used were: '1. Worrying will keep me safe, 2. I must go over events to make sense of them, and 3. Thinking about threats in the future will help me cope (Clauss et al. 2012, p. 598). Each item could also be related to trauma symptoms. For example, worrying and going over events might be the same as negative ruminating; foreseeing future threats could be linked to hypervigilance. Positive items might not be separated enough from negative cognitions, meaning positive cognitions might have been completely overlooked. Importantly for the current study, though, this research shows a link between individuals' perception of self-identity following trauma and how it relates to EC and possible later distress.

Aside from positive or negative views of self, Boykin et al. (2020) argue that psychological flexibility of self-concept buffers trauma distress. Participants in their study (*N*=125, 65 women) who demonstrated that they could be flexible in their self-identity, even though they experienced greater EC, had lower levels of distress symptoms. Furthermore, those with higher EC and psychological flexibility had higher growth levels. The research then infers that a capacity to adapt one’s self-concept regardless of EC levels may determine outcomes. For the current study, the research discussed here is relevant since it demonstrates that the EC itself may not predict outcomes, but an individual’s level of flexibility and capacity to adapt their self-concept may be influential. Boykin et al.’s research does not detail

what psychological flexibility looks like, however, or how an individual negotiates flexibility rather than a fixed self-identity.

Research on perceptions of self is interesting for the current study in terms of how individuals relate to themselves. Unfortunately, the current research in this area does not contextualise what the positive or negative perceptions are and this means there are gaps in the understanding of what the individual's negative cognitions and perceptions involve. The only mixed method study involving a qualitative element, on this specific element of EC, does not give any indication of what cognitions or perception were, since the qualitative element is only used to generate themes for coding. The research therefore cannot describe what words or sentences individuals use to describe themselves. Furthermore, as is relevant to perceptions of trauma and EC valence, the research assumes that perceptions change post trauma, leaving gaps where a child might have experienced trauma before perceptions of self entered consciousness. Further research on specific perceptions and circumstances where there may not be a pre-trauma perception would be useful to better understand EC.

Time and Intervention

Much of the EC research noted in this review explores EC from a one-point-in-time perspective without examining possible longitudinal effects. The research taken as it stands could lead to EC being regarded as a static phenomenon; the idea that once EC is established, it is a constant. Indeed, some longitudinal analysis finds EC static over time (Blix & Birkeland, 2014; Boelen, 2012; Glad et al., 2020). Others have demonstrated that with intervention, EC can be adapted (Bakaitytė et al., 2022; Boals et al., 2015; Boals & Murrell, 2016; Grau et al., 2021; O'Toole et al., 2018; Lancaster & Erbes, 2016).

Four research papers introduced the concept of time into EC research, mainly in relation to whether or not EC remains stable over time (Blix & Birkeland, 2014; Boelen, 2012; Glad et al., 2020). Boelen (2012) was the first study to include a specific longitudinal element to explore EC while researching associations between EC and psychopathology following a loss event. Participants (*N*=176, 154 females) who had experienced a significant loss within the last 12 months completed the CES with a 12-month follow-up. The findings showed no change in CES scores even where grief symptoms had decreased. However, the dropout rate meant only 100 participants completed the follow-up. Although the results suggest EC remains stable after a year, it would be useful to explore more extended timeframes before concluding that EC remains stable throughout an individual's lifespan. Eckholdt (2018) replicated Boelens's research to cover a four-year post-spousal-loss study with congruent findings. Eckholdt used a larger sample of 208 (133 women) and a much older average age of 72, contrasted with 45 years in Boelens. As such, some consistency in findings is lost due to differences.

Further time consistency research was undertaken by Blix et al. (2014) covering a two-year period. Those who had experienced the 2011 Oslo bombing (*N*=229, 124 females) showed no significant change in CES scores at one and two years. Glad et al. (2020) similarly found EC stable across a longer timeframe. Their study examined CES and PTSD following a terrorist attack. A total of 319 participants (47% female) completed the CES 14–15 months and again 30–32 months after the Utoya Island massacre. No significant CES changes were observed even when PTSD severity was altered. Although Blix et al.’s (2014) and Glad et al.’s (2020) studies add to Boelen’s (2012), they are not far-reaching enough in time to offer full longitudinal evidence that EC remains static.

Furthermore, research contradicts a concept of EC as static, where deliberate interventions are undertaken to reduce it, mainly in the hope of reducing PTSD (Boals et al., 2015; Boals & Murrell, 2016; Grau et al., 2021; Lancaster & Erbes, 2016), anxiety and panic disorder (O'Toole et al., 2018) or increasing PTG (Lancaster & Erbes, 2016). Together, these research papers indicate that EC might change.

The first research attempting to reduce EC was conducted by Boals and Murrell (2015) using CBT, Acceptance and Commitment Therapy (ACT) and expressive writing. A total of 79 participants were allocated into three groups, with 27 doing ACT, 26 CBT, and 26 control. ACT groups performed a 10-minute ACT consisting of guided imagery with the self as an observer. The CBT groups listened to 10-minute audio and guided imagery focusing on the mind and body connection. Both groups then completed two expressive writing sessions about a trauma event. The control group listened to a history of baseball audio and then completed two writing tasks about it. The CES was administered pre-intervention, a week after and four weeks later, as was a PTSD checklist (PCL-S). Both the ACT and CBT groups showed a similar reduction in EC. However, the ACT group scores increased in week one before dropping in week four, whereas CBT scores steadily decreased. The research initially hypothesised that a reduction in CES would mean a reduction in PTSD; this was not upheld. The study gives an encouraging indication that EC can be lowered. However, a reduction might not reduce trauma symptoms. The research has several significant limitations, however, mainly due to the sample size. Overall, 10 participants in the ACT group and seven in the CBT dropped out before completion, significantly reducing the sample size to 62. This meant that it is problematic to draw generalisations from the research. In particular, in the current study, demographic data on gender are also omitted. This would be useful for this

research about women; we cannot guarantee it is fully applicable to the sample in the current research.

Further research does, however, complement Boals and Murrell's (2015) initial findings in this area, specifically with CBT interventions (O'Toole et al.,), ACT (Boals & Murrell, 2016), combined CBT and ACT (Grau et al., 2021), and writing (Lancaster & Erbes, 2016).

Supporting the hypothesis that writing could reduce EC, Lancaster et al. (2016), in a study of persuasive writing, randomly assigned 135 (84 women) participants to persuasive or factual writing tasks with a central event in mind. for the expectation was that the persuasive group would see a negative impact from the task; however, what was observed was an increase in positive effect and a similar reduction in negative effect in both groups. The factual group experienced a decreased positive affect, meaning writing factually caused more distress and could increase centrality. The researchers acknowledge that their sample may have skewed results, being high-functioning college students experienced in writing, and that the results might not have been the same with a group not as experienced in narrative or factual writing. However, the researcher suggests that the findings are relevant in terms of considering how those with EC are prompted to describe their trauma, with pervasive prompts being preferable. This is especially so given that the pervasive writing group initially showed an increase in EC and distress before an overall reduction. It is, thus, advisable to approach EC reduction using a sensitive, considered, and evidenced method.

One such evidenced method may be CBT, as proposed by O'Toole et al. (2018). Their study, as hypothesised, found that EC decreased following CBT treatment. Thirty-nine participants with either panic disorder (*n*=7) or social anxiety disorder (*n*=19) with EC attached to four negative events completed 10 sessions of CBT. The sessions included

‘psychoeducation, cognitive restructuring, attention training, gradual exposure, and behavioural experiments’ (O’Toole et al., 2018, p. 153). The results supported the hypothesis that EC decreases after CBT treatment, since 36% of participants reported a reduction in their disorder symptoms.

Furthermore, when exploring the results, researchers found that being in the CBT group also mediated a decrease in EC, with those completing group CBT (*n*=22) rather than an individual session (*n*=17) reporting higher decreases. One explanation for this may be that the reduction was not wholly linked to CBT but also social interaction. As with Boals et al. (2015), the research suggests that treatment can influence EC. However, again, O’Toole et al.’s (2018) research included only a very small number of participants, so although it adds to Boals et al., it is not advisable to generalise the results of the study.

Also, based on CBT, Vermeulen (2019) used an app to decrease EC. The pre-existing Cognitive Bias Modification app (CBM-app) was adapted to EC and focused on participants reading scenarios related to EC and filling in fragmented sentences aimed at reframing cognitive bias. Participants (*N*=101, 89 women) also completed two writing tasks, one about a central negative event and another from the perspective of using other life events to make the negative event less central. Lastly, Implicit Association Training (IAT) was also used, whereby participants were 'trained to link event centrality-related words (e.g. important, reference point to their positive words (e.g. joyful and relaxed) and non-central words (e.g. unimportant, normal to their negative words (e.g. fight, pain)' (Vermeulen et al., 2019, p. 217). No significant change in EC was recorded for the writing task or IAT. However, EC did decrease with the CBM-app. The study did not, though, find the expected decrease in PTSD symptoms, meaning a decrease in CES did not predict a reduction in PTSD. As such, the researchers concluded it might be necessary to treat both EC and PTSD to reduce both.

In contrast, Grau et al. (2021) saw a directional change with EC reducing when PTSD is treated. The 132 participants (85.2% female) in their study completed six weeks of inpatient treatment to reduce PTSD in a programme using elements of Prolonged Exposure Therapy (PE), Dialectical Behaviour Therapy (DBT), and ACT. Coinciding with a reduction in PTSD symptoms on discharge, participants, on average, demonstrated a 4.2-point drop in CES scores. However, it is acknowledged that along with the decrease in EC, many participants felt distressed by a loss of sense of self. Reduction of EC is not necessarily something that should be seen as an immediately 'good' outcome, with some individuals perhaps requiring further work on self-identity first. The research does not indicate whether a social support element of being an inpatient affected the data nor if medication may have impacted the symptoms. Nevertheless, the research supports that EC can be manipulated indirectly via treatment for trauma-related symptoms. If a reduction in EC then leaves the potential for an identity crisis, however, it is helpful for those working with such a client group to be aware of the impact on self-identity when alleviating PTSD.

Boals et al.'s (2016) later research also questions the relational aspect of CES and PTSD reduction. Their study saw a concurrent reduction in PTSD and EC but could not conclude which way that relationship worked. A total of 26 participants with PTSD were assigned to complete four weekly ACT sessions alongside 'treatment as usual' (TAU), which included various CBT-type therapies. The control group of 17 completed only TAU. In a six-week follow-up, those completing ACT and TAU reported a decrease in PTSD and EC, while the control group saw only a reduction in PTSD. Again, the sample from which to draw inferences was only small. However, for this study, ACT might have addressed some self-identity issues not covered by CBT therapies.

The above research tends to look at a decrease in EC as a mediator for reducing PTSD; however, Lancaster et al. (2016) consider the possibility of not only reducing PTSD but also increasing PTG. The research fails to provide any insight into what EC change might be like in the context of such changes, however. Do some people want it to change? Are they happy as they are? Can they tell if it changes, or does it happen more unconsciously? These are questions that the statistical data do not provide evidence for. Without such information, it would be hard to justify any interventions as we do not understand the effects and processes an individual goes through when EC is reduced.

Attachment

EC literature on attachment and trauma is extremely limited; however, it is worthy of attention. Only two papers focus directly on attachment. One observes the impact of attachment anxiety and avoidant attachment in relation to EC (Ogle et al., 2016), the second focuses on insecure attachment (Ogle et al., 2015). An additional paper while supporting Ogle et al.'s (2015; 2016) observes difficulties in separating from attached relationships (Harris et al., 2023).

Attachment anxiety is defined as 'one dimension of insecure attachment characterised by continuous activation of the attachment system which results in persistent concerns about and desire for proximity to attachment figures combined with a lack of confidence that proximity will be attained' (Ogle et al., 2016, p. 302). It correlated with higher CES scores (Ogle et al., 2016). However, the research on 1146 adults (39% female) did not hold for avoidant attachment, defined as attempts to withhold attachment to minimise threats associated with the connection (Ogle et al., 2015). The research could not determine whether

attachment style determined EC or EC influenced attachment style. Nevertheless, it indicates that attachment style is likely to be a factor in EC.

Ogle et al.'s (2016) research extended earlier study findings suggesting that insecure attachment predicted PTSD symptoms (Ogle et al., 2015). This study (*N*=1061, 38.53 female) found that both anxious and avoidant attachments, when coupled with EC, increased the likelihood of PTSD. Despite not exploring the relationship between EC and attachment in their later research, it appears that attachment styles may influence the development of EC in a similar manner.

Further research by Harris et al. (2021), concerning the centrality of parental or partner loss, supports Ogle et al.'s (2015, 2016) studies suggesting that attachment is relational to EC. A total of 1187 (70% female) participants demonstrated that combined anxious or avoidant attachment and EC maintained grief. However, avoidant attachment levels, EC, and grief symptoms were more strongly correlated with parental loss compared to partner loss. Despite the research being primarily about grief, it is relevant to research on the merging of self (Harris et al., 2021). Harris et al. argue that a situation where one person merges identities with another, referred to as 'inclusion of other-in-self' (Harris et al., 2021, p. 11229) can have negative consequences when that relationship ends and more so when loss events become central to identity. According to the authors, difficulties with self-identity arise when centrality events require separation from an integrated other, and therefore it may be worth taking into account the need to support a decrease in merging along with the reduction of EC to minimise distress. Harris et al.'s (2021) research is interesting for this current study in the context of parental loss where attachment would have developed during childhood. The current study being about childhood trauma links into this in terms of how trauma (even if parents were not causal to the trauma) in childhood might have impacted

attachment in childhood and into adulthood. Would the results be similar if losing or separating from early attachments, for instance caregivers, if trauma in childhood had taken place?

Albeit limited, EC research, identifies that attachment may influence EC. Current quantitative research has identified a relationship between attachment and potential distress when separating from attachment. What the research omits, though, are insights into how to separate a merged identity and how having a merged identity might feel in the first instance. Qualitative research in this area could provide further and deeper understanding of the experience of EC as related to attachment and how separating from attachments feels.

Age

Although most EC studies mentioned in this literature review include demographic data related to the ages of participants, very few explore the effects of age on their data. Such research is highly relevant to the current study, where the age at which trauma was experienced is a focus. Six papers that account for age at the time of trauma are thus of particular interest. The limited research that is available referencing age and EC seemed to identify the effect of age on the centrality of positive and negative events (Berntsen et al., 2011; Pociunaite et al., 2022; Zaragoza Scherman et al., 2020).

Research conducted in Mexico, Greenland, China, and Denmark (*N*=948) found that younger adults (18–30 years, *n*=553, 70% female) had lower CES scores for positive events than middle-aged adults (45–64 years, *n*=390, 65% female) (Zaragoza & Scherman et al., 2020). There was no difference between age groups in relation to negative EC. The conclusion drawn on these differences in EC was that identity in young adults was still

developing and many positive life-altering events such as marriage and children were yet to be experienced; this was an assumption rather than fully evidenced. Despite useful findings, there is a gap in ages with no reference to those aged 31–44. However, further studies cover this age gap with congruent results (Boals et al., 2012; Pociunaite et al., 2022).

Pociunaite et al. (2022) also compared the centrality of positive and negative events. Participants (*N*=365, 67.1% female) were classified into three age groups: young adults aged 18–39 years (*n*=91), middle-aged adults aged 40–59 (*n*=49) and older adults aged 60–89 (*n*=26); they were asked to disclose ten positive and ten negative life events. The findings reported that EC was stable across age brackets when linked to negative events. However, younger adults reported less EC attached to positive memories. Moreover, older adults had slightly higher CES scores for positive events than younger and middle-aged adults. The implications of this are that the younger someone is, the more likely it is that negative events will become central while positive events will not.

Similarly to Zaragoza, Scherman et al. (2020) and Piciunaite et al. (2022) attribute the lower EC for positive events among younger participants to the likelihood that they have experienced fewer impactful events which can be integrated into their identity at that age. Notably, the middle-aged category had a larger sample size, which may have skewed the results. It is a shame, regarding this research, that a younger age group was not included to assess if the same holds for even younger ages.

Assumptions made in the two studies discussed above concerning young adults not having experienced life-altering positive events to integrate into their self-identity, which then impacts CES scores for positive events, was fair given Bernsten et al.'s (2011) earlier study. Although the study was completed on a sample of only older adults (*N*=2526, 96% male, mean age 62.32 years), those results found that positive events were mainly reported

during the second and third decades of life. Positive events such as graduating, marriage, and having children are correlated to increased EC. Negative events were revealed to be more evenly distributed throughout life. However, higher average CES scores were reported for events before the age of twenty and were higher still for events before 10 years of age. Thus, negative events occurring in childhood can still cause higher CES scores into older age. This finding is very relevant to the current study where the participants are adults who have experienced trauma in childhood.

Bernsten et al.'s (2011b) findings are slightly contradicted in Boal et al.'s (2012) research. Their study also considered the age factor, with older adults (*n*=17, 60–93 years, 75% female) and younger adults (*n*=119, 18–29 years, 82% female) differentiated. The study found that older adults had less EC for negative events regardless of the age of trauma occurrence. Therefore Boals et al.'s (2012) study, unlike Bernsten et al.'s (2011b), infers that CES attached to adverse events in childhood might decrease with age. Boals et al. (2012) assume that CES scores decrease with age due to cognitive coping strategies that develop throughout adulthood, which is not evidenced fully in the research.

The aforementioned research on age and EC is useful because it observes some impact of age and EC, particularly with younger adults exhibiting higher levels of CES for negative events. However, conclusions about why this occur are based more on assumptions than research. A research paper by Ogle et al. (2013a) examines more fully why this might be the case. Ogle et al. noted that certain early-life traumas were more common and resulted in higher CES scores. The study of *N*=2515 saw the highest CES scores for childhood physical abuse, witnessing violence and sexual assault experienced before 12 years of age. However, personal illness or accident experienced at a mean age of 48.7 scored slightly higher on the CES. Concluding that events occurring in childhood are more likely to result in EC than

adverse experiences in later life. This result could be influenced by the types of trauma more frequently experienced at particular points in life.

Furthermore, the findings also revealed that non-disclosed events held higher CES scores than events which people felt able to talk about. There was an age difference here, too, with much of the non-disclosure related to childhood trauma experiences. The research, although skewed by only 33% of the participants being female, suggests that trauma in childhood, especially non-disclosed childhood trauma, increases the severity of CES scores.

Some ambiguity arises when considering research findings that those who experience trauma younger do not report higher CES scores (Kongshøj & Bohn, 2023). Kongshoj and Bohan's (2023) comparison of age of trauma (*N*=206 69.9% female), EC, and PTSD found that those who experienced trauma between the ages of 14 and 25 years had lower CES scores than those whose trauma occurred after 30 years of age. The study contains several weaknesses in that the ages 25 to 30 are left unaccounted for. In addition, participants were asked to report their most significant trauma, with no acknowledgement of the number of traumas occurring before or after. Thus, we do not know if those who experienced trauma younger went on to have further trauma. We do not know either if the older significant trauma group had several more traumas with a cumulative effect on CES or, indeed, a buffering effect.

Age-related CE research is limited but demonstrates that being at a younger age when experiencing trauma events often predicts higher EC. However, the research discussed above is not focused exclusively on age but includes age within a wider body of research. Moreover, although trauma that occurred in childhood is sometimes discussed, it is not the focus of the studies. Further research on the impact of age, trauma, and their impact on EC is needed in order to make wider generalisations. Additionally, age-related research mainly

considers childhood trauma from the perspective of effects into adulthood, which is relevant to this research. It likewise fails to examine changes to EC with age. That said, exploring direct research on EC and childhood is essential to understand further the links and impact of childhood trauma on EC and self-identity.

Childhood

In parallel with adult-focused EC research, studies on EC within childhood have congruent findings. Notably, these findings exhibit correlations with adverse mental health outcomes, such as PTSD or PTSS (Cook et al., 2021; Donald J. Robinaugh & McNally, 2011; Ionio et al., 2018; Mordeno et al., 2018; Seyburn et al., 2020; Tranter et al., 2020; Vagos et al., 2018; Wang, N. et al., 2020; Watts et al., 2021). Similarly, associations with comorbid psychiatric conditions, including depression (Robinaugh & McNally, 2011; Mordeno et al., 2018) and neurodiversity, including autism spectrum disorder (Mordeno et al., 2018), have been observed in childhood EC research. Moreover, research into childhood EC has also revealed correlations with favourable psychological outcomes in the form of PTG (Cook et al., 2021; Tranter et al., 2020; Watts et al., 2021).

Childhood-focused EC research is interesting in that it not only explores correlations between EC, PTSD and PTG but also attempts to locate the precise constituents of these relationships, for example, exploring resilience (Tranter et al., 2020), ruminations (Watts et al., 2021), intrusive thoughts (Seyburn et al., 2020), inner voice (Ionio et al., 2018; Vagos et al., 2018), gender (Ionio et al., 2018; Vagos et al., 2018), perceptions of trauma (Cook et al., 2021; Robinaugh & McNally, 2011), and sensory memories (Moderno et al., 2018). Cumulative findings, albeit limited, illustrate the impact that adverse childhood events can have on self-identity and mental health. Furthermore, these findings, as discussed below,

contribute to our understanding of the complexity of childhood trauma and its implications for self-identity and psychological health.

One dimension of EC was explained in the findings while evaluating a Portuguese version of the CES for use among adolescent populations (Vagos et al., 2018). The study included community-based adolescents (*n*=1079, 42.8%) and detained males (*n*=206). The results indicated that lower levels of EC correlated with higher levels of self-reassurance. In contrast, higher EC led to increased self-criticism and avoidance behaviours. Thus, the researchers concluded that a critical element in trauma psychopathology might be the increase in trauma centrality. This is attributed to self-preservation coping mechanisms to avoid trauma-related memories and a critical inner voice. It is critical to acknowledge that this study holds certain gender-related limitations, with the absence of a female presence within the detained group. Nevertheless, the findings of this inquiry suggest a gender difference, with female participants exhibiting higher levels of EC. This gender-based observation was also noticed in research to develop an Italian version of the CES (Ionio et al., 2018).

Both Vagos et al.'s research (2018) and Ionio et al.'s (2018) offered consistent findings, indicating that female adolescents face greater challenges in discerning the impact of their traumatic experiences on their self-identity and life narratives than male adolescents. In contrast to numerous other studies, Ionio et al.'s (2018a) study (*N*=872 Italian, 344 female, mean age 15.85) included a control group without trauma symptoms. The results of the study reported a positive association between severe PTSD symptoms and higher EC scores. Nevertheless, neither Ionio et al.'s nor Vagos et al.'s studies considered the various types of trauma experiences. Information on types of trauma could have offered valuable insights into potential divergences in the CES-PTSD pathway among various trauma categories. Such

insights could have contributed to a deeper understanding of the underlying correlations and revealed whether specific trauma types are linked to different CES scores and, by extension, PTSD symptoms. Such information would be useful given other research which specifically explores trauma types.

For instance, one study focused on individuals who had experienced childhood sexual abuse; it ascertained that heightened CES scores functioned as a predictive factor for PTSD (Robinaugh & McNally, 2011). Furthermore, PTSD symptoms were correlated with higher CES scores. This investigation comprised 102 adult female participants who had experienced childhood sexual abuse before 17.

The results of this study revealed significant correlations between CES scores and the occurrence and severity of both PTSD and depression symptoms. However, it also offered valuable insights into three pivotal dimensions central to EC. Factor 1 demonstrated the existence of a correlation between EC and adverse mental health outcomes. This highlighted that the more integrated the traumatic experience within an individual's cognitive framework, the more severe the symptoms. Factor 2 concluded that the more heightened the perceived centrality of the trauma within the individual's life narrative is the more severe the symptoms tend to be. Lastly, Factor 3 demonstrated an association between the extent to which an individual considers the traumatic event to impact their future. This association is linked to an increased severity in PTSD symptoms. Significantly, it was observed that the third factor emerged as having the strongest correlation to PTSD.

For instance, Watts et al.'s study (2021) examined the interplay between EC, PTSD, and intrusive rumination within the context of Childhood Emotional Maltreatment (CEM). In this study, participants (*N*=396, with 79.8% female) self-reported instances of CEM endured before reaching 18, with the mean age of the cohort at the time of the study being 23.63

years. The study revealed an increasing occurrence of PTSD with EC and intrusive rumination. It also appeared that the greater the severity of CEM, the more central the trauma event/s was. The research, although acknowledging a link between PTSD and trauma becoming central to identity, could only assume ruminations about self-worth, the world being unsafe, and other ill intents were more likely to be negative due to the presence of PTSD; no exploration was conducted of positive ruminations.

Notably, Watts et al.'s research was conducted approximately one month after the typhoon. During this time, the participants remained in the disaster area. The researchers acknowledge that proximity likely triggered recurrent trauma memories due to ongoing exposure to rescue and cleanup efforts. Importantly, the study did not compare the outcomes of children who relocated away from the disaster-stricken area, missing any assessment of whether geographical distance influenced outcomes. In addition, the lack of a follow-up investigation makes it impossible to conclude possible longitudinal changes in EC and mental health outcomes for these children.

Trauma is widely recognised as a subjective experience, meaning that individuals who undergo similar or identical events may arrive at different conclusions regarding the traumatic nature of the experience. It would then be logical to infer that if an individual does not view an event as traumatic, their EC levels would likely be lower. However, a study conducted on a group of childhood cancer survivors (*N*=317, 196 cancer survivors and 131 a control group, 45.7% females) found this not to be the case (Cook et al., 2021). This study found that even among participants who did not perceive their cancer experience as traumatic, CES scores remained elevated. It is worth noting that CES scores were higher among those who perceived their cancer experience to be traumatic (Cook et al., 2021), however.

The study's findings led to the inference that childhood cancer may significantly shape an individual's self-identity, irrespective of distress. In other words, individuals who have confronted childhood cancer may develop a self-concept centred on this life-altering event, regardless of their emotional response to it.

Additionally, when comparing the cancer survivor group to the control group, the study offered insights into gender influences on EC. For instance, when cancer survivors were directed to focus on their cancer-related experiences, CES scores were higher among female participants. Furthermore, females exhibited higher CES scores than males even when directed to contemplate non-cancer adverse events, both within the cancer survivor group and the control group. This observation aligns with prior research highlighting a gender factor in EC levels (Boals, 2010).

Although the study focused on negative outcomes, positive growth was also considered. The findings showed that PTG was more significant than PTSS. Participants reported benefits from their cancer experience and positive self-identity changes. The study fails to explore what these benefits and positive self-changes are, however.

Additional research is available to offer further insights into PTG and EC in cases of childhood trauma. Tranter et al.'s (2020) research (*N*=167, 54.4% female) on those who have experienced adverse events, as reported using an ACE scale, found correlations between resilience and PTG. However, rather than high levels of resilience correlating with stronger PTG, as the researchers anticipated, low levels of resilience demonstrated higher PTG. This leads the researchers to conclude that something in the process of 'emotional struggling' (Tranter, 2020, p. 169) promotes growth. When adding CES data, the study found that EC can have positive and negative outcomes; however, it was unclear whether participants

experienced only negative or only positive outcomes or whether some participants experienced both positive and negative outcomes.

A similar critique can be applied to Seyburn et al.'s (2020) examination of growth after hurting others in a teenage population (*N*=431, 237 girls, mean age 16.91). In Seyburn et al.'s study, the traumatic event was the participant inflicting harm on another. As such, it is useful to note perpetrating an adverse event can be traumatic for both the perpetrator and the victim. The results found higher rates of EC correlated to growth. They also found a difference between deliberate thinking and intrusive thoughts of events, with the former associated more strongly with growth. Therefore, an individual who deliberately thinks through an event may experience more growth than an individual who experiences involuntary thoughts, with intrusive thoughts generally attributed more to PTSD symptoms (APA, 2013). Other factors considered, such as remorse and responsibility, did not influence growth. As acknowledged by the researchers, social desirability was not accounted for in the results. Thus, it is unknown whether participants' reports of growth were impacted by a sense that it would not be desirable to admit to not learning from their wrongdoings.

Wang et al.'s (2020) study similarly found PTG correlated with CES scores in adolescents (*N*=948, 486 females, mean age 15) and raised questions about the validity of growth in relation to cultural demands. Unlike more individualistic Western cultures, the study was conducted in China, a collectivist country. The researchers suggest that further research is necessary in individualist countries to assess whether there are cultural differences in the correlation between EC and PTG. What the research does evidence is that PTSD was influenced by CES scores. Higher CES correlated not only with PTSD but also co-morbidity with other mental health issues, such as depression, with females having slightly elevated comorbidity rates. Furthermore, participants with higher PTSD scores had lower PTG scores.

The researchers concluded that 'PTSD might have changed the way adolescents viewed their daily experiences, expected future experiences and reconstructed their personal identity' (Wang et al., 2020, p. 6). Participants had experienced trauma at least four years before the study, with the onset of their most traumatic experience at a mean age of 3.07 years. Thus, it seems that trauma at a young age can impact self-identity negatively and positively. Moreover, adolescents could point to distress symptoms such as avoidance, negative thoughts and moods, and hyperarousal. Likewise, they were able to identify PTG, including improved social relationships, strengths, personal skills, and spiritual growth. Whilst the research demonstrated PTG is attributed to lowering PTSD symptoms, it did not explain why this might be, nor did it explore if PTG followed directly from the trauma or if PTG developed after or as a result of PTSD.

Further research on co-morbidity was conducted by Mordeno et al. (2018); they suggest that children with higher levels of sensory-based trauma memories have a greater disposition to mental health symptoms such as ASD and depression due to EC. The research involved children (*N*=225, 55.1% female, mean age 14.17) who experienced a life-threatening typhoon. It observed that those who had vivid sensory-based trauma recollections – comprising robust visual recall, verbal remembrances, temporal contextualisation, and non-visual sensory reactions to the traumatic event exhibited higher levels of EC. Alongside this, these children presented with increased symptoms of ASD and depression.

Furthermore, the scope of this research was limited to co-morbid PTSD with ASD and depression symptoms, without an exploration of mental health outcomes in their entirety. Nevertheless, Mordeno et al. (2018) demonstrate that highly accessible, vivid, and sensory-based memories were positively correlated with EC, causing heightened susceptibility to mental health disorders.

The above nine studies on EC and childhood trauma make it apparent that there is a lack of literature in this area. Furthermore, all the studies above are quantitative studies, which, although they demonstrate the correlations as discussed, do not offer any insight into what it is to experience EC resulting from childhood trauma.

Considering the review of the nine aforementioned studies concerning the relationship between EC and trauma in childhood, it is clear that there is a lack of research in this area. Furthermore, all studies adopt quantitative research paradigms. While these quantitative studies undoubtedly explore the existence of correlations, as previously discussed, they fall short in providing insights into the subjective experience of individuals who navigate daily life following childhood trauma. Such research would serve as a foundational reference point and could be attained through qualitative research. Thus, currently, although there are inferences about mental health outcomes, little to nothing can be assumed about what it is like to live with trauma. Such information would represent a reference point for how PTSS, PTSS or PTG manifest in people’s lives and how the phenomenon of EC feels.

Meaning-making and Beliefs

EC research supports the idea that individual meaning-making and beliefs may influence EC in terms of meaning-making as a whole (Bellet et al., 2018), religious coping (Boals & Lancaster, 2018), world assumptions (Schuler & Boals, 2016) and belief violations (George et al., 2016). There is also evidence that meaning-making combined with EC can impact well-being (Meisels & Grysman, 2021). Albeit a limited collection of research, collaboratively, they evidence the importance of meaning-making and belief systems in potentially buffering the adverse effects of trauma and EC.

According to Meisels and Grysman (2021), well-being is significantly influenced by individuals' sense of self, specifically in terms of creating a coherent self-narrative. Discrepancies in identity can cause distress. Their study (*N*=159, 117 females) explored the mediating effect of EC on meaning-making and well-being in the context of identity distress and identity growth. The study examined meaning-making in relation to personal narratives and political election narratives. The results demonstrated that where EC was high in political narratives, meaning-making was also high; furthermore, identity growth increased and distress decreased. However, the same did not hold for personal narratives, where EC was high, meaning-making was reduced, and identity distress was higher. The research suggests that the context of EC and meaning-making is essential. It also infers that individuals can compartmentalise meaning-making to make meaning in one area of life, for example politics, but not in other areas.

Although Meisels and Grysman's (2021) research is significant for the current study in noting a contextual element to meaning-making, the study does not indicate the foundations of personal EC, meaning that it is not known if participants had EC based on trauma events. We must look at additional research for evidence of the impact of trauma on the relationship between EC and meaning-making.

The ability to make meaning out of a bereavement, according to research by Bellet et al. (2018), correlates with lower EC and grief symptoms. The research comprised 204 (74.5% female) participants who had experienced a loss within two years of the study. Where meaning-making was higher, EC and symptoms were also lower, and lower meaning-making resulted in higher EC and symptoms. Results concluded that meaning-making appears to buffer the effect of high EC and complicated grief symptomology. However, by assessing meaning-making as a whole, the research cannot explain is the exact elements within

meaning-making that produce the positive effect. We cannot tell if the meaning-making process itself is significant or if specific factors involved in the process help to reduce EC and symptomology.

Additional research provides further insights into meaning-making elements, specifically in the form of individuals' assumptions about the world, for example, Schuler and Boals (2016), in their research titled '*Shattering world assumptions'.* Defining world assumptions as 'beliefs related to the world as benevolent, the world as meaningful, and the self as worthy' (Schuler & Boals, 2016, p. 259), the researchers explored changes to world assumptions following trauma. Participants (*N*=882, 627 women) demonstrated that there was a correlation between a trauma event becoming central to identity and prior world assumptions being shattered. Furthermore, world assumptions were correlated with lower levels of optimism. Thus, trauma and EC appear to lower benevolence and meaningfulness. Unfortunately, the research does not pinpoint what specific world beliefs were held before or post-trauma, nor does the statistical analysis indicate to the nature of experiencing such shattering. For the research to be convincing, it might be necessary for it to identify specific world assumptions, given Ferrajao's contradictory research (2023).

Ferrajao's (2023) research with 369 (64.5% female) Portuguese young adults (mean age 27 years) split world assumptions into two categories: benevolence of the world and worthiness of self. No correlation between changes in benevolent world assumptions, EC, and PTSS was found, but worthiness of self correlated to EC and PTSS. Furthermore, direct exposure to trauma combined with EC appeared to lower a sense of meaningfulness. The research does not indicate the direction of causality, for example. if higher EC leads to changes in self-worth or meaninglessness, leaving questions about whether it is better to target self-worth and meaning in treatment or the EC. While Ferrajao's (2023) research

somewhat contradicts that of Schuler and Boals (2016), it does point to a particular potential element of world assumptions, self-worth and meaninglessness rather than fully disagreeing with results that shattering world assumptions is relational to EC. Ferrajao's (2023) study leads us to question what other aspects of worldviews may be linked to EC.

One answer to the above question can be found in an exploration of the violation of beliefs and goals (George et al., 2016). While studying the relationship between EC and PTSD, George et al. (*N*=367, 66% female) concluded that instances of those who appraised trauma as interrupting their beliefs and goals, when combined with EC, can predict PTSD. Furthermore, as the severity of interrupted beliefs and goals increased, so did CES scores. Once again, however, specific details about the beliefs and goals are not included in the research. This means that much remains unknown about how it feels to have beliefs and goals violated, what the beliefs and goals were or what, if anything, replaces them.

A final paper provides deeper insights by introducing religion into the picture of meaning-making and beliefs. Boals and Lancaster (2018) assessed the impact of religious comfort or religious strain on EC. Their findings showed higher EC where religious strain and PTSS were reported, and lower EC and PTSS were correlated with religious comfort. Results suggest that religious beliefs might buffer the effects of PTSS and lower EC. However, the sample was limited to 90 veterans, with only 18 female participants. This may make this research less relevant to the current study since it was conducted exclusively among women.

The research on meaning-making and belief systems, although currently too limited to make far-reaching generalisations, does indicate that meaning-making and beliefs may influence EC. Where beliefs and meaning-making are solid, EC could be lower. Furthermore, disruptions to meaning-making and belief systems can negatively impact self-identity. More

research into how individuals experience disruptions in meaning-making and belief systems would be helpful in order to understand this process thoroughly.

Rumination and Memory Retrieval

Ruination was first noted as a component of EC by Lancaster et al. (2015) while researching the predictors of PTSD and PTG. Their study (*N*=194, 113 females) found that instructive ruminations predicted PTSS while deliberate ruminations predicted PTG. While all participants completed the CES and thus had self-identity centred on adverse events, the research did not explore whether EC was entirely relevant for PTG- or PTSS-related rumination. The study is critical because it sets the path for further research to explore the link between ruminations and EC.

Brooks et al. (2017) were the first to study rumination and EC specifically. Their study of 250 participants (74.4% female) agreed with Lancaster et al. (2015) that intrusive memories correlated with distress and deliberate ruminations correlated with PTG. However, they extended the research and observed a bidirectional correlation between EC and rumination. Thus, intrusive rumination could increase EC, and deliberate rumination could lower EC. The researchers claim that an essential part of intentional ruination is meaning-making, whereby an individual can make something good out of their experience. Rumination can lower distress and EC. However, the research does not fully explore whether the participants made meaning. The research does demonstrate, however, that EC can be adjusted with constructive rumination.

Bishops et al.'s (2018) later research, which had a focus on EC and rumination, is congruent with that of Brooks et al. (2017). This study (*N*=193, 72.4% female) found a direct

link between EC and rumination, with a correlation between trauma rumination and higher CES scores. The study also confirmed mediation between EC, rumination, and PTSD. However, the study only referred to rumination rather than making a distinction between deliberate and intrusive rumination.

Kramer et al. (2020) support Brooks et al.'s (2017) conclusion that deliberate rumination encourages PTG. They found deliberate rumination mediated CE and PTG. That deliberate rumination promoted PTG and buffered the severity of PTSS. Despite further evidence from Brooks et al. (2017), no causal direction was explored in their study. Moreover, although the researchers argue that intrusive rumination is more likely to cause distress symptoms, the research did not consider intrusive rumination within their data, so it does not support Brooks et al. (2017) in that respect.

While the above pieces of research largely agree with one another, Pociunaite and Zimprich's (2023) research suggests that focusing on deliberate or intrusive rumination might not go far enough to explain the link between it and EC. Their study investigated rehearsal ruminations (mental reflections by the self or shared with others), self-reflection, vividness and emotionality of memory linked to EC. Still, they found no connection between EC and ruminations. The study (*N*=356, 64.5% female) found correlations between EC and vividness of memories, EC and emotional intensity, EC and the frequency of memory retrieval and EC and rehearsal memory. They conclude that central memories, whether positive or negative, are 'highly available, emotionally active, visually rich, and frequently brought up in people's minds or conversations' (Pociunaite & Zimprich, 2023, p. 1). Thus, Pociunaite and Zimprich's (2023) more recent research suggests there is more to rumination than simply whether it is deliberate or intrusive; the emotional attachment, vividness of any memories,

frequency of rumination and recall, as well as self-reflection also appear to influence the impact of rumination on EC.

Blix et al. (2020) support the findings that vivid memories are important to EC. In their study of survivors of (*n*=94, 45.7% females) or those bereaved by (*n*=91. 56% females) a ferry disaster, high numbers of both survivors and the bereaved experienced frequent vivid memories, often to the point of feeling like they were reliving the event, despite the research being conducted 26 years later. Vivid memories often included sensory elements and images. Where EC linked to the event was higher, the vividness of memories also increased, and participants noted the event as being central to their identity. The research is interesting for the current study as it indicates that EC and memory retrieval can extend for many years after an event. While Blix et al.'s study was conducted on adults experiencing trauma, the current study focuses on childhood trauma; thus, it would be interesting to see if these results hold true for the type of trauma explored in this study, which like that studied by Blix et al. occurred many years prior to the research.

Pociuntante and Zimprich (2023) and Blix et al. (2020) are not alone in associating vivid memories with EC. Guineau et al.'s (2021) study of EC and PTSD symptoms drew similar conclusions. The study of 451 participants (52.9% female) found that unwanted, vivid and repetitive memories correlated with EC and mediated PTSD symptoms. The research is rather broad in its analysis of PTSD symptoms, however; it did not, for example, explore what constitutes a regular repetition of memory; whether this would have to be weekly, daily or monthly. Furthermore, it does not consider what happens to an individual when they experience these vivid, repeated memories. Fitzgerald et al. (2016) also present conflicting research, which claims a directional correlation between EC, memory intrusions, and PTSD.

Fitzgerald et al. (2016), in exploring the influence of memory on EC and PTSD (*N*=489), observed a directional effect of intrusive memories influencing CES scores with EC mediating the relationship to PTSD. Thus, an individual experiencing intrusive memories is likely to have higher EC, and this impacts PTSD. The research indicates that intrusive and frequent memory recall is a critical variable in EC. However, it is pertinent to note that the research is not gender-based, so any conclusion that it is relevant to a female population cannot be assumed when considering its relevance for the current study.

Summary of the Literature on Event Centrality

Despite being the subject of only a relatively new and small body of research, EC offers an understanding of the impact of trauma on self-identity. The research provides insight into some of the key aspects of EC, such as women experiencing EC at higher levels than men, EC correlating to both PTSD and PTG (separately and simultaneously), and how the onset of EC in childhood can have an impact across the lifespan. It not only identifies the occurrence of the phenomenon of an event becoming a focal point to identity but also key features of the experience such as distress, including distress relating to identity disruption, intrusive thoughts, disturbance of worldviews, and growth by way of positive meaning-making, resilience, and positive identity traits.

However as discussed, there are gaps in the research. Most notable is the lack of qualitative research, with only two studies containing small qualitative additions. What this means is that although the occurrence of EC and key features have been identified and quantified, little to nothing is known about the actual experience of EC. The research does not offer insights into any emotional responses to EC, or how those experiencing EC feel in relation to variables such as intrusive memories or the development of resilience. The current

research reported in the literature so did not account for how individuals would differ in their responses to components of EC, leaving a sense that EC is the same for all.

There is also a lack of research about the impact of trauma in childhood on EC and, which is specifically relevant to this research, how EC might change over time into adulthood. With only eight papers on EC and childhood, further research is required to be able to make generalisations in this area. Also there is a lack of research to confirm that EC from childhood is experienced in the same way as EC from trauma experienced in adulthood. Thus, in the context of very few longitudinal EC studies from childhood into adulthood, this study will add to our knowledge of how EC might present over time. Current studies suggest that without deliberate interventions EC is rather static. This study might offer insights into whether this is the case for childhood onset EC.

Existentialism, Trauma, and Childhood: A Narrative Review

Introduction

The following chapter is a narrative literature review of existentialist theories related to trauma and self-identity. The literature was acquired during a four-year counselling psychology doctorate. A systematic review of existential literature was deemed unsuitable due to its philosophical rather than research-based nature. Much of the older philosophy does not directly discuss trauma or self-identity but is nevertheless relevant to the study. For consistency, where current research is included, these papers met the same criteria as the research included for discussion in the EC literature review. These papers were peer-reviewed, western-based, in English, and included female participants.

The narrative review examines the impact of trauma on self-identity from an existential perspective, noting themes in common with EC literature, including temporality, meaning-making, and intrusive memories. The existential theory of Romano's (2009; 2014; 2016) EH, the idea that events are the centre point of a person's existence, will be discussed in relation to trauma.

There will be some instances of cross-over with phenomenological philosophy, especially when discussing current research on self-identity. Existential and phenomenological theories are closely related (Dreyfus & Wrathall, 2009). Much of the existential ideology on the subjective nature of being, which affirms that we all experience the world in our own way, derives from a founder of phenomenology, Husserl. Husserl argued that how people perceive the world is the most significant aspect of a phenomenon (Husserl, 1907/2015). Currently defined as a 'science of the phenomenon' (Lewis & Staehler, 2010, p. 3), phenomenology has become a field aiming to describe things as they appear while putting aside or 'bracketing' prior beliefs and assumptions (Lewis & Staehler, 2010). As will be explained in the section on self-identity, phenomenological theories and research are useful where existential theory and research have gaps.

The chapter will then demonstrate what existential thought offers the field of trauma and self-identity, covering topics such as temporality, meaning-making, relational home, and childhood. It will introduce the concept of EH, arguing that EC and EH currently do not recognise one another though they have elements in common.

Existential Theories of Self

To understand the existential perspective of self-identity, it is necessary to explore what the self is or is not to existentialists. Early existentialists, Kierkegaard (1843/2013), regarded the self as a synthesis of body and mind, cumulating in the concept of the 'self as a

spirit', with relatedness forming a core of spirit, meaning the relationship not only with others but also the self's relationship to itself. To Kierkegaard, the self is doomed to despair, or 'sickness of spirit'. Despair, as in colloquial terms, an anxiety or depression, but rather refers to spiritual despair centred on the self. The self starts with the recognition of despair.

Kierkegaard believed many living in despair don't realise they are sick; that their self is in despair. He claimed sickness of spirit arises due to a lack of selfhood, unwillingness to be oneself, or willingness to be oneself. Such sickness can result in the loss of self within the paradox of two inevitabilities, the finite and the infinite. The finite assimilates into the crowd, deeming it preferable to be the same as the crowd. The infinite resists committing to a self being whatever the situation demands. Kierkegaard, however, does not explain what the self actually is; rather, he provides a theory on the function of the self, specifically in terms of navigating despair. In doing so, there is the assumption that some form of self exists.

However, Sartre (1943/2003) opposed the idea that a self exists, declaring the self as 'nothingness'. Any sense of self, according to Sartre, is in 'bad faith', a denial of the self as nothing, in a bid to escape the anxiety that comes with self-annihilation. For Sartre (1943/2003), through actions, individuals reflect, define, and redefine themselves; thus, the relational can be split into two.: firstly, self-in-itself, a tool or utility, whereby people label themselves as objects, creating a sense of certainty to reduce anxiety; secondly, self-for-itself, the person as an agent, self-creation by participation in the world; through doing, one identifies a feeling of selfhood.

Furthermore, Sartre's (1943/2003) objectification of the self was central to a need to feel the self being a thing; thus, a sense of being a self for Sartre is more important than what a self is. He found that relating to others was at the heart of our need to be a self. In seeing others as an object, we note that others see us as an object; the curiosity then about what is

this object of others is also reflects onto ourselves in the form of a question about what the object that me is.

Sartre (1943/2003) highlights the possible dilemma that could ensue if we were a fixed self, in his example of a waiter. In demonstrating the persona taken on by the waiter serving him, Sartre points to the exaggerated gestures of the waiter, such that even the waiter himself will be of faith about the solidity of his persona. Sartre cites this as 'bad faith', the belief that we and others have some fundamental aspect to ourselves. His example extends to thinking about what life would be like should this waiter be his 'waiter self' in all other aspects of his life; it clearly would compel him to always serve, hence demonstrating that individuals can adjust themselves to different situations to make themselves socially acceptable, and at ease. Sartre, in his waiter concept, objectifies the self. The waiter becomes what society expects of him, which he believes we all do in our various roles.

Sartre can be criticised for taking a ridged view of this objectification. As Phillips (1981) suggests, we often step out of a role while in it. A waiter, for example, can engage in more small talk that may not be 'waiterish' in action, and this is often acceptable; it is not as simple as the waiter acting as a waiter and thus being a waiter. Therefore, the lines between action and self are blurred, something that will be discussed later in relation to authenticity. It seems then that Sartre built an argument that selfhood has no substance other than faith in such a concept existing. However, a feeling of selfhood is a desire we have for ourselves and others. It could be argued that the central gap in Sartre's notion of the self being nothing and people being a sum of their actions can be seen especially in the case of children who have little choice about their actions and how the actions imposed upon them might become a definition of themselves in later life. How do individuals detach themselves from their

childhood actions? And what is this internal being that is taking action as an adult? Is it the same as the inner self of childhood?

Here lies a paradox within the existential debate on selfhood. How is a discussion on the self possible if there is no self? Moreover, how can a self change or be lost if it was never there to begin with?

Van Deurzen (2015) considers how perceptions of self can help us to understand this paradox. Van Deurzen considers the self a centre of gravity derived from a need to feel something pulling us together. A sense of self is then an illusionary framework for being-in-the-world. The self is constantly created as the individual chooses who to be while navigating life's paradoxes. Such paradoxes affecting selfhood relate to belonging versus isolation, participation versus avoidance, and dominance versus submission. As a consequence of choosing between paradoxes, the self is in constant jeopardy, gravity can shift, we can become over-absorbed in others, parts of the self can be lost or gained, and the whole self can appear lost.

In broad terms, existential philosophy acknowledges the dialectical position between there being no self yet a need to 'feel' like there is a self (van Deurzen, 2015). It could be considered that the critical factor in the debate is not whether a self exists. Instead, it is whether an individual can meet their need for a sense of self. A question then arises: is a sense of self plausible for the individual? It seems that in Western society, the pressure to know oneself and have a self is immense and begins at a very young age (Webster, 2005).

Existential and Phenomenological Reflections on Self-identity

Labels.

> Education's ancient and profoundly important pursuit to 'know thyself', is often realised through engaging with the question 'who am I?'
>
> (Webster, 2005, p. 5)

Existential and phenomenological thoughts on self-identity consider the colloquial use of the term identity. Webster (2005) points out that when responding to a question about identity, a default position often refers to labels that define what I am rather than who I am. Self-defining terminology usually includes labels including age, gender, job, religion, role relationship with others, and occupation. According to Austin (2005), these terms constitute only a list of properties rather than any definition of personal identity.

Identification labels are defined by historical and cultural labels and can be given to individuals even if they do not identify as such (Austin, 2005). A clear example is gender identity, where a person has ascribed a gender label attributed to their birth sex but identifies as a different gender or, indeed, no gender. Feminist existentialist Beauvoir poignantly spoke about such identifying labels, claiming 'one is not born, but rather becomes, a woman' (Beauvoir, 1949/2011, p. 283). Beauvoir argues that we do not come into the world fully formed but are shaped by all aspects of our upbringing, including cultural labels. Thus, what makes femininity is not biology but the cultural idea of what a woman is, being ascribed the label, and the expectation of conforming to it.

Phenomenological and existential philosophy are renowned for their desire not to label, but they do pay attention to the subject in relation to identity. Frankl (1946/2008), in his observation and personal experience of prisoners of war, noted that the essential element

of labelling is how a person identifies with labels. For Frankl, a prisoner is not a state of imprisonment but rather a choice to integrate their imprisonment into their identity; to say, 'I am a prisoner' means identifying with the term. Frankl offers a valuable view on the role of personal choice; however, he does not extend his discussion to consider how an individual might become absorbed into labels with a sense that they have no choice.

Sartre (1923/2003) adds that mere identification with a label is not enough. Sartre says action is required to become a label. The individual, through actions, takes on qualities and the identification of self-referencing labels. For Sartre, the basis of identity is in our acts, our commitment to action, and we have the freedom to choose these. In this way, rather than saying, 'he runs away because he is a coward', we should state, 'he is a coward because he runs away' (Wang, 2007, p. 20). Whilst this could be construed as a pedantic play on linguistics, it is a subtle profession that what we do informs who we become. As such, Sartre suggested that by our actions, we can create and constantly recreate ourselves. Moreover, a subject we will approach later involves the idea that to act according to others, be it individual, religious, or cultural definitions, is to work inauthentically.

Narratives.

Alternatively, hermeneutic phenomenologist Ricoeur (1984) argues that the story an individual creates about themselves becomes the foundation of identity. For Ricoeur, self-identity is a debate about sameness. To have an identity is to be the same as someone else, the same as oneself, or different from others. Ricoeur claimed that action alone cannot define identity because, often, people act out of obligation. Much of such obligation is a moral imposition that is not always linked to how a person wants to behave; thus, someone's ability

to act is not necessarily a reflection of their selfhood. Ricoeur then argues that it is narrative that creates the person. This is because how a person describes themselves and prescribes what they judge and do does not always have to be the same. Narrative theory allows the individual to interweave description and prescription, taking on an identity as an ongoing method of building their character and story.

On first review, narrative identity might be considered to be an individually centred process; however, in his later publication, *Oneself as Another* (Ricoeur, 1992), he addresses the importance of relatedness. Ricoeur considers how oneself relates to others, in seeing oneself in others, which is necessary for belonging, or even seeing oneself as another; identifying oneself in another is the basis for responsibility and understanding others' feelings. Although Ricoeur's work is not straightforward, it argues that people can narrate themselves through life, build up or re-create their character, change their story, and adjust their identity at any given point.

May (1991) who also saw narrative as necessary to selfhood, claimed narratives are not a reality-based process, though they are a personal myth, where fact and reality need not be applied. Personal myths help individuals build a story and integrate culture, values, relationships, and experiences into their interpretation of themselves; thus, an identity develops. A narrative need not be factual or even realistic; however, it belongs to the person and thus becomes the person's identity; they can base how they and others see them on this narrative. A significant aspect of myth-making is not the reality of the myth but what the myths provide, giving a sense of centredness and integration (Hoffman et al., 2009); they help us to navigate existence problems such as belonging and meaning.

Based on the differing views of existentialists Frankl, Sartre, and May, as well as phenomenologist Ricoeur, it is clear that there are many possible paths to reaching the same

conclusion that people are not fixed beings when it comes to self-identity; people can utilise a variety of methods to identify themselves, including taking ownership of a label, allowing actions to define them, or narrating their journey to selfhood.

Interestingly, in the context of narrative identity, Zahavi (2007) argues it is simplistic to assume narrative is the foundation of self-identity; it might partially answer questions of self-identity but does not explain how narrating self-identity works as a process. This is also relevant to Frankl's identity with labels and Sartre's action identity approaches. Zahavi takes language as an example of weakness in narrative identity. How do we begin to narrate outside of our linguistic abilities? In trying to explain the self as a process, Zahavi claims there must be a minimal self, a self that can see it is indeed a self and can experience a level of 'mineness' (Zahavi, 2008). This minimal self needs only a small level of subjective experience to effectively allow the second self, the narrative self, to form. According to Zahavi, the narrative self can be created by integrating stories into one’s person. The narrative self is where personhood develops.

Once individuals can tell a story of their life and being, they can tell a story of their history, characteristics, and experiences. They can change components of their personhood as they see fit. Narrative has a benefit: 'Events and experiences that occur at different times are united by being incorporated into a single narrative' (Zahavi, 2007, p. 179). However, because narrative processes do not begin until early childhood, Zahavi argues, something must precede this, thus the concept of the minimal self. The minimal self, being a much more embodied experience from birth, if not before when an infant can differentiate between themselves and others at an early stage of development, can mirror expressions and reach out for care without any storytelling being at play (Zahavi, 2007). Thus, according to Zahavi, there is evidence of pre-narrative selfhood processes.

Zahavi, then, offers a model that accounts for the importance of narrative in defining one's self but also emphasises what might precede narration. Zahavi explores the minimal and narrative self is using Alzheimer's to explain 'dysnarrativia' (Zahavi, 2007, p. 182) of the self. Alzheimer's patients lose a coherent time and space narrative and their first sense of identity. However, as Zahavi bluntly states, the cause of death of an Alzheimer's patient is not due to the dysnarrativa. While they are experiencing the degenerative condition, a person still extends past the narrative. While Zahavi's work highlights the importance of a narrative and minimal self in relation to adults and older adults with cognitive disorders, it lacks an extension of what happens in disruptions to minimal self or, indeed, narrative self early in the lifespan.

Zahavi's research is crucial to this research when considering that childhood trauma could have occurred in the pre-narrative phase of development. As such, this would mean the trauma has occurred at a pre-linguistic time and is thus a more embodied experience. In what is often referred to as the infantile amnesic stage before memories are retained (Josselyn & Frankland, 2012), the child might only be left with an emotional or bodily memory of trauma; furthermore, trauma can prolong the childhood amnesic phase of development (Joseph, 2003). As with Alzheimer's, we might ask what happens to self-identity when cognitive abilities decline, making formation unattainable. With very early childhood trauma, we could ask what happens before self-identity processes are fully accessible and what impact that could have on an individual in later life.

In agreement with Zahavi’s (2008) argument, when attention is turned to the self, there is often the belief that it is more than simply our subjective experience. However, at this point, we do not have conclusive evidence of what, if anything, an actual self is; as such, it seems unfounded at this level of research to explore or offer any further intellectual positions

on what the self is and whether attention is better directed towards what we do know. Attention might be better focused, as Damasio (1999) suggests, on why a sense of selfhood is important to people rather than what this self we are yet to identify is. With this in mind, we have some understanding of the subjective experience of selfhood, our self-identity. However, the above theories do not demonstrate the struggle between being aware of self-identity and being able to act in parallel with this identity – the discrepancy between authenticity and inauthenticity.

Authenticity.

All too often, authenticity in existentialism is assumed to refer to a colloquial understanding of authenticity as being one’s true, real self, being genuine (Weber, 2005). However, existential authenticity is more concerned with acknowledging and accepting the human condition (Thompson, 1995). Heidegger (1927/2019) saw authenticity as the ability to live towards death to see the realities that come with being in the world. Heidegger noted a human tendency to deny the human condition and become more concerned with everyday life and society’s expectations.

To be authentic in existential terms is a complex affair, and in some ways, starting with inauthenticity makes it easier to understand. Heidegger argued that inauthenticity arises when people fall into the world. By taking on the values and behaviour of others, such as culture or religion, or acting in imposed ways, we push aside our authenticity; as we do so, we become an inauthentic individual. As such, most people spend much of their time in inauthenticity rather than authenticity, which is to act with awareness of fallenness in a way that is of one's own choice and self-direction.

According to Kierkegaard (1843/2015), to become authentic is to put aside any norms others impose and make choices of one's own. Kierkegaard based his authenticity around coming to authentic faith, specifically in God (for Kierkegaard this was a Christian god); he believed that only through a relationship with God can one see who one is or can be. Other existentialists, including Nietzsche (1886/2003) and Sartre (1943/2003), saw religious beliefs of any denomination as an extension of inauthenticity that involved giving oneself over to ascribed values and meanings outside of oneself. For Nietzsche, an ideal superman state would be achieved by following one's own values and beliefs, and ascribing to others is to be subject to a herd mentality.

For Sartre, the only way to freedom is in awareness of one's own values and meanings, and acting outside of these without awareness is inauthentic. Although they approach the issue from slightly different angles, the unifying idea of authenticity for existentialists is that of an individual following their own values and beliefs without blindly taking on those of others. How does this then relate to childhood? I wonder if developing beliefs and values completely in isolation is possible. The latter is too big a question to answer fully here, but of course, as humans, we are born into families and cultures, and there is no doubt that we are influenced in terms of the values and beliefs we are exposed to, even if that influence leads us to reject them completely. In terms of childhood, then, how likely is it that a child can reject all the values and beliefs surrounding them, even if those values and beliefs could leave them at risk of estrangement, neglect, or harm, especially considering many children will lack the capacity to determine they are being influenced? While existential theories on authenticity apply well into adulthood, more consideration is needed on the issue in the context of influence during childhood.

A further consideration of authenticity regarding trauma symptoms comes in the form of what impact trauma symptoms play in a person's ability to be authentic. This can apply, for example, to how a culture or society expects a person to behave after experiencing trauma. Moreover, how does it affect specific symptoms such as flashbacks where a person might feel and behave as if the trauma is happening again in the present moment? In such a situation, the person may not act according to their desired personal behaviour but they may also not act according to cultural or other imposed expectations either; thus, they are inauthentic but not by choice or by others' influence. I argue here that, in some instances, neurobiological processes can affect the ability of a person to be who they want to be.

Furthermore, a central component of inauthenticity for Kierkegaard (1843/2004) was that by being inauthentic, people could shield themselves from anxiety and lose themselves by blending in with others. A systematic review of 33 research papers on adversity in childhood supports the concept of blending, the idea that those who have experienced trauma in childhood have high rates of enmeshment with others (Pilkington et al., 2021). Pilkington et al., however, do not provide details on who the children enmesh with at the time and as they grow into adulthood.

Van Deurzen's (2015) theory is that, on occasions, one must assimilate more than desired; sometimes, one might sacrifice oneself, taking on more of the other or society to survive. Such an occurrence may be especially true for children who have fewer choices in trauma situations.

Enmeshment, often referred to as Stockholm syndrome or trauma bonding, occurs when an individual's sense of self is overly entwined with another's to the point where they cannot distinguish their own identity from that of the other; their self-identity is considered underdeveloped in that they do not have an independent sense of themselves (Bailey, et al.,

2023). Miller (2008) goes as far as to suggest that in some instances of childhood trauma, enmeshment can result in the complete loss of selfhood when a child must sacrifice their own self to survive. Indeed, there is research that finds children can become bonded to an adult responsible for the trauma (Julich, 2005; Julich & Oak, 2016; McElvaney, 2019). Enmeshment raises the issue of how authentic someone can be in these circumstances, as they then act based on others' values rather than their own.

Furthermore, attachment patterns developed in childhood often continue into adulthood (Bowlby, 1973; McElvaney, 2019). Trauma during childhood is held to be problematic in terms of the development of self-identity. Early childhood theorist Bowlby (1973) observed that when issues arose in caregiving in childhood later issues in attachment often presented in adulthood. Bowlby noted an internal working model as a reference point by which children develop attachment throughout their life, also giving a basis for perceptions of self and others. According to Bowlby, traumas in childhood, especially if under a caregiver's influence can cause maladaptive schema, schema generally defined as a foundational way of thinking and being. Such maladaptive schemas in reference to selfhood may include someone self-sacrificing their own selfhood, fearfulness of their own self and of others, and negative perceptions of self and others. It is crucial to note here that statistics demonstrate that 31.1% of children will experience trauma in childhood with much of this trauma being perpetrated by caregivers or those within their known social circles (Radford et al., 2011). Thus, attachment is likely to enter into trauma responses for many children.

Indeed, a recent study by Shahab et al. (2021) supported that participants (*N*= 2035) who had experienced trauma in childhood were likely to have attachment issues in romantic relationships. Shahab et al.'s study was limited in reference to childhood maltreatment, mainly by caregivers, rather than general trauma as a whole; therefore, the interpersonal

element may have skewed the results. Additionally, a large-scale study (*N*= 87,545) of childhood trauma in the UK found high rates of social exclusion, including problems in friendships, sense of belonging, and loneliness partly attributed to issues in forming and maintaining relationships (Allen et al., 2023). The study, however, only considered participants aged over 40 at the time, thus information regarding younger people is excluded.

What is lacking in the limited research on enmeshment, authenticity, and trauma is details of people's own awareness and experiences of enmeshment. Stolorow (2013) adds further to the discussions on authenticity. He argues that authenticity where there is trauma is difficult to achieve because trauma can lead to being overly absorbed with others, alienated from others or dissociated, with movement between the three positions also likely. Again, questions as to how people experience authenticity and fluctuations in attachment due to trauma requires further research.

Existential Theories of Trauma

Existentialism considers trauma to be a subjective experience that can negatively affect perceptions of selfhood, generally undermining feelings of safety and challenging previous world and self-views (Thompson & Walsh, 2010). Greening (1990) coined the concept of 'existential shattering' (p. 323) and observed that the traumatised individual experiences 'a fundamental assault on our right to live on our personal sense of worth, and further, on our sense that the world basically supports human life' (Greening, 1990, p. 323). As such, following an adverse event, a person may feel that all aspects of their life are 'shattered'; this includes past perceptions of self.

Event Centrality and childhood trauma

Bollnow (cited in, Jacobsen, 2006) argues that trauma is a crisis, noting as, in nature, crises are integral to life. With crisis possibly being a frequent occurrence, Existentialism disagrees with pathologizing trauma responses (Du Toit, 2017). Instead, Existentialism views trauma as an experience that challenges an individual's being-in-the-world resulting in problems with living (Du Toit, 2017). Thus, trauma or crisis are unavoidable aspects of living.

Traumatic experiences, in existential terms, bring the inevitable and unavoidable 'givens' in life, death, freedom and responsibility, isolation and meaninglessness (Yalom, 1980) into awareness. Greening (1992) suggests that when faced with a crisis, one can only choose a response. The response can be positive, negative, or a combination. This echoes Sartre's (1923/2003) view of selfhood as being the sum of choices and the idea that individuals are defined by their choices in adverse events. It is in the face of an awareness of givens, especially death, that existential theorists believe trauma can disrupt or shatter selfhood (Vachon in, Ghassan El-Baalbaki & Christophe Fortin, 2016). Trauma has the potential to 'damage, distort, or even destroy our sense of self' (Thompson & Walsh, 2010, p. 379). Old meanings cannot always help make sense of the experience, spirituality can be questioned, security may be undermined, and feelings of rootedness rocked (Thompson & Walsh, 2010). The individual is left with the knowledge that their selfhood is not as fixed as they imagined and that their self, and indeed whole being, is or will be dead.

According to Tillich (1952), death anxiety arises when we are faced with our non-being. A systematic review of psychopathology linked to death anxiety found those with trauma histories were likely to have heighted death anxiety (Ayça Gürbüz & Orçun Yorulmaz, 2024). However, the systematic review revealed the limited research in this area with only 17 studies included. Further research linked to existential givens also sees

meaninglessness (a subject we shall return to later) (Zakarian et al., 2019), and isolation (Allen et al., 2023), present in response to trauma. Such research demonstrates links between existential givens and adverse events; however, to explain links between awareness of givens due to trauma affecting a sense of self, other research is of more help.

Spencer's (2011) research on victimisation, defining trauma as 'embodied suffering' (Spencer, 2011, p. 8), can help us understand why trauma becomes more integral to selfhood; it suggests that during a trauma, detachment between mind and body can occur, meaning victims often fail to experience the event entirely. Such a notion is reminiscent of Kierkegaard's theory on spirit needing a synthesis of body and mind, raising questions as to how possible it is for trauma victims with dissociation to develop a healthy spirit. Spencer also observed how trauma becomes overly absorbed by some people. Many trauma victims experience nightmares and flashbacks to the point that they are criteria in the DSM (APA, 2013) for pathologizing trauma, which Spencer attributes to the loss of temporality and the event being constantly present.

Temporality.

Existential theories contribute to trauma in discussions on temporality. Temporality is 'the quality and experience of being temporal' (van Deurzen & Kenward, 2005, p. 201). It refers to our experience of time, as opposed to a standard measuring of time. Van Deurzen and Arnold-Baker (2003) describe time as being circular not linear. Taking the lead from Heidegger's work *Being and Time* (1927/2019) which posits that we always live towards death and discusses the three constructs of time, being ahead-future, having-been-past, and being-with-present, Van Deurzen argues that there is a 'Dialect of time' (2018, p. 26). The dialect of time stipulates that temporality is the interconnectivity of all aspects of time: the

past, present, and future; all three aspects influence one another. One problem with the dialect of time is getting stuck in one aspect (van Deurzen & Arnold-Baker, 2018).

Mezzalira et al. (2023), while describing the theory of existential temporality related to trauma, provide a case vignette to illustrate a disruption of temporality. The case of Amanda details how as a child she experienced sexual abuse for three years from the age of seven and a rape at 20. Amanda in her current romantic relationship would dissociate during intercourse and feelings of anger would often arise after. Amanda was in a disrupted temporal state whereby the past would intrude and seemingly link to her present causing confusion about where she was in space and time. Thus, childhood trauma can present in adult life experiences.

Ellenberger (1958) noted many variations in people's experience of time regarding past, present and future. These variations include limited access to memories, inability to leave the past behind, and blocked future thoughts, all affecting pathology. Furthermore, Ellenberger saw that a relationship with time impacted individuals' meaning-making processes as distortions in time also distort meaning. For example, the past and present can be lost if the future is blocked or distorted, meaning that it is attached to 'compensation or correcting' (Ellenberger,1958, p. 107). In applying theory, schizoid patients were observed to have blocked futures and 'hallucinations of memory' (Ellenberger,1958, p. 106), whereby the past had been changed or access to the future blocked. A lack of self-continuity and meaning in time can adversely affect mental well-being for some.

Common trauma responses such as ruminations on the event, flashbacks, and nightmares, are all what we could consider as being stuck in the past; likewise, responses such as foreshortening of the future, and a block to the future relate to problems envisaging the future. As such, would it be possible to consider trauma as an existential temporality

problem? There is, without a doubt, a gap within the existential literature directly linking trauma stress to temporality.

Stolorow (2011; 2007) offers some insights, albeit limited. Stolorow claims that trauma dramatically disturbs temporality to the point where it becomes ‘freeze-framed into an eternal present’; as a result, the individual becomes alienated from ‘communal’ time (Stolorow, 2007, p. 20). Stolorow refers to Nietzsche's ‘greatest burden’ (Nietzsche, 1882/1974), which is to live the same life repeatedly, as an example of how traumatic temporality can manifest, with trauma survivors reliving the trauma. Stolorow, and later, Lakmaier (2019) present vignettes demonstrating personal accounts of traumatic temporality with individuals frozen in the past. Despite these accounts and Lakmaier's success in using existential therapy related to temporality to relieve trauma distress, a gap in trauma and temporality still presents. With temporality being such a central aspect of existentialism, it seems reasonable to consider trauma more significantly within a temporal framework.

Spencer then argues that distortions in temporality, specifically with trauma being trapped in the present and future, not left in the past, can result in the individual's way of being in the world being experienced through a traumatised lens. Selfhood becomes 'trauma-focused' (Spencer, 2011, p. 7). Trauma becomes a reference point in the person's being. As opposed to the self in a Sartrean, in-itself, as in 'I am a female', selfhood attaches to the event, 'I am a victim of…' (Sartre, 1943/2003). Absorption into the trauma results in feelings of loss of selfhood, as previous aspects of the self are given over to the new event-centred self.

Existential theory on temporality then explains some trauma symptomatology such as flashbacks, nightmares, ruminations and dissociation, but what can be done to rectify temporality problems? Mezzalina et al. (2023), through their observations in client work,

argue the key to temporality resolution is in relational work, re-establishing safe and present relationships, in what is referred to as a relational home for the trauma.

Relational Home.

There are also links here to a further contribution from existential theory on trauma: Stolorow's (2007) notion of a 'relational home', refers to having a person with whom the trauma experience can safely be spoken about. According to Stolorow, trauma presents a problem to humans because it shatters perceptions of the world leaving uncertainty which brings with it a lack of belonging and not being safe (Stolorow, 2011). For Stolorow, a trauma event is likely to become problematic when the individual cannot find a relational home to hold their pain (Stolorow, Robert D., 2013). With particular reference to trauma in childhood, he further explains that much trauma need not turn pathogenic because 'pain is not pathology' (Stolorow, 2013, p. 385). A systematic review on the literature on childhood abuse supports that those who disclose and talk about childhood trauma are less likely to develop PTSD (McTavish et al., 2019).

Interestingly, in the therapeutic world, many therapy modalities emphasise the importance of the therapist-client relationship. Research by Finlay and Evan (2022) supports Stolorow's relational home theory, finding in the broader context of therapy – not solely trauma – that a sense of a relational home provided safety, holding, affirmation, a feeling of belonging, and a sense of being-with; these feelings allowed the clients to 'let go' and be themselves. Although a significant piece of research, it remains small-scale.

Further research specifically on Stolorow’s relational home theory was conducted with cancer survivors (Hvidt, 2013). Hvidt conducted interviews and focus groups with 57 participants (45 females) who were rehabilitating from cancer; the interpretive

phenomenological analysis (IPA) revealed that being able to talk safely with a therapist was central to their healing. Furthermore, interacting with others with similar experiences who understood also proved instrumental in their emotional recovery. The study found that individuals felt understood and a sense of being emotionally held with a therapist and those with similar experiences in a way that they didn't in other relationships, such as with family and friends. Hvidt's research is relevant to the current study in that the qualitative methods helps express why it might not be possible to establish a relational home within pre-existing relationships. However, with all the participants being adults it cannot evidence aspects of the relational home concept where trauma occurred in childhood. Thus, questions remain as to whether a relational home within childhood has a similar healing effect, or where a relational home in childhood was not achieved, whether one in adulthood would still be beneficial.

With relationality being a focal point of existential theory, it would be helpful to research further how trauma and the concept of a relational home correlate – given existential views of humans always being in relation with others even when we are isolated from others (van Deurzen & Arnold-Baker, 2018). Being in relation with others and its link to trauma seem sensible subjects for existential thoughts. Buber (1923/2000) argued that in being-with-others we are changed, and Sartre declared 'hell is other people' (Sartre, 1944), suggesting that all relationships produce tension and conflict. Moreover, Heidegger's (1927/2019) thought that trauma was inevitable in being-with-others, at the very least in terms of the finitude of relationships, with death, for example, the ultimate trauma. If trauma has an existential, interpersonal cause, then the relational home approach to resolving trauma and possibly further literature on this matter would be worthwhile. Of course, a relational home is not the only aspect of trauma that can either adversely affect or buffer the effects of trauma.

Existentialism has other theories that contribute to a deeper understanding, for example meaning-making and finding purpose out of suffering.

Meaning-making and Finding Purpose.

An area in which existential philosophy has made significant contributions to the understanding of trauma is that of meaning-making. The most influential writer on this is Frankl (1946/2008). Frankl famously wrote, 'he who has a why to live for can bear with almost any how' (Frankl, 1946/2008, p. 84). For Frankl, meaning is a fundamental aspect of coping with adverse events. Frankl stated that a person need not know the meaning or purpose in their lives; a faith that there is one can be enough to endure even the terrors of situations such as concentration camps, which he experienced. To find meaning, according to Frankl, a process of looking outside of oneself is essential; this might be giving oneself to a cause or even loving another, which can provide a person with the meaning required to make suffering purposeful enough to endure.

A recent study by Rosie et al. (2023) found that meaning-making in those who have experienced trauma in childhood was less coherent than those without childhood trauma. The study (N= 1804), although not based on existential theory, supports the existential premise that trauma can disrupt meaning-making. Despite a lack of research on childhood trauma and meaning-making, existing research does provide further understanding about importance mechanisms within meaning-making. For example, Westhuizen et al.'s (2023) scoping review of literature on childhood sexual abuse found that benevolence, empowering the inner-self, self-efficacy, social support, and religion or spirituality were key features in the meaning-making process.

Olstad et al.'s (2023) study of eight adolescents aged 14–18 years found those who were able to find purpose and meaning, such as enhancing social connections, increased self-awareness, and development of skills, demonstrated less distress. Hakkim et al.'s (2021) thematic case studies of childhood trauma survivors (*N*=2) agrees with Olstad et al.'s findings in all aspects of purpose finding and meaning-making but adds that developing a sense of strength and resilience directly related to trauma experience appeared to help the participants make sense of their experiences. Furthermore, attributes such as being more empathic towards others and leading towards paths such as carers also presented as things that emerged from their experiences in childhood. Although both Olstad et al.'s and Hakkim et al.'s studies are small scale, due to their qualitative method, they provide information on some of the variables in making sense of trauma that might be relevant to participants in the current study.

Further research on trauma supports Frankl's meaning-making theories, for example, findings that trauma can negatively impact some people's previous meaning-making, leaving a sense of meaningless (Zakarian et al., 2019). Further research demonstrates correlations between making-meaning out of trauma experiences and decreased distress (Zeligman et al., 2019). However, having a meaning-making system alone is not enough to prevent trauma symptoms (Park, 2010). As Parks (2010) emphasises, the quality of the meaning-making is important. Literature on meaning-making focuses on its positive aspects, and the negative side is overlooked. When positive associations are developed in the meaning-making process, it can be helpful, but alternative research finds that meaning where self-blame and negative beliefs are created tends to have negative effects (Cromer & Smyth, 2010). However, there is limited research on negative meaning-making processes in trauma. If an individual attaches negative meaning to childhood trauma, one wonders what impact that would have on their sense of self and views of the world.

Nevertheless meaning-making appears to have a buffering effect on adverse events. Fitze et al. (2021), in a longitudinal study of meaning-making with midlife adults (*N*=1687) post trauma, found that those who could make meaning from trauma could maintain better psychological outcomes even 20 years after the trauma event. The study did not however provide full information on what the outcome was for those who could not make meaning or explore in depth how the participants made meaning.

Further literature exists however to help understand how meaning-making can manifest or be created. Much of the focus here is on the role of religion and spirituality in meaning-making and the correlations between religious or spiritual belief-making and positive trauma resolution. Research in the area of religion and spirituality is, however, rather contradictory, with some finding it helps to have a religious or spiritual element to meaning (Kosarkova et al., 2020; Kucharska, 2020; Walker et al., 2020; Kosarkova et al., 2020), while others conclude the opposite (Lamis et al., 2019; Wright, 2007).

Wright et al.'s (2007) research found no significant increase in trauma resolution from religious or spiritual meaning-making than when individuals report the meaning of social support as a leading factor in healing. Whether an individual made meaning from religion or their worldviews, such as through increased self-awareness and improved relationships with others, meaning-making would increase positive outcomes, specifically reducing feelings of isolation. In Wright et al.'s (2007) study, 29% (n=79) of participants reported being unable to make sense of their childhood experiences, 22% were only able to attribute negative meanings, including the shattering of previous belief systems, and 87% found at least some positive outcome from their trauma experience. Despite being a smaller study, it is relevant to this research in terms of what it fails to demonstrate, namely why the participants attached meaning and why factors such as relationships with others, self-awareness, and religion were

crucial to their meaning-making experiences. Existentialism can help us to understand some of the gaps in such research.

Likewise, in relation to childhood sexual abuse, Lamis et al. (2019) (*N*=112) demonstrated that religion did not buffer to adverse effects of the trauma; however, existential wellbeing, the ability to feel a sense of meaningfulness, relatedness, and ability to cope with life, did. While Lamis et al.'s research is useful to the current study due to its existential elements, it remains small scale and replicated thus rather. Further research on the importance or not of religion and existential wellbeing would be helpful.

Religion as a method of meaning-making, according to research by Walker et al. (2020), found that religion as a meaning-making process helped to reduce PTSS and increased resilience in a group of 525 participants. Likewise, a systematic review of 79 childhood trauma and religion papers also found religious meaning-making to have a positive effect on psychological wellbeing (Kucharska, 2020). Neither piece of research stipulated any difference in particular religious denominations or whether variables such a belonging to a religious community might have also played a part in the positive outcome. Information such as this might be useful in establishing what exactly it is about religion that is key to positive outcomes.

Religion is not the only belief system available to people and non-religious spirituality has been found to be enhanced in those with childhood trauma (Kosarkova et al., 2020). Kosarkova et al.'s study (*N*=1800) found that those who had experienced trauma in childhood but who claimed not to have found meaning through religion often did so though other spiritual beliefs. The research further points out that meaning-making might can be helpful but can add dimensions such as feelings of being punished by a higher power with associated

guilt and shame; although this is a type of making-meaning, it might not always be a positive experience.

Existentialism offers mixed thoughts on meaning-making and religion. Some existentialists, such as Kierkegaard (1844/2015; 1843/2013), proposed a religious existential theory, believing the way to know oneself is through faith in God. However, others saw religion differently. Nietzsche famously declared that God is dead (1882/1974; 1901/2017), meaning that enlightenment thoughts on science had killed off traditional beliefs in God, and as a result, people were left with a reduced sense of meaning. Meaning-making, especially belief-making for Nietzsche, was a way to reduce the anxiety of the abyss of nothingness and death's inevitability.

Sartre also spoke about meaning-making. For Sartre, existence precedes essence (Sartre, 1948). We exist first and then create ourselves. However, a human dilemma exists in terms of freedom and responsibility. According to Sartre, God is an excellent way to absolve ourselves from full responsibility; we can act in bad faith, believing our choices are God's will, and we can defend injustices in the world as emanating from an outside source rather than human action. As such, then, anxiety can be reduced by putting events outside of our own and, indeed, all human responsibility. Sartre's contemporary Camus (1942/1995) referred to the absurdity of meaning-making, that there may be no meaning in life and that life itself is the meaning; of course, this, as Camus also pointed out, is a type of meaning-making. Nevertheless, Camus believed that the process of meaning-making, rather than the meaning a person attaches to, whether it be religion, love, or any number of things, is essential and that we are driven to find some sense of certainty to cope with life's realities. However, questions remain about the differences in the capacity of adults and children to do this and much of the existential theory and research focuses on adulthood.

Existentialism, Childhood, and Trauma

In common with the theories mentioned above, Existentialism values the importance of childhood and adolescence in the development of self-identity. Childhood in Existentialism begins with a Heideggerian thrownness into the world (Heidegger,1927/ 2019), the child having no influence on the carers, or society into which they are born. As a result, most individuals experience a 'fallenness' or absorption into a societal way-of-being. As a child transcends into and beyond adolescence, awareness of authenticity develops, freeing the child from previous meaning-making and into their own selfhood (Bilsker, 1992). Existential theory assumes a largely adult focus with limited writing or research into childhood and adolescence. According to Fitzgerald (2005), this is an oversight given that children face their own subjective experience of the world and face existential awareness, anxiety, and crisis.

Existential therapists observe existential concerns in their work with adolescents (Karavalaki & Shumaker, 2016; Klem et al., 2009; Maxwell & Gayle, 2013; Shumaker, 2012; To et al., 2007) and younger children (Gavin in, Du Plock, 2018; Scalzo, 2018). Existential therapy agrees with many other branches of therapy that childhood impacts adulthood, especially if adverse events occur during the period of childhood and adolescence (Bilsker, 1992). Considering the importance of childhood to self-awareness, development, and identity formation it is disappointing to find so few existential writers fully considering self and childhood in their theories. There is certainly a gap in the existential literature and research on the impact of experience in childhood on adulthood. It is hoped then that this research can add something to this branch of existential thought as events in general, no matter when they are experienced, seem important to a person's identity.

Event Centrality and childhood trauma

Trauma in childhood has been held to alter a child's meaning-making system (Herman, 2015). According to Herman, a child experiencing trauma often takes on parts of their abuser, predominantly the bad aspects, seeing themselves as bad. Herman expands on this idea by arguing that the victim, to avoid future trauma, will adapt their self to conform with behaviour likely to prevent future harm, meaning suppressing parts of their selves. As a result, a stable, secure sense of self is sacrificed. Of course, Herman, in this instance, is referring mainly to where there is a perpetrator linked to the trauma event, which is not always the case; however, it will be relevant to some individuals' experience of childhood trauma so remains relevant.

In discussing the relevance of the Adverse Childhood Experience (ACE) scale in existential therapy, Zyromski et al. (2018) claim that awareness of life's givens at early and predominant periods of development is what makes trauma experienced in childhood more severe and complex. Adolescence particularly appears to be a time when existential anxiety and issues appear in individuals' awareness (Berman et al., 2006). Although, as with adult trauma, ACEs are subjective lived experiences, they appear more detrimental in childhood given the power at play and lack of choices usually available in childhood, meaning all four social dimensions, the social, physical, spiritual, and personal aspects of a child's life are likely to be affected. Research supports existential givens correlating with negative symptoms due to childhood trauma as a result of natural disasters (Berman et al., 2006). Furthermore, pre-existing awareness of existential givens prior to adverse experiences in childhood appears to act as a buffer to well-being in those who are sexually abused as children (Feinauer, 2003). However, research in this field remains limited. Further research is needed to draw stronger conclusions about how early awareness of existential givens can affect childhood and indeed keep having an affect into adulthood.

Research on treatment-resistant disorders linked to childhood trauma highlights possible gaps in the understanding of childhood trauma. Higher rates of treatment resistance are reported in victims of childhood trauma (McIntyre et al., 2023) especially in the context of certain disorders including mood disorders (Jaworska-Andryszewska & Rybakowski, 2019), and Obsessive-Compulsive Disorder (OCD) (Boger et al., 2020). It thus appears that current trauma treatments, which include an array of therapies and medication, might not be effective in getting to the root of the issue. Perhaps a new understanding is required of how trauma affects the development of selfhood in order to improve the treatment of trauma experience prior to the development of a solid self-concept. Existential perspectives might be useful. Newer theories and research such as Romano's (2009; 2014; 2016) EH and Spencer's 'trauma-focused approach', exploring how events become entangled in an individual's identity, could provide an alternative approach to trauma.

Eventual Hermeneutics

EH theorises about the phenomenon of events becoming integrated into self-identity, to the extent that they become central to all aspects of a person's being-in-the-world (Romano, 2009; 2014; 2016). Existential philosopher Romano argues that events form the basis of life and are subjective experiences that all individuals encounter. We are continually either reacting to or creating an event. EH is founded on the work of early existentialists Husserl and Heidegger, although not always in agreement with them.

Heidegger's (as cited in, Marino, 2004) understanding of selfhood is through the theory of da-sein. Da-sein is a being-in-the-world, viewing the world based upon your participation in it. Critical to da-sein is the notion of thrownness, that we are thrown into a world and throughout life find ourselves in situations of thrownness. Our initial experience of

thrownness is through the parents and society we are born into. Likewise, our gender, our genes are not of our choosing, da-sein is thrown into them and must decide thereafter how to respond. Da-sein also projects into the world, constantly throws itself out into the world. Through thrownness the world changes us and through projection da-sein changes the world.

Heidegger's concept of thrownness is interesting in relation to this research. When applied to childhood trauma we can view how a child would have been thrown into the world and the trauma experience, in many cases, with no choice. However, as a child grows and choices open up, how they project into the world with all the experience of trauma behind them is more under their control. However, what is lacking in Heidegger's work is any real acknowledgement of childhood and there is an assumption that da-sein is in operation from birth but as we shall see, others argue that this cannot be the case and there might be a pre-da-sein of sorts.

Romano (2009) questions the concept of da-sein, in particular thrownness and projection. In terms of thrownness, Romano argues, by the time da-sein can exist in Heideggerian terms, with awareness of their being-in-the-world, a person has already experienced many events without any awareness. Birth, for example, involves no awareness in the form of recall of the event. In relation to projection, Romano does not believe people project into the future, rather they react to events; in not knowing what events they will need to project into, all a being can often do is react. Furthermore, people can deliberately hold back from projecting; they can remain where they are, or indeed hold on to past events. In this sense, da-sein is not always projecting into the future and away from thrownness. Therefore, it is events that form a self. We could argue against Romano, however, in that holding back from projecting is still a form of projection and it is plausible to consider that to retain continuity of self some individuals my prefer to repeat the past. Such a theory would

certainly fit with Kohut's (1978) self-psychology of repetition protecting the vulnerable self. Nevertheless, Romano's critique of da-sein leads to an alternative concept of events as central to human life, be they accessible to memory or not.

To fully comprehend EH in the first instance, an understanding of what Romano terms an event is necessary. According to Romano the definition of an event is simple; it is a change. He illustrates this using the example of lightning. Prior to the event of a lightning strike, all particles exist; what constructs the event of lightning is a change in the relationship of the particles that results in the act of a lightning strike. Even at the moment of the strike, all particles exist; likewise after the event, it is only through a change in circumstances that the event emerges (Romano, 2009, p. 4). Events, therefore, do not require human influence, although events can be created by humans. Events do, however, form the basis of life, happening to us, because of us, or without us. The ultimate event is birth. It is an event that all must experience (Romano, 2009, p. 21).

Following from events changing selfhood, Romano refers to 'the advenant', claiming that what makes a self is subjection to events, to be open to the possibilities an event creates, to be affected by, and accommodate events. Advenants, unlike da-sein do not project into the world, but rather respond to a world of events. An event allows for the possibility of ascribing, reconfirming, disorientating, or shattering of meaning. The self, or advenant is therefore shaped by the responding to events. Selfhood becomes an openness to events, the capacity to appropriate what happens to selfhood in an event and allow an event to reach or be rejected by the self. In explaining EH, Romano draws on trauma events as the best way to illustrate the links between events, the advenant, and temporality.

Eventual Hermeneutics and Trauma

In line with the existential theory of trauma, Romano holds that trauma is a subjective experience that overwhelms the self or advenant. Where others describe the self as shattering during trauma (Greening, 1990), Romano describes a ‘freezing’ of selfhood (Romano, 2009, p. 113). Trauma is an ‘event we cannot make our own’ (Romano, 2009, p. 110) and asserts that it reduces the advenant to a pure subject as the trauma event becomes resistant to assimilation. In freezing, the advenant becomes overinvested in the event, submitting to what happened, thus becoming a victim. In being unable to assess the temporality of the event, the advenant becomes invaded in the present in the form of flashbacks and nightmares. ‘Life has stopped short’ (Romano, 2009, p. 113) and the event becomes omnipresent, even if the event cannot be recalled.

Why, we might ask, does a trauma event have the power to freeze life? Romano answers this by understanding the trauma as a ‘matter of death’ (Romano, 2009, p. 111); the trauma initiates an unwanted confrontation with the certainty of one’s own imminent death. The advenant becomes wholly aware of the unsustainability of selfhood. When presented with a terror event that the self is unable to respond to, wholly make meaning out off, recognise itself within, understand itself by what has happened, and question the world that the event happened in, selfhood is disposed of. The event, at an extreme, becomes the moment the self dies. No longer can the advenant ignore the reality that death is in the form of both selfhood and physicality. That an event can cause the death of perception of selfhood, makes the trauma event a singularity, a defining, central moment that the advenant cannot process and therefore becomes centred in.

Not all adverse experiences will result in a trauma-centred self. At this point, Husserl’s phenomenology becomes relevant to Romano’s event theory in terms of events

being open to individuals' perception and meaning-making. This is through acknowledgement that individuals can experience the same events in different ways, at an extreme level in one person ascribing meaning and thus accommodating an event into selfhood, while another may deem the event meaningless and thus not an event they need to accommodate. The advenant thus becomes a sum of events which it has accommodated into the self. The only way to then understand the advenant is through the events that have constructed them. An advenant who manages to make meaning and assimilate a trauma event would move past it, the advenant who does not will become centred on that event.

Romano's work demonstrates some similarities to EC research, with events being of such importance that they can define people and affect their being in the world. Whilst Romano's theoretical take on events is convincing at this point, it is not evidenced in specific research linked to EH. Moreover, none of the EC literature cites Romano's existential lens on events and likewise, Romano's work does not acknowledge the research of EC that supports his theoretical model of events. This is a shame, as together a stronger model of an event-centred approach could be developed which could possibly aid the understanding and treatment of trauma. In relation to this research, the experiences of those individuals who assimilate childhood trauma events into their self-identity, will prove to be an interesting area of research.

Conclusion

Existentialism offers some valuable insights into self-identity, childhood, and trauma. As discussed, an existential framework can help us to understand the importance of feeling like a coherent self even when no such thing might exist. Existentialism describes how selfhood can be shattered by a crisis in living which impacts the self and world views even from a young age. EH extends existential thinking to consider how events contribute to our

view of self and the world and how they have the ability to change us. With events being at the core of existence EH supports EC research, which recognises that events can become central to identity. Despite the common threads between the two frameworks with regard to events, EH and EC have not thus far been brought together. Thus, further research combining the two would be useful in trying to further our understanding of the event of trauma.

Furthermore, existential philosophy has largely been written from the perspective of adulthood which means there is a significant gap in the research and thought given to childhood and its impact into adulthood. The same is true of existential views on trauma which, in the main, have an adult perspective. The current study therefore sits uniquely within existential, EC and trauma research.

Methodology and Method

The purpose of this chapter is to add transparency to the research and explain how the research question, *What is the lived experience of Event Centrality among female victims of childhood trauma?* will be explored by summarising the methodology and method. The methodology is the ‘general approach’ of the research, and the method is the process by which the research is conducted (Willig, 2013, p. 8). As the sole researcher, my epistemological approach will be outlined alongside details of the process of the research including a discussion on the use of interpretive phenomenological analysis (IPA), the participants, ethical considerations, and resources used.

Methodology

In designing the research methodology, the research question formed the focal point. The research was designed in such a way as to add to the existing research on EC, which is exclusively quantitative, by offering an insight into the lived experience of the phenomenon. Quantitative research has established generalised reports of the occurrence of EC, and as detailed in the literature review, has been instrumental in correlating adverse events with PTSD and PTG, for example. The fact that there is currently almost no qualitative research means there is no exploration of the actual experience of self-identity based around a trauma event. Qualitative research in this area could help add a depth of understanding about how EC is uniquely experienced in a way quantitative research has thus far been unable to achieve. In addition, the research question leads towards the chosen IPA methodology, and as the researcher, my oncological and epistemological positions have also influenced the selection of IPA.

Quantitative and Qualitative Research

Quantitative research focuses on testing a hypothesis derived from theory in order to strengthen the evidence for the hypothesis, or indeed falsify it. Using statistical analysis, quantitative research is, generally, used to measure the size and direction of a relationship between two variables (Creswell & Creswell, 2018). In relation to EC, quantitative research has established links between EC and PTSD (da Silva et al., 2016), PTG (Blix & Birkeland, 2014), gender (Boals, 2010), age (Chung et al., 2018), and type of trauma (Wamser-Nanney et al., 2018). Statistical analysis has helped to identify that EC occurs for some individuals.

However quantitative research has been met with criticism which is relevant to research on EC. A main criticism of quantitative research it the confusion between causation and correlation (Rohrer, 2018), whereby a relationship between two variables is confused with one causing the other. As an example, a statistical correlation between the two variables would not mean that EC causes PTSD or vice versa, only that the two variables are in some way influential to each other. This is relevant to this research if we were looking at EC and PTSD. Qualitative research might provide insight into causation as individuals experience it.

A further criticism is in the generalised approach of quantitative research findings (Guba & Lincoln, 1994). Generalised findings ‘although statistically meaningful, have no applicability in the individual case’ (Guba & Lincoln, 1994, p. 106). As a result, cases that sit outside of the main results often get dismissed and overlooked, meaning that important information on differences between cases can go unreported. In focusing on the majority, the minority are ignored. Qualitative research, in the main, focuses on sample-specific findings and does not want or claim to offer generalised hypotheses, meaning individuality can be explored in qualitative research.

Quantitative research on EC is plentiful in confirming the occurrence of events becoming central to identity. What the quantitative EC research fails to address though is what it is like to experience EC. Quantitative research can, and has, measured aspects of CE but cannot describe the experience of it. Furthermore, the research is designed to explore the uniqueness of the CE experience rather than offer any generalised findings about CE. Thus, as a method, all quantitative methods were deemed unsuitable for this research, and the researcher turned instead to qualitative methods. I found myself agreeing with the following quote from Ratna (1982):

> Some things which are numerically precise are not true; and some things which are not numerical are true.
>
> (Ratna, 1982, p. xv)

When considering the quantitative research on CE, it seems that there are many generalisations about the theory and what is lacking is an exploration of some of the nuances, and the reality of what CE is like to experience. I wanted to look behind the numbers and look at the experience itself.

Although quantitative research remains more popular in the field of psychology (Rennie et al., 2002), qualitative research has been gaining momentum (Spencer, et al., 2020). Qualitative research largely represents a move away from the more positivist approaches of quantitative methods that often search for universal truths (Howitt & Cramer, 2010). Instead, qualitative research concerns itself with the 'the quality – the distinctive, essential characteristics – of experience and action as lived by persons' (Fischer, 2005, p. xvi). The focus is on the understanding and description of individuals rather than measuring or

presenting the whole picture (Denzin & Lincoln, 2000). As a collection of methods their aim is designed to generate theories, rather than prove theories, and explore a phenomenon in context (Carter & Little, 2007). In fact, the role of theory in qualitative research often depends on the objective of the research. As Carter and Little (2007) explain, some qualitative methods may begin without any theoretical basis, such as a grounded theory methodology, whereas a critical ethnology methodology would need critical theory as a starting point to analyse the data.

There is certainly legitimate criticism of qualitative methodologies and much of this is directed at the ability to produce valid findings (Fischer, 2005). Although the term qualitative research may not represent one methodology, it is still possible for validity to be achieved. Yardley (2000) claims that there are necessary criteria for qualitative methodologies to adhere to in order to ensure validity (see Figure 2).

Figure 2

Characteristics of good research.

Sensitivity to context

Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues.

Commitment and rigor

In-depth engagement with topic; methodological competence/skill; through data collection; depth/breadth of analysis.

Transparency and coherence

Clarity and power of description/argument; transparent methods and data presentation; fit between theory and method; reflexivity.

Impact and Importance

Theoretical (enriching understanding); socio-cultural; practical (for community, policy makers, health workers)

(Yardley, 2000, p. 219)

Further criticisms arise in relation to the ability to replicate the research. With quantitative research, reliability aims to ensure that if another researcher replicated the research, they would achieve the same results; this, however, is not the case for qualitative research. With qualitative methodologies often the 'researcher is to offer just one of many possible interpretations of a phenomenon' (Yardley, 2000, p. 218); the interpretive and

contextual elements of qualitative research make it not improbable but rather highly likely that two researchers would differ at least slightly in their findings. Golafshani (2015) suggests that it is unfair to consider qualitative research through the same lens as quantitative research as they are separate disciplines, and instead suggests using a measure of trustworthiness rather than reliability and validity for qualitative research. Emphasis would be better placed on whether the researcher has the credibility to conduct the research, has used an appropriate methodology, has adhered to good practice, and offers credible findings (Golafshani, 2015). If the beauty of qualitative research is its move away from positive epistemology and the fact that it allows research to look at a phenomenon through the eyes of a variety of epistemologies, then to restrict qualitative research to the need to be completely replicable defeats the purpose of the methodologies. As I will demonstrate through my own declaration about personal epistemology, so long as research is clear about its position and employs a methodology congruent with that then good qualitative research is achievable.

To ensure that the standard of qualitative research in this study was good, the researcher followed Yardley's recommendations. For ***sensitivity to subject***, a systematic review of the EC literature was conducted to ensure all relevant literature was included. Existential literature was gathered over four years of learning the subject. Theories and research were selected based on their relevance which allowed for the opportunity for contradictions and differences to arise as opposed to seeking only agreement with the research question and aims. In terms of sensitivity to participants, ethics were considered and ethical approval was obtained prior to any contact with participants, and ethics were prioritised throughout the research, as discussed in the ethics section. Participants' perspectives, both about their experiences of EC and taking part in the study, were at the heart of the research, their voice and descriptions forming the data.

For ***commitment and rigour***, the subject matter has been explored by the researcher for many years: academically, for four years during the doctorate and a further two at MSC level; clinically in working with clients in the capacity as a registered therapist and in a non-registered emotional support role. A trauma-informed approach to clinical work is transferable onto the research process when interviewing participants and handling data. This is the researcher's third piece of academic research so knowledge of the research process and various research methods and analysis have been acquired. Furthermore, the researcher had vast experience of conducting interviews in clinical, and industry settings and some within a research context. To maintain depth and breath, the participants' data were extensively explored on a case-by-case basis to gain insight into their personal experiences and between cases to examine shared experiences and differences. Findings were driven from the data. Although the research begins with the research question and aims to emerge from preexisting theories, the main focus was on the participants' experiences, thus there was no assumption that the data would be congruent with existing research or theories. Furthermore, the utilisation of participant criteria measures, the ACE and CES, alongside the use of an existing methodology, IPA, means the research could be easily replicated.

For ***transparency and coherence***, details of the origins of the research, how the researcher developed the question and aims, including personal experiences, have been detailed in the introduction of this thesis. The research epistemology and how it aligns with the method and methodology has also been examined to ensure a good match between subject matter, research question, and the researcher's position. Each step of the research, from question development, design, process, and dissemination, has been outlined. The findings have been presented using the exact word of the participants; they have not been paraphrased or altered in order to ensure that the data are a true description of participants' experiences.

Additionally, as detailed in the reflexivity section, a reflexive process helped to reduce researcher bias.

Considering the gap in the literature in EC research and the research question aimed at the lived experience of the phenomenon, qualitative research was deemed to be the best approach for this research. Further, quantitative research, although beneficial, would be unlikely to provide descriptions of how individuals experience and make sense of having developed an identity centred on childhood trauma. Given that qualitative methodologies are an 'appropriate approach when we want to understand and characterize an experience or interaction in its own right, rather than explaining it in terms of independent variables' (Fischer, 2005, p. xvii), qualitative research seems to be best suited to the research question and aim. As stated above, with a qualitative methodology decided upon, the next step was to find a particular qualitative methodology that was succinct and compatible with the research question and my epistemology.

The Researcher Within the Research

In acknowledgment of the fact, as stated above, that in qualitative research there is much more chance of the researcher influencing the data, it is important for researchers to be aware of their own belief structures and how these could affect the findings. In relation to this research, it is therefore important to place my ontological and epistemological position within the context of the research.

Ontology is 'the study of the nature of being or existence or the essence of things, including the distinction between the reality and appearance and whether mathematical entities exist outside of people's minds' (Colman, 2015, p. 527). Bryan (2001) states there are

two ontological positions: positivism and social constructionism / interpretivism. Positivist research is based on the belief that things are describable, and there is truth or reality independent of any person (Willig, 2013). Constructivism, however, considers that factors such as perception, experience, and culture ensure that reality is constructed and subject to change; there is no one reality and we can only describe our personal perceptions of reality (Willig, 2013).

Epistemology can be defined as 'the theory of knowledge [...] what kind of things are knowable, and whether anything can be known for certain' (Colman, 2015, p. 252). Epistemology falls into two categories: realist and relativist (Braun & Clarke, 2013). Realism believes there is a truth which can be found through knowledge, whilst relativism take a more perceptual approach regarding a single truth as impossible to obtain (Braun & Clarke, 2013).

I align myself with the constructionist paradigm; my position on the nature of reality is that we all play a part in the construction of reality, and when I am conducting research my perception of the reality for others will influence the findings to some degree. IPA upholds the view that the researcher is integral within the research and will influence the findings (Smith et al., 2022). Whilst I do associate with the constructivist ontology, I do not assume that reality is nothing but a construction, rather that our view of reality is shaped by our own mental representations based on experiences, beliefs, and interpretations of the information. Thus, one reality can exist but perceptions and interpretations of that reality can be multiple and varied.

Furthermore, I find myself in agreement with the work of Piaget (1936) whose constructivism posits that the acquisition of knowledge it not a passive act. Rather knowledge is based on personal perception rooted in social context and personal life experience. Thus, new information and experience are merged with what is already known to construct new

understandings. Constructionism fits well with IPA research as it does not assume that all the participants will have the same knowledge and understanding as they all have different cultures, experiences, and prior understandings. Thus, the findings are likely to reflect a variety of similarities and differences even when similar events have been experienced.

As a researcher I also identify with the critical realist paradigm. Critical realism is a combined ontology and epistemology (Braun & Clarke, 2021). It posits that the observable is only half the story and going beyond that is necessary to accurately build a sense of knowledge; that a reality exists but we might only ever partially know it (Braun & Clarke, 2013).

From an ontological position, critical realism acknowledges that truth exists, but its epistemological position holds that access to the truth is not always possible due the differences in human perceptions often due to cultural factors, language, and experience (Braun & Clarke, 2021). In terms of research 'it postulates that a reality exists independent of the researchers' ideas and descriptions of it' (Braun & Clarke, 2021, p. 169). Although an objective reality exists, our knowledge of it can only ever be partial and contextual. However, there are differences in value and status among interpretations and representations of reality. Realistically, some representations are more accurate than others. The aim of a scientific investigation, from a critical realist standpoint, is to provide representations of reality which are as close as possible to the objective reality. In this sense, critical realist research offers one perception of reality with a variety of alternative perceptions also being available.

A critical realist philosophy fits well with IPA research (Braun & Clarke, 2013). IPA can take the reality of an experience and explore unobservable elements within it. For example, in the case of trauma, the trauma event, say a natural disaster, can be observed but individuals' experiences of the same event could be different. IPA, from a critical realist

perspective, can take an observable event and look at the unobservable factors experienced by the individual that form the reality of the experience. According to Langdridge (2002) phenomenological epistemology 'focuses on experience' (Langdridge, 2002, p. 4).

For this study, the reality that I am interested in are subjective experiences that characterise EC. These experiences are ontologically 'real'. The nature of their reality may differ in some ways from physical reality, but they still 'exist' in their own right, and, as such, have interpersonal and intra-personal antecedents and consequences. Studying and understanding mental states implies taking particular theoretical perspectives or using – more or less deliberately – personal preconceptions, and therefore understanding will then inevitably be partial and perspectival. Nonetheless, one can aim at a best possible understanding. IPA provides an ideal method for someone embracing critical realism, because IPA fully acknowledges the interpretative dimension in the study of mental states and subjective experiences, while at the same time affording reality status to the mental states under scrutiny.

The methodology question is to reflect on 'how the inquirer (would-be knower go[es] about finding out what he or she believes can be known' (Guba & Lincoln, 1994, p. 108). In reflecting on this, seeing as the research is about the lived experience of EC, it seems common-sensical to go to the source itself and ask those experiencing the phenomenon about their lived experience. As such the research then requires a methodology that gives those who have a lived experience of EC due to childhood trauma the opportunity to describe their reality.

It is also important to note my current training as a counselling psychologist which will impact my position. As a therapist and counselling psychologist in training, specialising in existential therapy, I hold individuals' subjective experiences as paramount in their way of

being in the world and indeed in therapy with myself. A large part of the work I do is to bring clients to an awareness of how they make sense of their experiences and the world at large on an individual level. Many of my clients have experienced trauma in childhood so I needed to be aware of when pre-existing knowledge influenced the analysis and prior to that, at the interview stage, remained mindful not to default to a therapy model for retrieving information. When working with this particular client group, I am especially aware of the importance of them having the space to construct their own reality of their experiences but, of course, when hearing their stories my own reality also enters the frame as I try to make sense of them making sense.

With much reflection of my own constructivist ontology, critical realist epistemology, and thoughts on the collection of knowledge, combined with the wider context of my client work, it seemed that IPA would be a suitable methodology both in terms of the research question and my own paradigm position.

Interpretative Phenomenological Analysis

> Interpretative phenomenological analysis is a qualitative approach committed to the examination of how people make sense of their major life experiences.
>
> (Smith et al., 2022, p. 1)

IPA is then a method that allows for an account of people's unique lived experiences. The recognition of unique experience is an important part of IPA as it considers case levels (Smith et al., 2022); this means that each participant’s data is important both as a whole and individually. IPA looks at the similarities and differences both between and within cases. However, IPA also considers that the researcher has their own construction; therefore, IPA is

both descriptive of the subjects' experiences and interpretative from the researcher's input (Coolican, 2014). Thus, in terms of this research, the participants' descriptions of their lived experiences of CE will be at the forefront; however, their accounts, which we will discuss shortly, will be interpreted somewhat from the researcher's perspective. With this in mind, IPA has its foundations rooted in two philosophical disciplines, phenomenology and hermeneutics.

Phenomenology is defined as the 'science of the phenomenon' (Lewis & Staehler, 2010, p. 1). It is generally considered to derive from the philosophy of Husserl. Husserl believed the key to knowledge was to 'go back to the things themselves' (1900/1901Moran, 2000). To get back to the thing, Husserl introduced a reductionist method which would remove bias from influencing the actual thing, referred to as epoche, a process more commonly referred to as 'bracketing' (Langdridge, 2007, p. 17).

Reduction for Husserl involved three processes: firstly, the phenomenological reduction, suspending all prior beliefs and judgments about the world; secondly, eidetic reduction looking at the essence of the thing, what makes it as it is; finally, transcendental reduction which is a 'change of focus, from our object-directed attitude to an act-directed attitude' (Føllesdal, 2006, p. 111).

In addition to reductions, intentionality was important in Husserl's work. Intentionality does not refer to the colloquial meaning of how one intends to do something, but rather our conscious awareness of something (Langdridge, 2007). Such intentionality is based on two aspects: noema, the subject of our focus, and noesis, our experience of the noema (Penchev, 2021). A phenomenological method based on Husserl's approach would thus put aside pre-existing perspectives, judgements, and understanding and instead focus on seeing the experience through the eyes of the beholder.

Heidegger (1927/2019), a fellow phenomenologist, criticised Husserl's method. Heidegger regarded Husserl's theories as admirable in theory but argued that bracketing was unachievable. For Heidegger, it is impossible to separate out one's own way of experiencing the world; the best we can do is to be aware of when our perceptions influence how we view things in a way that perhaps others might not. Thus, Heidegger rejected the ideology of transcendental knowledge proposed by Husserl because, as humans, the world will be seen through the lens of language, culture, and relationships that we are immersed in, and detachment from such things is impossible (Larkin et al., 2006). So then, under hermeneutic phenomenology, the aim is to 'examine the thing itself as it appears to show itself to us' (Smith et al., 2012, p. 19). Thus, the description given to us by others will always be influenced, even if only to a small degree, by how we receive it, depending on our view of the world. In this way, the researcher attempts to make sense of what the participant is trying to make sense of (Smith et al., 2022), known as double hermeneutics.

To summarise, under Husserl’s phenomenological framework, a descriptive account removed from influence would be admirable. However, IPA's leaning towards hermeneutics concedes that it is idealistic to believe that the researcher's views, judgements, and bias could be excluded from the frame (Smith et al., 2022). Nevertheless, it is achievable for IPA researchers to be reflective and understand when their epistemology, bias, and views are entering the research process (Finlay & Gough, 2008).

IPA has been chosen for this research because the aim, in a Husserl-type sense, is to describe the participants' understanding of their childhood experiences. However, an interpretative element is required to identify existential themes and references to EC, should they arise. That said, the research does not assume that either existential themes or matters relating to EC will be present. In staying true to a phenomenological methodology, the

information offered by participants is the cornerstone of the research, not what the researcher wants to extract.

A further reason for the use of IPA hides in the terminology of the existential literature on events. The term 'Eventual Hermeneutics' acknowledges the subjective experience of events, that there is no one truth but multiple truths and perspectives. It would thus be counterintuitive to use a method which aims to construct a shared truth. Within this, in application to IPA, the experience of being with the participants and hearing their descriptions will be a further subjective experience that fits within the hermeneutic framework. However, it is acknowledged that IPA also has noted limitations.

Limitations of IPA

No research method is without its limitations, and IPA is no exception. Many qualitative methods have limitations by virtue of the sample size and criteria used. Qualitative research, in the main, focuses on small homogeneous samples rather than populations as a whole (Yardley, 2000). IPA both prides itself on and acknowledges the limitations of reflecting the views of small homogeneous groups rather than being able to make generalised findings (Smith et al., 2022). Therefore IPA, which is restricted to small samples, does not profess to do anything other than this.

A further limitation of IPA comes from the criticism of Giorgi (2010), who questions the reliability of IPA due to the fact that it is largely nonreplicable. Indeed, if a piece of research was re-conducted even with the same participants and researcher, the findings could be different. McCormack and Joseph (2018) further add that the research could result in the generation of different themes if the accounts were reconsidered at different times. The pair

advocate for a good deal of honesty about the method's strengths and weaknesses, continuous self-monitoring, a person-centred approach towards the participants, and good inclusion criteria to ensure validity. McCormack and Joseph use their research (McCormack et al., 2009; McCormack et al., 2013; McCormack, et al., 2014). Interestingly, for this specific research, IPA can produce significant and clinically relevant findings in the case of complex trauma research.

Using IPA in Childhood Trauma Research

Despite its acknowledged limitations, IPA research is considered an appropriate method for researching childhood trauma, specifically where the aim of the research is to understand the lived experiences and hear the voices of the participants (McCormack, & Joseph, 2018). Indeed, there is much research in this area using IPA which offers valid and clinically useful results on various aspects of childhood trauma.

Such research includes an investigation of the experience of cancer in childhood, which helps consider childhood development in a medical setting (Griffiths et al., 2011), the experience of adults with psychosis and a history of child abuse, which highlights the long-term effects of childhood trauma and the usefulness of therapy (Rhodes & Healey, 2017), the lived experience of PTG in survivors of institutional child abuse, detailing self-identity linked to survivorship (Sheridan & Carr, 2020), providing an understanding of the intricacies in children's understanding of having experienced online grooming (Chiu & Quayle, 2022), exploring resourcefulness and victim identity in child refugees (McCormack, Lynne & Tapp, 2019), and the effects of psychological maltreatment in childhood on the perception of self and others (Harvey et al., 2012). These offer a small sample of recent, relevant, and valid IPA research on childhood trauma.

As discussed in the literature review, the only existing published qualitative studies on EC are two mixed methods studies. One uses grounded theory to explore the experience of PTG in adult stroke survivors (Kuenemund et al., 2016). The second is a thematic analysis of trauma following childhood sexual abuse (Saint Arnault & Sinko, 2019). The second is thus the only qualitative research on EC directly relevant to this research.

Given the fact that IPA can offer valid and clinically significant research, combined with the existing gap in the literature on the lived experience of EC, it seems appropriate to conduct research into the lived experience of EC resulting from childhood trauma using IPA. When considering alternative methods, IPA is the best fit and a justifiable method.

Alternative Methods Considered

Grounded Theory

Grounded theory (GT) might have been a natural choice given that it was utilised in one of the two EC mixed methods studies (Kuenemund et al., 2016) in the literature and it is often considered a main alternative to IPA (Smith et al., 2022). GT is a qualitative method designed to generate theory and hypotheses from the data (Glaser & Strauss, 1967). GT is particularly useful for new areas of research where little theory exists (Schaffar, 2020). Research using GT will often not begin with a research question but involves the emergence of questions and theories from the data (Schaffar, 2020). Frequently a core aim in GT research is to develop a new model from within the data.

The current study, however, does begin with a pre-existing theory, EC, and aims to describe the experience of the phenomenon. The model which already exists, asserts that trauma can become central to identity and the research looks to explore how individuals

experience this phenomenon. Thus, the research starts with a question, *what is the lived experience of Event Centrality among female victims of childhood trauma?* This is fundamentally different to the approach advocated for by GT.

Furthermore, GT falls within a constructivist epistemology (Charmaz, 2014). Although GT can be combined with critical realism (Looker et al., 2021) which is the researcher personal epistemology, it is not highly recommended because a critical realist will be exploring how a truth or phenomena is described based on the understanding that there is a truth, where a constructivist will be trying to establish what truths exist for the participants (Looker et al., 2021).

Thus, taking into account the epistemological conflict and aims of the research, GT would not be a good fit for the current study.

Narrative Analysis (NA)

Unlike GT, NA often starts with curiosity about a phenomenon (Willig, 2012) after which it concerns itself with either the way the story of the experience is told, the structure and form, or the content of the story, or indeed both (Willig, 2012). NA then focuses on what is said and how it is said (Braun & Clarke, 2013). NA suits existential and phenomenological research as it acknowledges the importance of individual perspectives and the subjective nature of experiences (Clandinin, 2022). It is a useful method for understanding personal experiences, and nuances between cases (Clandinin, 2022). NA consists of a variety of methods including, thematic analysis, exploration of content, structural analysis, looking at the way something is told, interactional analysis, the way the teller tells and the listener listens, and performance analysis or how something is conveyed to the audience (Riessman,

2008). Since the current study is about a lived experience, this would fit within the NA context exploring thematic analysis (TA).

TA captures the most important patterns of meaning contained within the data (Willig, 2013), often pulling out themes based on the frequency of their occurrence. Although TA could offer interesting findings by helping to identify important overall themes of CE, it does not guarantee data rich on lived experiences. TA often results in less recurrent themes with importance being overlooked; meaning participants' 'voices being lost' (Braun & Clarke, 2013). The aim of this research is to hear the voices of those experiencing CE; to examine individual accounts and look for similarities and differences in their experiences. TA is better suited to looking at similarities and can often focus less on or entirely miss differences (Braun & Clarke, 2013). Therefore, TA appeared too general and similarity-focused for this research.

Phenomenological methods, which can be a part of TA, seem apt. Phenomenological research, as outlined by Husserl the founder of such inquiry, aims to 'go back to the things' (Smith et al., 2012, p. 12), and to understand them through individual experience. Unlike quantitative research, phenomenological research is not seeking a generalised truth but individual truths. The aim of this research is to hear the voice of those experiencing CE; to examine individual accounts and look for similarities and differences in their experiences. TA is better suited to looking at the similarities and can often focus less or entirely miss differences (Braun & Clarke, 2013). Therefore, TA appeared too general and similarity focused for this research.

Method

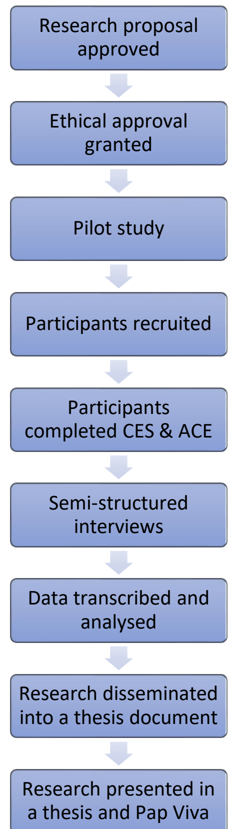
Whilst the methodology is the approach taken to conduct the research, the method is the way the research as a whole is conducted. The following sections outline the full method used to conduct this research. In doing so key factors such as the sample, participant selection, ethics, resources, and data protection to name but a few will be detailed in full. Furthermore, a brief description will be given of a pilot interview that was conducted to test the method.

Procedure

Research is often a lengthy process and that has indeed been the case for this study. For this doctoral level research, the process began in year two of four. The steps followed NSPC and Middlesex University requirements, requiring specific completion of stages for the research. The stages included a research proposal, ethical approval, and a pilot study. The research was therefore conducted based on the process outlined in Figure 3.

Figure 3

The research process.



Sample

IPA is generally not suited to large sample sizes. The focus of IPA is to gain valid and reflective data to give good quality research findings for a specific demography (Alase, 2017), and be reflective of a homogeneous group (Smith et al., 2022). Thus, this research was small in scale in keeping with IPA guidelines.

Eight participants were recruited for the research. A sample of this size is ample to give a reflective analysis of the demographic group and is considered sufficient for doctoral research (Smith et al., 2022). The inclusion criteria for the research were:

Women: According to EC research women have a higher prevalence of EC in response to negative experiences than men (Boals, 2010). Although men tend to experience more occurrences of trauma within their lifetime (Tolin & Foa, 2008), women tend to experience it at an earlier age and encounter more mental health diagnoses as a result (Olff, 2017). The demographic data as shown in Table 1 shows more research including women and EC, with a bias towards quantitative, thus, researching women's experiences of EC in a qualitative way makes sense at this stage.

Age 24–45 years (inclusive): The age criterion corresponds to theories on when adolescence ends at the age of 24 to ensure an adult sample (Sawyer et al., 2018). The upper age limit is designed to allow the research to be representative of a narrower sample group.

Experience of childhood trauma before or at the age of 17: Research suggests trauma under the age of 17 is more likely to negatively impact an individual's self-identity (Ogle et al., 2013). The ACE specifically asks about trauma before the age of 18, so will ensure participants met this criterion and that the trauma experienced was as defined in the ACE. EC research albeit limited does not distinguish higher rates of EC correlating with a particular period of childhood (Ogle et al., 2013).

Currently in therapy for a minimum of 6 months: This criterion was set to ensure participants had support in place for ethical reasons should they require it. Although participants in trauma research generally find it is a positive experience, there is a risk of distress and re-traumatisation (Jefferson et al., 2021) and so having therapy in place to refer to for support was considered appropriate. Therapy was a criterion in view of ethical considerations only, so self-disclosure of being in therapy was the only information obtained regarding therapy. As acknowledged in the literature review, therapy can affect EC (Bakaitytė et al., 2022; Boals et al., 2015; Boals & Murrell, 2016; Grau et al., 2021; O'Toole

et al., 2018; Lancaster & Erbes, 2016) which means therapy could have impacted the results. Participants may have partaken in therapy for longer than six months and they were not asked what type of therapy they were accessing.

Based in the UK: There may be cultural differences in terms of how people experience EC; therefore, remaining focused on one geographical location will help the research be more representative of a homogenous group.

Participants

In accordance with the sample criteria all eight participants were women living in the UK and were currently and had been in therapy for at least six months. Participants were aged from 24–45 (inclusive) years old, with a mean average age of 34 years (26 >44). The mean average ACE score was 4.75, (2>6). To protect participants' anonymity a specific type of trauma has not been linked to individual participants although a list of trauma type and frequency of occurrence is given in Appendix G. The mean average CES score was 77.5 (68>82). Below is an explanation of the selection based on the CES and ACE (see Appendix H for participant data.)

Prior to exploring the participants' lived experiences of CE linked to childhood trauma, it was necessary to ensure that they had experienced this phenomenon. Therefore, to add validity to the research, pre-existing scales were used to ensure that the participant met the required criteria. Following confirmation of meeting the participation criteria, a semi-structured interview was conducted. The process was then as detailed below.

The Centrality of Events Scale (CES): The CES (Berntsen & Rubin, 2006) is a self-reporting measure of the impact of an event on an individual's self-identity. The self-

completing questionnaire, made up of 20 questions, takes approximately 10 minutes to complete and ensured participants met the criteria of having a previous sense of self centred upon a trauma event. The CES has proven validity and reliability (Boyacıoğlu & Aktaş, 2018). Participants scoring less than 40 (39 downwards) on the CES were excluded from the research as a low score would indicate lower occurrence of CE (Berntsen & Rubin, 2006).

The Adverse Childhood Experiences scale (ACE): The ACE is a questionnaire to measure the presence of adverse experiences that occurred during childhood. The revised self-reporting ACE scale (Finkelhor et al., 2015), made up of nine questions, takes five minutes to complete, and was used to ensure the participants met the criteria for trauma experienced during childhood. The scale has demonstrated validity and reliability (Finkelhor et al., 2013). Any participants scoring highly, over eight, on the ACE, were excluded from participating to protect from elevated risk of harm.

Thus, participants scoring 40 or over on the CES and under six (five downwards) on the ACE were then invited to participate in the research and an interview was arranged.

Recruitment

The trauma-focused web forum MYPTSD (www.myptsd.com) was utilised to source the participants. MYPTSD has a specific forum dedicated to the recruitment of research participants, with stringent policies on acceptable research. Not all users of MYPTSD.com have a diagnosis of PTSD but they do have self-reported trauma experiences. An advert (see Appendix I) was posted on the research forum. Care was taken to protect anonymity in the recruitment phase, for example asking potential participants to express interest privately via email rather than publicly on the forum and deleting the recruitment post once recruitment

was completed. In this sense, purposive sampling was used, whereby the researcher sets criteria based on those likely to be 'representative of the issues' (Coolican, 2014, p. 51). Considering the potential vulnerability of the group a simple first-come process was used; this was to ensure that there was no harm from potential feelings of rejection. Ten people initially responded to the advert at which point the advert was taken down from the site. One of the initial respondents did not live in the UK and was gently informed via a phone call that their participation would not be possible. An additional responder decided not to proceed citing ill health before the consent form was sent out. The eight other respondents proceeded with the study all meeting the relevant criteria so no further recruitment took place.

Thus, once eight participants had been recruited the recruitment advertisement was deleted to prevent further respondents.

Semi-structured Interviews

Data were gathered using semi-structured interviews. Focus groups were considered but deemed unsuitable. The interviews took place in the summer and autumn of 2021 with Covid-19 restrictions in place. The number of non-cohabiting people permitted to meet indoors was restricted either to 0 or six depending on guidelines in place at the time (IFG, 2022) making focus groups problematic. Any focus groups would have had to be conducted online.

Although focus groups can be an effective way to gather qualitative data, they are not often the first choice for IPA research (Smith et al., 2022). The founders of IPA Smith, Flowers and Larkin (2022) advise a cautionary note to using focus groups due to variables such as third-person accounts, group dynamics, and opinion-based statements rather than

experiences being offered rather than a focus on first-hand experiences. As such a mixed method is recommended with focus groups rather than IPA only. Since the aim of the research was to gather information about personal experiences, focus groups Were rejected as a method of gathering data.

Furthermore, a key requirement for focus groups is the need to create and maintain a safe space for participants, which is especially important in trauma research where triggering and traumatising could be an unintended consequence (Hira et al., 2023). From personal experience of running group therapy, where trauma enters the session, it can be difficult for a group of strangers to feel immediate trust and safety within an unknown group. Further personal experience in a therapeutic setting suggests that levels of open participation could be affected if individuals feel that their trauma experiences are not as significant as those of others or distressed by a sense that their experience is worse than others.

Additionally, consideration of participant to researcher ratio was considered. Although no guidelines exist on researcher to participants ratios within focus groups, from personal clinical experience of group therapy with trauma clients, it is preferable to have two facilitators. With two facilitators, should any risks appear, such as a participant becoming distressed, there are adequately trained people to take individuals aside and still maintain the group discussion. The research was being conducted by a single researcher so there was no option for two facilitators.

Semi-structured interviews in line with IPA recommendations (Smith et al., 2022) were deemed the preferable data acquisition method. Semi-structured interviews make use of a pre-set list of questions but also allow flexibility in terms of follow-up questions where relevant and allow room for both the researcher and participant to deviate from the questions were appropriate (Braun & Clarke, 2013). Semi-structured interviews are often utilised in

IPA research as they allow for rapport between the participant and researcher, which gives a sense of a 'conversation with a purpose' (Smith et al., 2022, p. 54). The aim of such an interview is to give space for the participants to tell their story in their way, with the researcher asking certain questions which facilitate a guiding towards material relevant to the research; the researcher is not looking for the participant to agree with the required questions but rather to offer their own personal account linked to the questions (Smith et al., 2022).

In terms of the interview questions, on the basis of the aims along with the IPA methodology, I did not begin the interviews with any assumptions or expectations about the participants' responses. With the research based on the lived experience of EC, the interview questions were loosely based on questions in the CES (see Appendix J). They were designed to allow for data to pertain or not to EC.

The fact that they were semi-structured interviews allowed room to ask follow-on and probing questions leading from the participants' responses. I was mindful to ensure, as Willig (2013) advises, that such follow-on questions are not born out of leading the participants towards any specific alignment with the research question.

The interviews ran without any major issues; however, it is worthwhile to note some of the smaller issues that did present. There was a noticeable difference in one participant's interview with answers being more to the point and less elaborate, even with some prompting. Good data were gathered from the interview but there was a sense that perhaps this particular participant might have been better suited to a more structured style of interview. A few other participants had the reverse issue of giving very elaborate answers. In the main, I went with them allowing them to describe their thoughts in their own way; however, there were a few occasions where, in the interests of time, I had to redirect back to the question or move on to the next. I was mindful of Fylan's (2005) point that often during a

semi-structured interview itself, it can feel that responses are not particularly relevant but once the full interview is completed and data analysed, relevant information can become apparent. On this basis, I was often reluctant to stop a participant unless they had diverted completely away from the topic.

Other issues which arose during the interviews included one participant displaying distress in the form of crying. The participant was asked if they would like to stop or pause the interview; however, they wanted to continue and noted the crying actually came about due to a feeling of relief about getting the opportunity to talk about issues not usually discussed. On ending the interview, a slightly longer debriefing occurred to ensure the participant was indeed safe and well.

For ethical reasons, talking about trauma events themselves was not permitted. Participants had been informed of this both verbally at the start of and prior to the interview, in the briefing documents. However, there were a few occasions where participants began discussing actual trauma details. When this occurred, they were very gently reminded that the research did not require this and steered back to the question. Care was taken to ensure this was not done dismissively or in a way that would invalidate their trauma experience.

Being a clinician, on at least two occasions, I was aware of momentarily transitioning from researcher into therapist. The transition was verbally acknowledged by myself to the participant, with a short discussion about the and then a suggestion that it may be something which should be raised within their therapy; I then refocused on the interview question in each case.

The logistics of how the interviews were conducted is discussed in the ethics section, where a discussion on the safety and data protection aspects is more suitably placed. Prior to

all of the interviews taking place, the interview framework was tested in a pilot study to ensure the method would produce suitable data.

Pilot Study

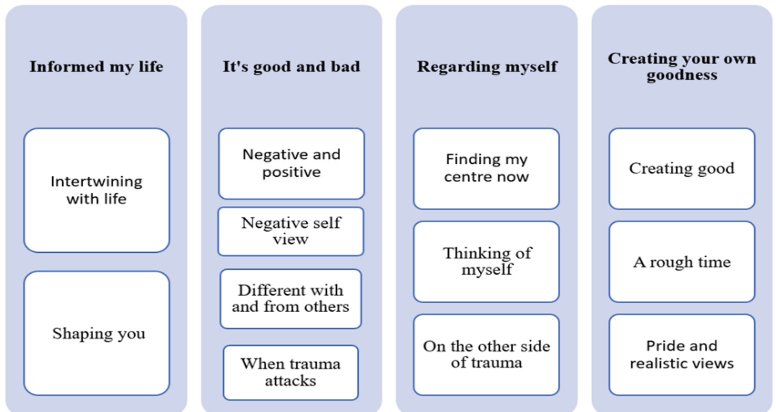
A pilot study was conducted based on one participant. The pilot study aimed to test the method and methodology to ensure that it was apt for the research question. The participant, Isla, responded to the research advert on myptsd.com and received a participant information sheet. Isla met the sample criteria as a 30-year-old woman residing in the UK and in continuing therapy for at least six months. Furthermore, Isla completed the required ACE, scoring six, confirming the experience of trauma before the age of 17. Likewise, Isla completed the CES, scoring 78, which in terms of CES scoring suggests an identity centred upon her traumatic experience.

Once the sample criteria were confirmed, Isla gave informed consent and an interview lasting 47 minutes took place online using Zoom. The interview was recorded on a non-Wi-Fi-based device and stored on a passworded and encrypted drive to which only I had access. Following the interview, a debriefing letter was sent out.

I then transcribed the interview. The data were then analysed using an IPA methodology as recommended by Smith et al. (2012). The first edition IPA guidelines were used for the pilot study due to the second edition only just having been published. Following the guidelines, I read the data several times – well over the recommended three (Alase, 2017) – and made initial notes. The themes that emerged were then noted, and organised into superordinate themes and themes, as displayed in Figure 4. The findings were reported in an academic research project document as well as being presented to academic staff and peers.

Figure 4

Superordinate themes and themes from the pilot study.



The findings did match the research aims. Isla spoke in detail about how her childhood experiences had impacted the development of her self-identity. Under the superordinate theme of *Informed my life*, there was evidence of her struggling to know who she is, an enmeshment with others' sense of self, and trauma influencing her self-beliefs. Themes in *It's good and bad* showed the dualist nature of her experience and how it had both positive and negative aspects, such as involuntary trauma responses like anxiety but also being better able to relate to others. In *Regarding myself*, she spoke about the process of trying to develop self-identity in adulthood, and how the trauma had influenced her world-views.

Following a successful pilot study, work proceeded to the main research project with a full sample set of eight. However, due to a second version of IPA (Smith et al., 2022) being published between the studies, the pilot data were re-analysed using the second edition guidelines to ensure consistency between the cases.

Analysis

Clear guidelines for IPA have been devised by Smith et al. (2012), and recently updated in a second edition (Smith et al., 2022). The second edition guidelines were adhered to in the research. A seven-step process is a requirement of the IPA method detailed by Smith et al (2022):

- *Step 1 – Reading and re-reading:* Actively engaging and immersing oneself with the data.
- *Step 2 – Exploratory noting:* Taking note of anything interesting within the data, considering the semantics and language to see how the individual makes sense of the issues.
- *Step 3 – Constructing experiential statements*: Looking at parts of the data to identify themes, demonstrating an understanding of the individual. At this point researcher interpretation is required.
- *Step 4 – Search for connections across the experiential statements:* Mapping the themes, examining how themes relate, or not, to one another. Superordinate themes emerge, being a collection of data addressing similar issues.
- *Step 5 – Naming the Personal Experiential Themes (PETS) and consolidating and organising them into a table:* Clustering personal experiential themes and dividing them into sub-themes.
- *Step 6 – Continuing the individual analysis of other cases:* Repeating steps 1 through 5 on another participants' data.
- *Step 7 – Working with personal experiential themes to develop group experiential themes across cases:* Looking at patterns across cases. Examining the data of all

participants. At this point in the analysis group, experiential themes go deeper and divide into sub-themes.

Before embarking on step one, the data which had been recorded were transcribed by the researcher, not using transcription software. Each interview was transcribed verbatim, complete with lines numbered as recommended (Smith et al., 2022). This approach to transcription meant immersion with the data could start prior to the analysis. Hearing each word and sentence slowly and repeatedly to ensure the accuracy of transcription added to familiarity with the data.

The data coding was, as is usually the case with IPA, a lengthy process, firstly requiring reading and rereading the transcripts to become aware of recurrent themes, as described above for step 1. Alase (2017) suggests that the participant's lived experience can take three read-throughs to start becoming apparent, a recommendation that was followed in this study. There followed initial note taking, step 2, of observations related to the data (see Appendix K). Notes included summaries of what was described, perinate words and phrases used, any emotive changes, as well as personal reflections on how it might have felt reading it and where bias or assumptions might be present.

Firstly, themes were considered on a case-by-case basis through the construction of words or statements that fit the participants' descriptions. At this stage, step 3, some researcher interpretation was required to assess if participants' descriptions appeared to align, or contradict, with EC and or existential research and theories. Step 4 involved connecting statements within the individual statements and gathering similar data points to develop *Personal experiential themes*. During steps 3 and 4 how frequently a theme occurred was important but was not deemed the overarching measure of importance in emerging PETs;

however, single, or infrequent incidents which had a sense of depth, and conveyed importance in the description also featured in the analysis (see Appendix K for an example). Once one case was completed through steps 1–5, the next case was analysed, step 6, until all eight had been analysed for PETs.

The final step involved bringing together all the cases and examining similarities and differences across the PETs. At this point, *Group Experiential Themes (GETs)* were developed bringing together what appeared to be important features of the experience of EC. Sub-themes, themes linked to an overarching theme, were noted (see Appendix L). The results of the analysis are reported in the findings section.

Ethics

Ethical approval was granted by the New School of Psychotherapy and Counselling ethics board (see Appendix M). The research was conducted in line with the British Psychological Society's Code (BPS) of ethics and conduct (BPS, 2018), and Code of Human Research ethics (BPS, 2014). Risk assessments (see Appendix N), data management (see Appendix O), consent, and possible breaches of ethics were all taken into consideration.

In accordance with these ethics, the participants were briefed (see Appendix P), gave informed consent (see Appendix Q), informed of their right to withdraw, and were debriefed (see Appendix R). Additionally, the participants were given contact details of research supervisors and the NSPC/Middlesex University ethics board should concerns arise.

Data protection was a priority with The General Data Protection Regulation (GDPR) acting as a framework for handling all the related data. All the data, including recorded interviews, are held securely on an encrypted and password-protected device. Participants'

personal data, such as names and contact details, are stored separately from the data to ensure no links can be made between the participants and their data. I am the only person who has access to the data. Anonymised data will be stored for 10 years and in accordance with GDPR, participants have the right to request access to their data at any point within that time frame. Participants were made aware of this and consented to the data being used and analysed to form a doctoral thesis that could potentially be used for publication in the future in peer-reviewed articles, books, and so forth. Furthermore, participants were allocated a pseudonym to ensure anonymity and all identifying features were either removed or anonymised.

Interviews were carried out online using Zoom. Due to Covid-19 restrictions, in person interviews were not possible. Zoom was chosen for its enhanced end-to-end encryption, meaning there was very little risk of data breach or anyone other than those with meeting invites being able to access meeting content (Zoom, 2022). Participants were advised to be in a space where they felt secure, and where others could not be listening in. I carried out all the interviews in my office which is a detached building to which only I have access and no one can hear internal conversations. Once both the participant and I were present in the Zoom meeting, entry to the meeting was locked to ensure no one else was inadvertently listening in. The researcher undertook all of the transcribing. The participant was made aware that only the researcher could view their data and they could withdraw their data up to the specified date of the writing-up process.

Ethics took into consideration the risk of potential harm to the participants. The focus of this research being victims of trauma during childhood means that any participant is potentially classified as 'vulnerable'. Indeed, there was a potential that negative emotions would surface as a result. However, the interview did not focus on trauma memories, and the

participants were only recruited if in therapy, so support was in place. The participants were briefed before starting the interview that actual trauma experiences would be gently moved away from. Furthermore, research indicates that rather than causing harm, participation in research relating to trauma often has beneficial effects (Jaffe et al., 2015; Jefferson et al., 2021).

Resources

The research did not require many material resources, though access to secure computer equipment for interview recording and data storage was essential. In that vein the interview was recorded using the Zoom built-in record function, and as back up, a device that was not data or Wi-Fi connected. The interview followed ethical regulations on internet-based research (BPS, 2017). The researcher had previous experience of conducting interviews using thematic analysis, so was experienced at interviewing, transcribing, analysing data, and conducting research in accordance with ethical best practice.

The research was written up into a doctoral thesis using APA publication guidelines (APA, 2017) to produce a scientifically appropriate research paper.

Reflexivity

Reflexivity is a continuous process undertaken by the researcher. Reflexivity allows the researcher to continually re-evaluate their own bias and their reactions to the data which could influence the understanding (Willig, 2013). Reflexivity enters even at this early point in the process. The participant sample criteria resonate with my own background. I am female and approaching the upper age limit for participation. Likewise, I have had trauma exposure

during childhood. My experience of trauma has not involved CE so the research question was very much based on theories generated in the CE literature rather than researcher assumptions. Etherington (2004) highlights the paradox of research where the researcher has their own experience of the topic, stating the insight that can be added but also the bias and, on occasion, personal affect. Such matters will need reflecting on to ensure they are not influencing the data and to safeguard the researcher (Etherington, 2004).

Finlay (2009) states that researchers will often find points of similarity and bias while carrying out research and the key to ensuring bias does not enter the analysis is to be curious about one's internal processes. Finlay likens this to clinical work where clinicians observe their responses:

> This process mirrors our work as psychotherapists where we reflect on clients' stories while analysing our own responses and the dynamics of the evolving relationship between ourselves and our client.
>
> (Finlay, 2009, p. 13)

Self-reflection then, according to Finlay, can identify when a researcher's assumptions and biases are present, which can then help to 'bracket' or separate them from the data. Having been a clinician for several years and since client work is an essential element of the doctorate, Finlay's description of reflection resonated with me. The clinical reflection process was employed throughout the research to minimise personal bias and assumptions from entering the analysis. Any doubts as to whether bias or assumptions were presenting were discussed with a research supervisor. Furthermore, an informal journal was kept throughout to note personal reflections, as well as a structured reflective journal titled *The Reflective Journal for Researchers and Academics* (Taylor, 2020), specifically designed

to aid the reflective process from its originating idea through to submission (see Appendix S for an excerpt).

Furthermore, for reliability, and so that the data could be analysed and produce similar findings by another researcher (Yardley, 2000), original data were spot checked by a research supervisor, both at the pilot study stage and during the main analysis, to ensure that the findings were feasible and consistent with another's. Research supervision did not alter the findings but rather agreed that the findings were valid and a reflection of the participant descriptions. Supervision did contribute to the findings, however, through a suggestion to merge some initial finding categories that were similar; for example, in the initial analysis, emotional responses and bodily responses were two separate themes, but supervision picked up on them being interlinked and thus they become a joined theme.

The supervision process also checked for intersubjectivity, a term which refers to a shared meaning and understanding between the researcher and participants (Finlay, 2002). Supervision helped to ensure that the findings were driven participants' experiences as described by them rather than research bias and assumptions as to participants' meaning. The relationship between researcher and participant is also considered an influence on the data (Finlay, 2002). This was reflected upon in the journaling, and through research supervision and peer supervision. As a clinician, the need to develop rapport quickly with new people is a common experience, in addition to striking a balance between making others feel safe and heard but also keeping a professional distance. These were useful skills to transfer to the interview process. There was a noticeable difference in rapport with one participant. The interview was slightly shorter than the others and her responses not so elaborated upon; as such, the interview style was slightly adjusted with more follow-up questions and the researcher checking in with the participant to ensure she was still comfortable. The

participant had mentioned that she was generally a shy person so I respected the likelihood that she would not be as elaborate in her answers. I was concerned during the interview that there would be insufficient data; however, during transcription I noticed a true depth and honesty in her words that was invaluable to the findings.

Some assumptions and bias prior to conducting the study were noted, primarily emerging from the trauma literature. These were an understanding of the prevalence of negative attentional bias which informed an expectation that the data would lean more towards the negative aspects of EC with the positives being less predominant. Furthermore, it was assumed the participants would not be aware of the concept of EC; however, there was a belief that when the concept was described that they would identify with it.

Summary

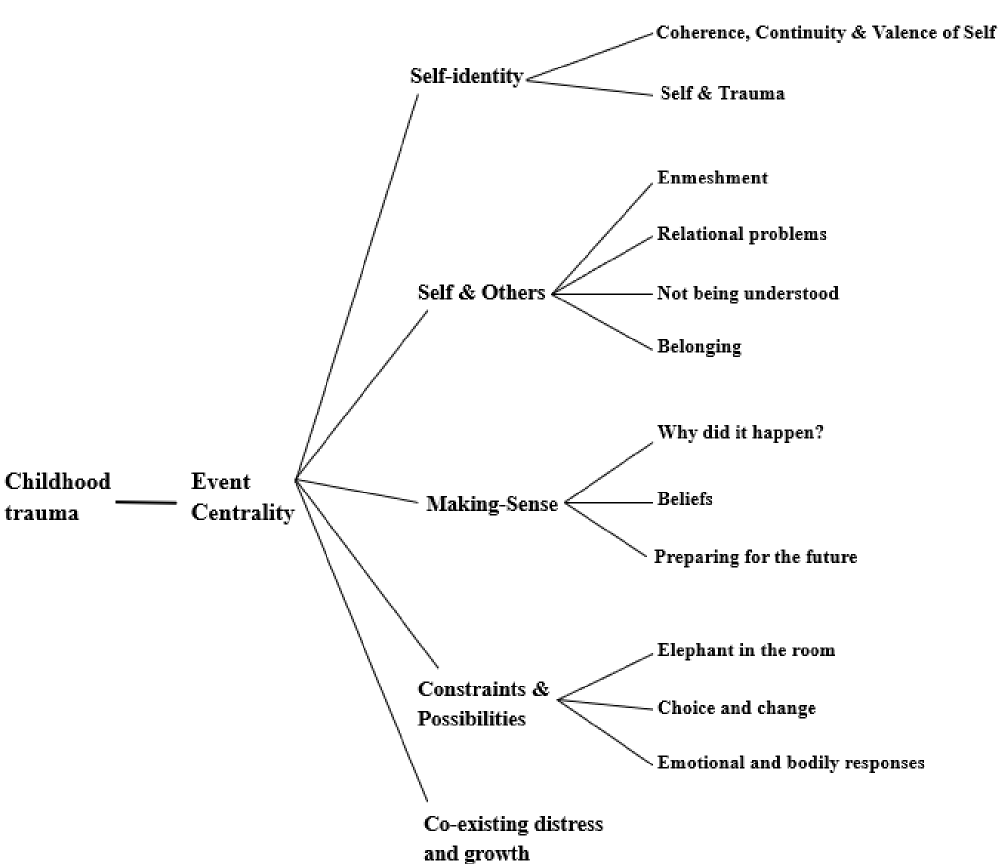
The method and methodology were designed to produce a valid, reliable, and ethical research paper. In using existing scales, the CES and ACE, as a basis for the sample criteria and interview schedule, an established method, namely IPA, and ethical frameworks of the BPS, the research produced findings, albeit for a specific demographic, that add to the field of knowledge of CE, trauma, and self-identity.

Findings

This chapter presents the findings of the research. The findings emerged from the semi-structured interview transcriptions, analysed using an IPA methodology. The eight participants' descriptions of their unique lived experience of EC due to childhood trauma offer insights into the similarities and differences between the individuals' experiences of the phenomenon. Five group experiential themes: Self-identity, Self and others, Making, Constraints and possibilities, and Co-existing distress and growth, each with corresponding themes, as detailed in Figure 5, bring together the participants' descriptions.

Figure 5

Relational diagram of group experiential themes and themes.



Group Experiential Theme 1. Self-Identity

This section documents how the participants perceived themselves. Since the research was about self-identity, it was not surprising to find the participants grappling with the task of trying to answer the question 'Who am I?' For many participants there were no direct answers to such a question and a sense of not knowing was common. However, all the participants spoke, if not directly, in a way that conveyed some sense of identification with specific traits.

There was much discussion about how they believed other people had a sense of identity and how they might relate to themselves had it not been for the childhood trauma. There was an interesting debate on what parts of them they retain inherently and those that have been learnt and furthermore, about times when they might be a different version of themselves. These factors are discussed under two themes. The first Coherence, Continuity, and Valence of Self, describes how the participants tried to answer the question of who they are, how a sense of self is felt or indeed not felt, issues in feeling a continuity of self throughout time and place, as well as the moral perception of whether they are a good person. The second theme Self and Trauma details the role that trauma has played in their lives and what life might be like without trauma.

Theme 1. Coherence, Continuity, and Valence of Self

The participants all had a lot to say in relation to how they perceived themselves. However, it was not a straightforward process by any means. Many dilemmas arose within this. In describing their perceptions, some predominant topics emerged including a feeling of being different versions of themselves at different times or in different situations, questions about whether they had a good or bad nature, and a sense of not having an identity at all.

A typical response to the question about how they might perceive themselves was one of not knowing. The not knowing was, in general, stated with a simple declaration of ‘I don't know’ as expressed by Anita, Charlotte, Marie, and Zara.

Three participants elaborated on this sense of not knowing who they are in a much deeper way. Isla, rather than stating she didn't know, which could be interpreted as perhaps something being unseeable but there nonetheless, claimed there was nothing there:

> so I would think I have an absence of kind of self [Isla]

Isla was not alone in believing that nothing could be sensed. Anita likewise stipulated a lack of a sense of self:

> I don't really sort of have this firmness, really, I guess about myself. I just feel I am a bit wishy-washy. [Anita]

Anita gave the impression that maybe there was something there but not any sense she could grasp with any firmness; instead, it just washes in and out.

Marie was somewhat macabre in her depiction of her perception of not knowing herself.

> and that's why the moment like I just feel like I am dead [Marie]

Both Isla and Marie's depictions initially felt rather hopeless, giving the impression that any sense of self was now unachievable or lost forever. Indeed, Marie described it as ‘the most difficult part of my life at the moment’; that lack of knowing who she was caused considerable distress and she suggested this might be unchangeable in the future. Isla, however, did conceive of being able to access a sense of knowing who she was in the future. Furthermore, there was a discrepancy in three participants' accounts of the amount of

attention they gave to thinking about who they are. For Zara, she had spent a lot of time thinking about who she might be:

> I have spent a lot of time asking myself who am I, and I am yet to come up with anything that seems to fit. [Zara]

On the other hand, Anita, and Charlotte approached such thoughts with avoidance:

> although I don't know who I as a person really am, I try not to think of that because it does upset me to not know, so I avoid thinking about it. Most people seem to know who they are, right? I haven't a clue. [Anita]

> You know, I often avoid perceiving myself as a person. Erm, mainly because I don't know who I am as a person a lot of the time. [Charlotte]

A similar discrepancy appeared in the level of fear or excitement around considering what their sense of self might be. Zara displayed a fear of finding that she might not ever have an understanding of who she is:

> Maybe I am not anything, I don't feel like I have any sense of who I really am [Zara]

It appeared differently for others, with Charlotte offering hope for who she might be to the point of excitement:

> I sometimes get excited about finding out who I might be. [Charlotte]

Three out of the eight participants made the opposite claim, claiming they had a sense of self. Rosie, in particular, was adamant about her perception of self:

> I do think I have a strong sense of self and grounding [Rosie]

Rosie added 'well now' to that statement indicating that she has not always had a strong sense of self. Interestingly she spoke just before saying this about admiring a work colleague in her years as a young adult, particularly admiring this colleague's strong sense of self and how the colleague appeared to interact so effectively with others. It seems possible that Rosie's admiration for another with a strong sense of self influenced her later ability to achieve this for herself.

Rosie was not alone in her observations or assumptions that others have a more solid sense of self. Isla too believed others have a centredness that she was lacking and appeared angry and resentful that she was having to find her sense of self now:

> so I think figuring out what my centre is kind of like, I'm comfortable with there the pieces I have to pick up at 30, and everyone thinks that's exciting, but I'm like shit, I shouldn't have to fucking do this should I. [Isla]

Rather than being angry, Charlotte carried an air of sadness in claiming others to be more 'solid' than her, who did not 'feel set or solid'. There was much more panic in Charlotte's account, with her claiming to be worried about being someone who might never be solid and a 'person who isn't anything'. There was an assumption that others had a sense of self that she did not feel:

> I guess what I was trying to say was that other people just know who they are. [Charlotte]

Zara, too demonstrated a strong emotional response to comparing how she perceived others to have a sense of self that she considered herself to lack:

> I look at people who know themselves and get really jealous. I long to have that sense of surety and certainty. I think life is so much more difficult without that kind of basis of self certainty. [Zara]

It seemed then that a sense of self was something the participants viewed as an important feature in life. More specifically it related to most of them in terms of its lack of presence; for those who did have a sense of self, it was viewed as admirable. Many were also adamant that they didn't know it was interesting to see how they then made sense of some of the things they did in fact know about themselves.

Though the majority of the participants claimed not to know who they were, they all, in fact, used many words and sentences that are usually associated with self-identity terminology. Interestingly when investigating such use of descriptive language, it became apparent that what could be labelled as more negative traits or perceptions were in abundance compared to more positively focused terminology. Only one participant, Grace, had a more positive identifying statement. Similarly, Emily was the only one with an equal amount of positive and negative. It seems significant that Grace and Emily were two of those who claimed to have a sense of self. The other six participants all had significantly more negative than positive statements.

The positive statements seemed to have fewer variations, with words like resilient, strength, understanding, and compassion commonly used. On the other hand, the negative words used were much more varied and descriptive, for example, messy, broken, complex, manipulative, and distrusting, to name but a few.

The most apparent difference between the participants' use of negative and positive associations for their self-identity was this more descriptive language and a feeling of more certainty about the negatives. In addition, many of the positives were stipulated in such a way as to give the impression of them being easily dismissible or, in some cases, perhaps not even as positive as they seemed at face value.

Rosie mentioned two positive traits: being powerful and forgiving. Taken in isolation, these could be construed as positives, and when she talked, she presented them in a positive tone. However, there is an alternative interpretation when looking at the whole text. As she was talking about the suicide threats and eventual suicide completion of a loved one, she firstly started:

> So I have this power, I have this position, I am the answer. [Rosie]

Her animation, when stating the above, at first conveyed a sense of having good power and the ability to help others simply by being. However, she quickly dismissed the whole claim, interestingly in the same upbeat tone of voice, 'And then obviously not'. In doing so, Rosie dismissed her own sense of herself being powerful and gave a sense that positive traits were not always what they seemed but were easily disproved.

Similar thinking was outlined by Charlotte, who, while talking about being compassionate, was quick to dismiss this as often being a negative too. Charlotte, though, appeared more uncomfortable with this than Rosie, who seemed unaware:

> I get confused because it makes me very compassionate and overly forgiving of others [Charlotte]

A further account of positive attributes from Grace showed a similar discomfort with positive traits. Grace could not mention positive traits directly and put some distance between them and herself:

> A lot of the time, I probably come across, across as quite giving or helpful or just wanting to please others maybe. [Grace]

One positive statement stood out from the crowd; it was said with enthusiasm and certainty as if it was a foundation point of her being:

> I am a bluntly honest person. I'll never chat shit like it will probably kill me telling you, but I will tell you anyway. [Marie]

Interestingly Marie was one of the participants who claimed to have no self-identity to the point of feeling dead. Yet she could state with force that she identified as being honest. It was the most adamant proclamation of a positive self-identity attribute to come out of her interview and all the participants' accounts.

Rather than dismissing or distancing themselves from self-identity attributes, the participants, on the whole, did not struggle to be direct about the numerous negative qualities that they associated with themselves. Many negative attributes were stated in short sentences with no follow-up explanations or justifications:

> I am a messy, broken person. [Zara]
>
> If I had to sum myself up in a few words it would be irrelevant, weak, passive [Charlotte]
>
> Someone said to me once years ago if you could describe yourself in two words, what would they be? I said, hard work. [Grace]
>
> Very negative, very anxious. [Emily]
>
> Very nervy and on edge and quiet, don't feel like I am a reliable person [Anita]

Furthermore, overarching words were frequently mentioned to describe personhood, across the cases, and this could be interpreted as the participants believing themselves to be somewhat defective or not whole in comparison to others. Zara's words above: ‘messy’ and ‘broken’ and a further statement of ‘I am not a whole person, I am made of cracks, and gaps’ were sentiments also found in other participants’ accounts:

> I try not to assume that I've been through the mill or that I am more damaged … but I do feel like that a lot of the time. [Grace]
>
> I feel very fragile and broken. [Anita]
>
> A muddle of brokenness [Isla]

It can thus be seen that there was much more in the participants’ negative perceptions of self, whilst there seemed to be more dilemmas associated with the positive attributes. Part

of the dilemma of identifying traits might be accounted for by inconstancies in the self presented. A subject that came up in four participants' accounts seemed important despite not being recurring or largely spoken about, namely that different aspects of themselves could be present at different times and on different occasions. Marie, for example, commented on how external factors frequently influenced how she is in the world; this could be in terms of events and interactions or, as she highlighted, if she had (as when she was in active addiction) substances, and they could all result in her being very different:

> And so things changed so much of a weird, you know, and again, dependent on external factors. You know, for example, if I was sitting here today on drugs, I've had all that stuff like that. I'd probably be saying something different. Completely different answers, but because I've had nothing and because of the kind of day that it's been. [Marie]

Charlotte also talked about how she could be different depending on the people she was interacting with and circumstances. As a result of not knowing who she is, she claims that she tends to 'make it up as I go along'. She was very matter-of-fact about this, whereas Anita and Zara were more upset about how they could be different on different days. Unlike Marie and Charlotte, Anita, and Zara could identify specific traits that could present:

> I don't rely on myself to be sort of similar to myself the next day or even the next minute, you know, things for me change really quickly. And I think that's really difficult sometimes, but then other times, I feel really, really resilient. [Anita]

> I am a bit of a, well, a Jekyll and Hyde, I suppose. Even I can't predict which me I will be. Sometimes I am ok, more chilled, confident, like and other days, gosh, I hate myself. I am uptight and snappy. I struggle with this, and I am sure others find me a bit strange in that way. [Zara]

Moreover, Anita and Zara could contextualise their differing selves into their past and future versions:

> And I think that's the thing. I think I've changed so much in the last five years, that I don't want to make plans for the next five years. [Anita]

> I mean, I am definitely not 100 per cent the same person I was, say, ten years ago, and I doubt in ten years, I will be the exact same person as I am now. People change all the time, right? [Zara]

In relation to being different versions of themselves, none of the participants considered the possibility that people in general feel the same way. It seemed they considered this process to be a direct effect of their childhood experience. It was interesting then, to see that all participants then had a sense of how things might be for them if the trauma events had not become intertwined with them, or, in other words, if the trauma had not occurred.

Theme 2. Self and Trauma

The intertwining of self and trauma ran through all the participants' descriptions of their experience of themselves. In the main, the focus was on how they would be if the

trauma had not occurred, how those without trauma experience selfhood and what parts of themselves were and weren't touched by trauma.

When considering the parts of themselves that were or weren't influenced by trauma attention often turned to the origins of their attributes. Were they born with them, or did they learn them? No overall consensus on whether traits were innate or learnt was present.

The discussions were also interesting in terms of the participants' perceptions of whether these attributes were innate, a direct result of the trauma, or something that had come about later in life. For example, Emily, when talking about being strong, suggested this had not always been the case but was something that had developed:

> I class myself as a strong person, now. [Emily]

The same was true for Rosie when talking about being gentle:

> I think I am a lot more gentle now than I used to be [Rosie]

And Zara expressed the same feeling about her resilience:

> I am now seeing myself as a resilient type of person. That's a more recent, like in the last 3 or 4 years. I used to think I was the complete opposite. [Zara]

In contrast, Rosie, whilst considering her gentleness as something that has developed over time, saw her resilience as an innate part of her being:

> There was something in me that, you know, I really literally got kicked down a lot and something in me, you know, kept pushing forward. [Rosie]

Grace also believed that she was born with some of her positive characteristics, such as ‘integrity’ and ‘strength’ and that she could not change them:

> However, how I was put onto this earth was kind of it in my personality, and nothing can touch that. [Grace]

However, in alignment with Rosie, Grace later supposed that parts of her were innate and unchangeable, whereas other parts were either developed or alterable. Grace described herself in this respect in the following way: ‘my personality is quite divided’.

Another participant, Anita, offered an alternative insight into the debate on the innate or developed self:

> I do see myself as having a really good strength. I think that was just something I was born with. I don't think I would have gotten through that period in my childhood if I hadn't have just had that in me. Or, well, no, was it that experience that gave me the strength? I think I was born with a certain amount of strength, but I think that, yeah, definitely. Definitely, going through that as a child has made me sort of stronger, more resilient in a way that maybe other people aren't [Anita]

For Anita, it didn't seem there was an either-or approach, as if you are born with a trait or develop a quality, but rather a combination. She suggested that she was born with something that she then developed further. She insinuated that had it not been for the trauma, maybe the strength she was born with would not now be as strong.

Marie was the only participant to point out that the dilemma of trait and self-identity was, in fact, 'the nature-nurture debate you know'. There were varied mentions across the cases of whether the participants believed the trauma had made them who they were or if they were born as they were. Marie's account was the most descriptive, likening it to a stage production:

> I think that my trauma, I guess, created the, the, setting the scene. Yeah. My traumas set the scene as if, like, say if we er say if we, we create the euphemism like a scene in the theatre, with the playwright and the director. They set the scene. It's the actors themselves and how they choose to deliver the lines. And they choose the emotion that's sewn together. So for me, my trauma set the scene, but how I've chose to deal with that trauma since, I think, has compounded tenfold. [Marie]

Marie considered that her experiences in childhood were vastly responsible for the person she is. She did, though, acknowledge that she had some choices and impact along the way, but the trauma set the basis for everything after. Other participants' accounts correspond with Marie's ideas.

Grace also discussed her traits in terms of whether she was born with them or developed them. Early in her account, she claimed that she considered '90 per cent' of her

traits and identity were a direct result of trauma. However, she later claimed that perhaps her identity was fixed from birth and her reactions and decisions were more trauma-based.

However, many of the other participants took a different view, considering that the trauma experienced in childhood had made them who they are:

> What I've been through as a kid has made me who I am today. [Emily]
>
> That's how it is, my past is so wrapped up in my life that I can't see then and now as separate things. So yes, it affects everything [Charlotte]
>
> The trauma is all of me in many ways. It has determined so much about who I am and what I do. [Zara]

Many statements began along the lines of, 'It made me …' in direct reference to trauma forming certain parts of them, for example:

> It's made me loving and because you know, and these days [Marie]
>
> made me fearful [Rosie]
>
> It all made me a negative person. [Zara]
>
> Going through that as a child has made me sort of stronger, more resilient [Anita]

Only one participant delved deeper into this. Isla spoke in more detail than the other participants about her take on how experiences affect her and how she believed this to be the case for others in general:

> I just think your experiences really do shape you, you can allow to what degree, and there are negative and positive aspects of that, but I can't say that I've had cancer or been abused or whatever it has been, and it's not shaped me as a person. … I don't think anyone can completely be a thinking and feeling person, go right I've been bashed up for ten years how, you know, I'm completely detached from that, and that hasn't informed my life as a human being at all. Yeah, I would really struggle to think that someone who completely detached from that in a way that it doesn't negatively or positively intertwine with your life a little bit. [Isla]

Thus, Isla was passionate in her belief that life experiences shape the person you are and could not conceive of trauma not becoming intertwined into an individual's self-identity.

The participants unanimously considered how their self-identity and their life as a whole would be had it not been for the trauma events. Some participants struggled to conceive what that would be like, others were adamant about what aspects of life would be different, and for some, there was uncertainty. Emily and Rosie, for instance, expressed a certainty about how they believed they would be as a person if they had not experienced trauma:

> I think I would have stayed in France would have carried on with studying. I think I would probably, if I had not gone through this probably would I have achieved more, would be more comfortable. Yes, would be a more confident person. [Emily]

> I would have been more self-nurturing, more self-confident. [Rosie]

Whilst Emily and Rosie felt adamant that they would have had more positive qualities, Zara, Marie, and Charlotte thought they would be different but could not confidently describe what those differences might be:

> I imagine I would be a whole different it hadn't have been for my childhood. I am not sure what that me would look like, but I doubt it would be anywhere near the same as the me I am now. [Zara]
>
> I can't say who I would be without that. [Marie]

Furthermore, Charlotte and Zara offered more detailed and philosophical descriptions of how they might differ. Charlotte grappled with the idea that life could have been better or worse:

> I don't know what my day would be like if I didn't have that past there. Maybe it would be better, maybe not, though. That's the thing, isn't it? I don't know what I would have been without it, or if my life now would be different. [Anita]

Anita shares this dilemma of not knowing if things would be more positive or negative. She was the only participant to express any emotional link claiming it saddened her not to know what she would be like without trauma. In comparing her lack of self-esteem to others, she concluded that maybe even without the trauma, she might still be where she is in that regard:

> There are people that haven't had trauma experience that lack confidence and lack self-esteem. So who knows I might have had that anyway. I think this is the thing, I there's no concrete is there? I don't know. Would I be confident without that happening? I don't think I would have felt more confident. Yeah, but I don't necessarily know for sure that I wouldn't already be like this anyway. [Anita]

Thus, there were mixed opinions on whether they would have a different sense of self if the trauma had not happened. Some of the participants, leading on from this, reflected on how they believed those who have not experienced trauma develop an organic sense of self and that they missed such an opportunity.

As described in Isla's angry statement above regarding having to develop her sense of self now as an adult, there is a reference to having missed out on developing a sense of self organically during childhood. Anita more directly suggested that she had missed out and was now trying to establish that in adulthood:

> I do still now feel a little bit like I'm playing catch up. [Anita]

She acknowledged consideration of having missed ‘an important time in my development’. Anita went on to question whether she would ever catch up or not; she appeared hopeful that she might but professed not to know this for ‘certain’.

Zara was somewhat more thorough in her description of having missed out on a perceived natural development of self. She labelled the development of self-identity and self-learning, claiming that it is a process most people do in earlier years:

> It would have been easier to have done all this self-learning and development in childhood, like most people do. I really get resentful at having to work so hard now to have even some clue about myself. [Zara]

Interestingly she likened self-development to a type of skill-based learning, suggesting that it is a process which becomes more difficult with age:

> It's like learning to drive, I think; it's so much easier when you are younger [Zara]

Whilst Zara claimed to be resentful at not being able to self-learn in childhood, Charlotte announced she was sad about her experience of not having 'the chance to be me growing up'. Charlotte, like Zara, appeared to give this matter more thought, especially in comparing how others develop and how she might have had a chance to develop if her childhood experiences had been different:

> They developed this way of knowing about themselves because they were allowed to be a person. I think I would be like that if it hadn't have been for that period in my childhood. [Charlotte]

There was then a sadness and resentfulness conveyed by those participants who claimed to have missed out on development of self-identity during childhood, about how things might be in different circumstances.

Furthermore, participants appeared to internalise trauma to the point of taking ownership of it. They conveyed a sense that they regarded their trauma as being 'theirs'. Notably this was apparent in all but Rosie and Anita's accounts. All other participants used

the words ‘my trauma’ (Isla, Emily, Grace, Marie, Charlotte, and Zara). The language and the tones used implied an ownership of their experience; trauma was not something that only happened to them but resulted in events that became a part of their sense of self.

It seemed they considered this process to be a direct effect of their childhood experience. In fact, the sense of what was ‘theirs’ did seem important at times and interesting; there was a hint of taking ownership of trauma as part of their sense of self.

Conclusion

It did not seem possible for most of the participants to come to a place of a solid self-identity at this point in time. Some were hopeful that they would have more of a centredness in the future, whereas a few had given up on such a quest. That said, even those who made claims not to know who they were still used words and phrases that are commonly associated with self-identification, be it positive ones such as being compassionate or negative ones including being damaged. It was interesting how they made reference to perceptions of how others have developed a self-identity which they had missed out on and how they acknowledged that at times, depending on circumstances, others, and external life factors, they could be changeable themselves.

Group Experiential Theme 2. Self and Others

The participants acknowledged that they did not exist in isolation and exist in the world with others. This section presents their experiences of relating to others and how this has influenced their self-identity. Four themes: Enmeshment, Relational problems, Not being understood, and Belonging, cover the various similarities and differences expressed about

being with others. Topics including how they take on others' identity as their own, how they perceive what others might think of them, and how they are or aren't understood were important elements of their relationships with other. Furthermore, there were interesting differences in how they clung to or pushed others away and important references as to what they revealed about themselves to others.

Theme 1. Enmeshment

Each of the participants revealed having internalised elements of their trauma experience into their self-identity, be it words from their past, perceptions of their experiences or later effects of their trauma. Furthermore, all the internalisation mentioned was less than favourable; in fact, none of the participants made a claim that positive words or perceptions had become internalised into their identity.

Charlotte gave the most direct example of such internalising:

> People from my past that gave me those negative messages. I think I see myself probably as others treated me as a child. They treated me badly, and I took that as me being bad. [Charlotte].

Here Charlotte indicates that she considers herself as bad due to the bad events that took place. Rather than viewing the events as bad, she took them as a reflection of personhood; thus, the bad became part of her identity.

While Charlotte internalised the perceptions of events, Zara had a different experience of internalising. Zara eloquently expressed that she had, and continues to, internalised negative words directed towards her in childhood and likened this process to planting seeds:

> It was a big day when I realised so many of my thoughts about myself were not actually my thoughts but ones others have planted in me like they planted the seeds and long after my childhood, I have been watering and growing them. [Zara]

Likewise, Rosie described how words from her childhood shaped her perception of herself:

> and its kept me in a place of doubt and listening to very cruel things which I would take as true and mine. [Rosie]

Slightly before, Rosie had talked about how things she had heard during childhood were integrated into her identity. She spoke with sadness about how the secret kept within her family, specifically around a suicide completion, presented as shame and this shame and embarrassment had become 'woven into' her. It was spoken in such a way as to evoke a feeling that she believed that it was now inseparable and would always be part of her identity.

Another example of a different internalisation experience was expressed by Emily, who regarded the anxiety she experiences because of childhood trauma as part of who she is. Like Rosie she considered this internalisation to be a permanent fixture in her life:

> The only thing I still struggle with is the anxiety. But will that ever go? I doubt it; I think that's part of me now. That's the thing isn't; it becomes part of you. [Emily]

Grace appeared to have internalised some of her thoughts about the trauma, specifically her feelings of resentment at having been ‘through the mill’:

> I do get kind of very resentful really… I internalise a lot of that. I think I've definitely over the years have seen myself as that resentful person [Grace]

Thus, although the participants held in common a lot of internalisations about their self-identity from their childhood experiences, the parts they internalised differed. It also seemed that the internalisation process from childhood was still going strong. In particular, Marie gave this impression with claims that she finds it difficult to ‘organise myself internally’, having relied on external influences for self-identity during childhood; now, in adulthood, she claimed to depend more on external factors than her own internal processes. However, there was a hint of conflict here as she seemed much more resistant to internalising positive external influences now as an adult:

> People tell me all the time how strong I am, but I don't feel strong … No matter how many people tell me I am strong I don't believe it because I don't feel strong. I've never felt strong. [Marie]

Therefore, for Marie, positive internalisation from others remains an issue, whereas negative internalisation has occurred much more. Marie was not the only participant to speak about the struggles with internalisation in present-day life.

Isla spoke about internalisation in terms of trying, now as an adult, to develop a more positive sense of self and untangle the negative messages she received and internalised during childhood:

> My awareness of myself is something I'm learning as well as, and that is in a positive way because of the messages I received, so they've been quite negative. [Isla]

Such a process of awareness for Isla did not present as easy or pain-free. She used the term 'earworm' to identify words from her mother that were entering into her internalisation process, suggesting that external words were implanted and needed to be found and extracted.

Anita also spoke about taking on others' words and thoughts o as her own. Anita's experience of being judged negatively in childhood had been internalised to the point where she felt that there were a lot of negative aspects of herself:

> I am learning to externalise now. Manage things a little differently, but still, I worry. Like having my birthday party here, I worried about how people would judge my home and how that reflects on me sort of thing. That's definitely from childhood, that fear of being judged and feeling there is a lot to be negatively judged about me. [Marie]

Taking events and words spoken to them by others in childhood has impacted on participants' views of themselves. Furthermore, not only have such perceptions remained into adulthood, but for many participants the process of internalising others' voices is an ongoing

process. It was also apparent that many of the participants struggled to form their own identity and so merged theirs with that of others.

Five of the participants' described an experience that could be interpreted as an inability to separate their sense of self from that of others. Although only one participant, Rosie, directly used the word enmeshment, it was clear that the other participants, Isla, Marie, Charlotte, and Zara, were describing a similar experience.

Out of all of the participants, Rosie was most detailed in describing her experience of enmeshment. She appeared to have a clear sense of giving over her sense of self in childhood, specifically to her mother, and continuing this process in adulthood, particularly with her husband. Concerning her mother, Rosie was adamant in her declaration that she ‘became an extension of her’ and that she is ‘entangled’ without knowing where the ‘divisions’ are:

> I think all relationships are like that. You sort of mesh with someone was the one because enmeshment became Yeah, I think that's what I've learned … there was no relationship without that [Rosie]

Thus, for Rosie, it is hard to conceive of being in a close relationship without some level of enmeshment, and she states that this is directly linked to childhood trauma based on her relationship with her mother. Zara shared the same sentiment in linking her ability to be separate psychologically from others as resulting from her experience of childhood:

> I don't know where I start, and they begin. I catch myself all the time taking on bits of other people's personality and emotions. It is like a hangover from my childhood. It's what I did then, and I keep doing it

> now as I don't know how to be a whole me without taking on parts of others. [Zara]

While Zara discussed enmeshment regarding emotions and personality, Charlotte claimed that it also impacted on decisions that she made for herself:

> Even small things. Like going out for a coffee, they will order what they know they like without question. I always order the same as one of them. Because I don't know. [Charlotte]

Charlotte elaborated on this, explaining that decision-making is problematic because she has not developed enough awareness of herself to know what her favourites things are such as 'colours, food' and 'places'. Hence, she finds herself taking these on from others. Charlotte then regards her enmeshment to be a result of not being able to develop certain aspects of self-awareness in childhood. This is different to Rosie who believed her enmeshment was born out of having no choice but to be 'in service to others'. Rosie, as a child who had to prioritise her caregiver's needs, could not develop a sense of being separate from others. She cited a few ways this had manifested, for example, in internalising the family's sense of shame and accepting her family's version of her personal narrative as being correct rather than trusting her own narrative.

Rosie, however, described a moment when she 'snapped' and decided she had had enough of being so enmeshed. Nevertheless, there has been a positive outcome due to de-enmeshing since she is now able to notice when something is someone else's emotion and

problem rather than hers; she referred to this as ‘staying in my lane’. For Rosie, then, separating has been mainly a good experience:

> I've seen in my relationship change with my husband. You know, when he's sort of spiralling out, I no longer go with him. [Rosie]

Likewise, Isla suggested positive outcomes had arisen from considering her own needs and emotions, especially concerning how much of herself to give to others and what behaviours she will accept from others. However, for Grace, de-enmeshment appears problematic. Unlike Rosie, who snapped and chose to de-enmesh, Marie felt like the choice was not hers but was forced by her father's death, followed, shortly, by her mother's; she had been enmeshed with both. After these losses, Marie stated she ‘missed the me before’ although she suggests that perhaps the de-enmeshment might have begun before her father's death as she missed a bit of herself even before that:

> I don't know who I am in relation to anyone else anymore. So I don't know who I am in relation to myself. [Marie]

Without the physical connection with those she was enmeshed with, Marie was struggling with her self-identity. Not being able to remain enmeshed presented as an additional problem in being able to form a self-identity.

Theme 2. Relational Problems

There were various mentions from all participants about how they related to other people. The comments ranged from positive declarations about friendships, conversation and understanding to more negative perceptions about suspicion, trust and needs.

Trust and suspicion were recurring subjects; all of the participants except Emily referred to them. Charlotte had the most to say on the issue of trust and assumed that others did not struggle with the same trust issues as her:

> I don't fully trust anyone. I don't think I actually know how to, if I am completely honest. I am always second-guessing people. Even if they do something nice like give me a birthday present, I will think, what are they wanting? Of course, I then remind myself that they don't want anything. It's hard work, though and exhausting. Like I always need to check out my thinking. Other people don't seem to need to do that. They can trust themselves and others. [Charlotte]

However, contrary to Charlotte's belief that others don't struggle, they did and were very blunt in noting this:

> hugely, hugely suspicious of other people [Isla]
>
> I distrust them and myself. [Marie]

The distrust focused on serval things. Isla and Anita spoke of a direct link between their childhood trauma and distrust others, themselves, and of their own bodies. Marie also talked about how she finds it difficult to trust her own judgements. Isla also thought that much of her trust issue, especially in relation to trusting others to remain in her life, was more to do with trust and a perception of herself than direct mistrust of others:

> I think my distrust is not necessarily that they're bad and they're going to hurt me. I think the distrust of others is from, ‘Am I good enough that

> they will stay in' so my fear of others is around my own ability to keep people around, the buying into the experience of everyone being so transient. [Isla]

Only one participant had an alternative view to the others. Grace did not consider herself distrusting or suspicious of others, which surprised her somewhat:

> I would have thought a lot of trauma that I've experienced would make me very suspicious and angry about people. [Grace]

However, Grace had previously commented that the level of trust she had, especially about her trust in people's good nature, could often result in distress and mistrust of herself as a judge of others:

> I want to trust everybody. I want to see the good in everybody, and I get very disappointed when they're not good people or come from a good cloth. [Grace]

Assumptions about how others are was discussed by three participants in relation to the assumption that people are judgemental and would judge them poorly. Zara and Marie admitted that such a fear of judgement had prevented them from doing things or being with others:

> I get so worried about other people's judgement, mainly that they will think badly of me, think I am stupid, not good enough, standoffish and

> that sort of thing. It does stop me from doing things more than I even admit to myself actually [Zara]

> But at the same time, it's difficult for me to let people in through fear of judgement and stuff. [Marie]

> Manage things a little differently, but still, I worry. Like having my birthday party here, I worried about how people would judge my home and how that reflects on me sort of thing. That's definitely from childhood that fear of being judged and feeling there is a lot to be negatively judged about me [Grace]

Grace claimed to have similar experiences; however, she acknowledged that perhaps she overestimates others' negative judgements, that they ‘might not be judgmental as I actually think they are’. Although worried about others’ judgments, Isla noted that others often judged her well even when she judged herself poorly, suggesting, like Grace, that her perceptions of others’ judgements could be askew at times.

Interestingly two participants spoke about how they are judgmental towards others:

> But now, sometimes a little bit can be a little bit intolerant with people making a massive deal out of what I would class the little, little problem … I mean, not that I am not accepting of other people's little problems, but just your perspective on sort of problems perhaps been a little bit altered because of the trauma that you can see sort of what a huge problem is dropping a pint of milk and people sort of, you know, perhaps

> sort of struggling with that might sort of you might go, that's not a problem. [Emily]

> I can be quite judgmental at times as well, especially if people are sort of going through something, and I just think, 'Well, that's nothing really', so I don't like that about myself. [Anita]

After considering the issues that participants had with trust, suspicion, and judgment, it was not surprising to find some of them deliberating on the people they do and don't let into their lives. Two participants, in particular, claimed to be over-cautious:

> I am very careful who I let into my life, too careful, my therapist says [Charlotte]

> I am picky about who I surround myself with to the point of cutting my own nose off to spite my face these days. I don't let people in easily at all, but if you are in, then I will be very loyal and supportive to you. [Zara]

Despite Anita and Charlotte's admission of being overly cautious, there was a sense that friendships could, with work, be established and retained. Rosie likewise claimed that she could make and maintain close friendships regarding herself 'lucky'; however, even so, she admitted to a fear of rejection which was too painful for her to continue talking about. Furthermore, as detailed in her statement above, others, including Isla, found people to be more transient. Thus, friendships appeared harder to make and maintain. Marie likewise confessed to struggling with relationships with others and was rather down in her claims that she pushes others away:

> Even though I have met some amazing people in my life that have shown me so much love and kindness and I always end up pushing them away or withdrawing from them. [Anita]

Two participants, Isla and Grace, had different experiences relating to others. As opposed to pushing others away, they claimed, on many occasions, that they had striven to keep people close even when perhaps the relationship was over or no longer good for them:

> I probably accept a bit more negative behaviour toward me, and I would say. So, it takes me a longer time to have the confidence to kind of go, I probably don't need to connect with that person, or I deserve to kind of say what I need within those scenarios. [Isla]

> Years ago probably did too much to try and keep that relationship nourishing. [Grace]

Although Isla claimed to accept negative behaviour to keep hold of people, in another section of the interview she spoke about how she tends not to hold on to people, which she felt was a positive attribute:

> I think holding people a bit more loosely so not squeezing them so tight, because I have been hurt by people that I have held on to [Isla]

Thus, Isla reported what she considered as both positive and negative instances of how she relates to others. The participants generally regarded themselves as having issues in their relationships with others, but the problems they expressed were varied in nature. One

fairly common way participants identified being with others with fewer discrepancies was in the tendency to please people and put others' needs ahead of their own. Zara, Rosie, and Charlotte were most descriptive in their accounts of putting others first to please them:

> I know I still give far more than I should to others to make them like me. I always put others first, even if it means I go without. [Zara]

> Like now, I always think other people are more important, so I give in and let them have their ways. Or I agree to just to please them. I guess, even when actually I don't. [Charlotte]

> but also, there was a sense of I wanted to please them. I wanted to please other people's needs. [Rosie]

However, Emily, Grace, Anita, and Rosie also spoke about having the same instinct to put others ahead of themselves. Either out of an 'obsession' to be liked [Emily], to please others [Grace], due to a sense of naturally always needing to give to others [Anita] and out of a fear of the consequences of not pleasing others [Rosie & Charlotte]. Grace and Rosie were extremely harsh in their use of the words serve and service to describe how they felt they needed to put others first:

> I … think I've got a lot to serve other people. [Grace]

> it's that, that undermining of your healthy relationship with yourself and that undermining of being in service to yourself when you've been taught constantly to be in service to somebody else's needs. [Rosie]

For Rosie, the knock-on effect of putting others first was a real struggle with creating and maintaining boundaries with others. She spoke about how her boundaries were dismissed in childhood, which caused her to feel anger and resentment and how now, with specific relationships, she was learning to hold boundaries based on what she wants and needs from the relationship. Zara also spoke of her struggles with trying to put more boundaries in place:

> I try to be firm and say, nope, that's not how I want to be treated, spoken to, do and the like, but I am always give in. I think people can almost sniff this out in me because they always know I will cave in. It is so frustrating, and I know it's my own doing, yet it happens constantly. [Zara]

There were many references to difficulties with relationships, but there were also references to how trauma had positively affected their relationships. This mainly manifested in talk of it making them 'kinder to people' [Marie], more accepting of difference [Rosie], forgiving [Isla], able to advise and support others [Grace], more compassionate [Charlotte] and understanding [Zara]. Rosie, for example, spoke proudly and extensively about how the trauma meant she was able to better relate to others who also had or were going through difficulties, that she could 'deep dive' with others in painful conversations but was also able to appreciate and do the 'superficial of life' as well. Marie made a similar claim, stating that she can understand and relate to young people in a way that others rarely can. All of these participants spoke of such attributes with a sense of pride, although Isla was the one who directly labelled her experience as such:

> I think there are things I'm proud of, the way it shaped me and proud of the way it's impacted how I view people, speak to people, relate to them. [Isla]

Only Anita made contrary claims that social interaction posed issues as a direct result of her experience during childhood:

> I don't always get social interactions, right. And that's just because I haven't had the level of experience, and I think a lot of my confidence issues tied up in that because I had a period of like two or three years where I wasn't allowed to socialise. It sort of an important time in my development. I didn't learn that social etiquette, which was quite nice on time sometimes, freer in some ways, maybe. Sometimes it changes things, and I don't have the same rules and get things wrong, and sometimes it'd be embarrassing. [Anita]

In thinking about how they related to people, Grace, Rosie, Charlotte, and Anita delved into a more general perception of how they believed interactions were affected by events and others. Grace pointed out, ‘we never know what someone else has been through’ and saw this as other people not necessarily understanding what she has been through. Rosie, too, spoke about how she believed everyone sees things differently, with no one seeing the world ‘quite like’ she does. To illustrate her point, she described one occasion when she and a friend went out:

> my friend and I were off out, and she was don't worry, I've got matches in the car, and a penknife and all this stuff, and I was laughing, and I

> said, you know what I've got in my car? Three crystals, a lip gloss [laughs] … people go through life with different stuff. It's just one of those flippant things, but people going through life prepared differently. [Rosie]

Anita, who spoke extensively about how humans relate, echoed some of Rosie's thoughts, claiming that even when people have a shared experience, there are always differences in their personal experiences. Anita also noted that previous experiences could affect how others interact in current situations and that other people can trigger good or bad reactions from one another. She also believed that people affect one another in many ways:

> I'm very much sort of believer that we … we all affect everyone else, that like butterfly ripple effect that what I do could affect someone else positively or negatively. And likewise, people affect me positively and negatively. [Anita]

An awareness of how others affect them and in turn how they might affect others seemed important when they thought about how other people might view trauma and the impact is has on them.

Five participants spoke about how they were often secretive about revealing their experience of trauma. With these five there appeared to be a common wish to hide their emotions. Mostly participants admitted to never expressing genuine feelings to others:

> I don't ever express that, but that's how I feel inside. [Grace]
>
> I hide a lot of the time. I don't express my emotions to others [Zara]

Meanwhile, one participant offered a less blanket approach, implying that sometimes her real emotions were revealed:

> Not that other people always get to see that, as I hide my emotions much of the time. [Charlotte]

Instead of presenting others with their actual emotions, self-faking and masking were popular alternatives. However, there was a difference in how the masking and faking were conveyed. For example, Zara, although claiming that it was an exhausting process, did suggest that it was better all-around for her and others:

> certainly don't show people, even those close to me, the trauma bit of myself. It's exhausting and hard to wear that mask all the time, but people don't tend to like the trauma me, so it's for the best, hey [Zara]

Meanwhile, Charlotte claimed in a melancholy manner that faking it had negative consequences after the event:

> I often fake happy, you know, if I think people expect that of me, but I am not really feeling it. Then after, when I am back home, the emotion comes up and bites me in the bottom. [Charlotte]

Rosie, in externalising problems, revealed she felt she was carrying guilty secrets. As a result of these pent-up secrets, she is taking brave steps to not fake and to be more open:

> That doesn’t mean that I have to keep quiet about everything that happened to me because that did happen to me. [Rosie]

Likewise, Anita had a similar experience of beginning to open up more specifically about the effects of her experience of childhood trauma:

> I've been coming to terms with in terms of sort of sharing my experience with people [Anita]

Although some of the participants were then making courageous moves to be less hidden, it appeared that such effects of the trauma added to a sense of not fitting in and being rather lonely at times. Furthermore, there were references to the trauma impacting the way they understood and were understood by others.

Theme 3. Not Being Understood

Other people's relationship to trauma was something all eight participants referred to. Although only four participants, Grace, Marie, Anita and Zara, directly used the word ‘misunderstood’, those not using the phrase directly, offered a clear sense that they thought that those who had not experienced trauma did not understand it and indeed them. For example, Anita spoke of a two-way misunderstanding between her and those who have not experienced trauma:

> Other people don't always understand me, and I don't always understand other people, either. [Anita]

Zara echoed Anita's statement but looked deeper into why this was the case for her:

> It is so frustrating to go through life not being understood. Then, of course, how can I expect them to understand who I am when most of the time, even I don't understand? [Zara]

For Zara, then her poor understanding of herself as a person and not being able to fully understand the impact of the trauma results in a two-way misunderstanding. She did not say this in such a way as to blame herself but more as an acknowledgement that understanding is a two-way street. Emily also shared a dual misunderstanding notion, furthering her experience by claiming she could only understand others and vice versa if they had experienced similar issues:

> Obviously, if someone has been through the same as me, you can relate to them. [Emily]

While some participants recognised this dual nature of understanding, others felt people did not want to understand or could not handle understanding trauma and its impact on them:

> That for other people, other people, it makes them uncomfortable, they don't get it. It stirs up something in them that they've never had to stir up before. [Rosie]

> I also think other people are scared of trauma. They often don't want to hear about it.

> It's like they don't want to believe that such awful things can happen in the world [Charlotte]

The impression given by participants such as Rosie and Charlotte was that their experience of talking to others about trauma and its impact on them had led them to these conclusions rather than a blind assumption. Following the same belief, Marie took a somewhat bleak, hopeless approach stating that she considered:

> They would never understand [Marie]

For others, the lack of understanding was conveyed more positively. It was seen as a relief that others had not endured similar experiences:

> Most people don't get it, that's a comfort in a way as it's one less person who has had to suffer as a child. [Zara]

It was also introduced in the context of a desire not to have the understanding and experiences in the first instance:

> I just wish I could live as ignorantly as those who haven't had trauma. [Charlotte]

Charlotte conveyed envy in the sense that others do not have to carry such a burden and view of the world as a place where trauma in childhood happens; that others can ignore or simply not even have to consider the existence of childhood suffering let alone have to live with the impact of this knowledge or experience.

Additionally, Zara and Charlotte voiced concerns about what they believed others expected or wanted from them as trauma survivors and how these expectations were a far cry from the reality of their own experiences:

> I think others just think that trauma is something that can be gotten over or should be. I guess I know how much things from your past can still haunt you, but other people who have not experienced trauma seem to think it's like any small negative thing; get over it. [Charlotte]

> people expect me to find some greatness out of my trauma. For it to have this wonderful outcome or something, like a happy ending. [Charlotte]

> People want me to reassure them that I went through this and that and everything has worked out for the best. I wish I could reassure them of that. [Zara]

The perception of how others saw trauma and their reaction to trauma seemed like an important part of how the participants could be in the world. In addition, there was a sense from the accounts of the participants feeling they have to taking responsibility for meeting other people's expectations; that, as Zara pointed out, they must reassure others or offer evidence of a good outcome or a story of overcoming adversity. None of the participants at any point in their accounts provide such evidence of having overcome trauma, or indeed to the expectation that they would do so, yet many felt an external pressure to do so.

Leading on from perceptions of others was a consideration of how others saw them, manifesting mainly in a fear of judgement. Fear of judgement was evident in four of the participants' accounts. For Rosie there was an anxiety about what others would think about the trauma event and her. She spoke about having 'shame' attached to this to the point of

feeling that she must ‘never tell’. Marie detailed how the fear of judgment made it difficult for her to ‘let people in’. Marie appeared to think all judgements would be negative. Such a perception of others making negative judgements was shared by Grace and Zara:

> That's definitely from childhood, that fear of being judged and feeling there is a lot to be negatively judged about me. [Grace]

> I do worry about other people's opinions of me. I can’t imagine it would be that good. [Zara]

It was difficult to conclude whether negative judgements were something the participants actually encountered on a frequent basis or whether they were mere perceptions; either way, the issue dramatically affected some participants.

Other people’s perceptions and reactions appeared important in terms of how some of the participants understood themselves, specifically in relation to social labels. Although many participants struggled with having a sense of self, some demonstrated the ability to see themselves in relation to others and understand themselves through others' eyes. For example, as detailed above, Marie described how she felt increasingly at a loss about her self-identity following her parents' deaths. However, from her accounts of being with others, she could confidently express descriptive labels of who she was:

> I know who my identity may be to people in relation to other people. Like to my husband, I am his wife. To my sister, I am her sister. To my students, I'm their teacher. [Marie]

She went on to state that in relation to herself, she did not know who she was though. At first glance, this suggests that she could adopt other people's concept of herself but could not form her own. However, this interpretation only partially fits as when she spoke about how other people perceived her, there was a disconnect between what people tell her about herself and what she feels to be true:

> People tell me all the time how strong I am, but I don't feel strong. So for me, no matter how many people tell me I am strong I don't believe it because I don't feel strong. I've never felt strong. [Marie]

Thus, Marie seems able to consider external labels such as wife and sister and integrate them into her self-identity; however, positive attributes pose more difficulty in terms of how they link to her personhood. Zara also mentioned how labels play into her self-identity. She could also take some emotional attachment from these labels to confidently express that she was good in reference to these labels. However, what she could not do was see the goodness of these labelled attributes as being a reflection of her being, as a whole, for the most part:

> I can go, yes I am a mum, I am a wife, I am blah blah blah. I can also say that, for the most part, I am a good whatever but do I feel like a good person in general? Not most of the time to be honest. [Zara]

It seemed different for Anita, though, who could sometimes take on board others' positive experiences of her:

> I do believe that I'm very nurturing a little bit of a mother hen. Well, that's what others tell me. [Anita]

It is apparent in some of the accounts that although, as seen above, there was a fear of negative judgement, certain participants had issues with complimentary opinions too.

What the data then showed was that being understood was important to many of the participants but it was often difficult for them to feel understood. However, they could gain some understanding of themselves and their identity though being with others. There was a general feeling that difficulties in this area impact the ability to feel a sense of belonging.

Theme 4. Belonging

The subject of belonging or not belonging featured in five participants' accounts. Three commented on how lonely life was due to having no sense of belonging, although each reported differing degrees of severity. Anita described feeling ‘quite lonely sometimes’. Charlotte claimed, ‘It can be a very lonely world’, and Zara took this one step further by declaring the loneliness to be ‘heart-breaking because it constantly hurts.’

A sense of not fitting in was a common distress, specifically for two participants, Isla and Anita. Isla was particularly descriptive in her account of not belonging at one point, branding it as feeling alien in many situations. Continuing to describe this, she claimed:

> I feel I don't feel at home anywhere. And so, not having a base maybe feel like an imposter. [Isla]

Isla claimed to often feel unsettled about the sense of not fitting in, and anxious in social situations as a result. Likewise, Zara portrayed an image of always being on the outside and not belonging at all. Zara, with a sad demeanour, labelled herself as ‘an Island’ [Zara].

Both Isla and Zara offered little hope that the loneliness due to not belonging has or would change. Anita, somewhat differently, claimed that things on this front had become easier to deal with over time:

> I'm sort of a bit more at peace with that than I used to be. [Anita]

For Anita is seemed there was more acceptance of the situation, that it was her thinking on not belonging that was the subject of change not that she felt more connectedness with others.

Furthermore, it appeared common for the five participants to feel that they could not actively participate at times. Isla noted how her anxiety about fitting in meant she was not able to attend events, had to leave early, or sit with distress during social gatherings. Charlotte felt a sense of exclusion at times in relation to certain points of discussion:

> When people talk about their lives, especially their ok pasts, I feel excluded because I can't talk about a nice childhood in the same way, so I say nothing. [Charlotte]

Meanwhile, for Anita there was a dialectical position of both wanting to belong but, on many occasions, not wishing to:

> I've seen myself as a lonely person but unable to unable not to be alone as well. I sometimes crave to be around people and crave not to be around them. So it can be a little bit confusing [Anita]

A further element arose relating to not belonging: the fear of rejection. Rosie's thoughts on rejection were incredibly emotive, pertaining to an innate human need that, if unmet, can have dire consequences:

> I suppose as a child you like, you know, sort of almost primaeval sort of like you're going to die if you get left if your parents desert them. That type of panic mode. [Rosie]

What was also largely conveyed within this fear of not belonging was a huge emotional desire for connection. Zara, for example, demonstrated a desire to have people in her life:

> It's lonely, and I wish I had people in my life to combat that loneliness [Zara]

Combating loneliness for Isla results in an ongoing process of trying to find people to belong to; she described spending a lot of time in pursuit of connection and 'trying to figure out who my person is'.

Two participants spoke about how the fear of rejection and never belonging had accumulated in behaviours that put others ahead of themselves. Charlotte admitted even simple decisions such as ordering a coffee would make her feel fearful of not fitting in and thus, she would order the same as someone else. Likewise, on a grander scale, Rosie spoke about how even if she deemed others' actions to be bad, she would still attempt to bring people back together through fear of being rejected:

> I suppose there was a big sense of keeping it together, keeping people together. Even if people are being a bit shit. [Rosie]

Thus, fear of not belonging often presented as putting the needs of others before their own, a sense of compulsively having to please people to belong. How the participants believed others might see them certainly appeared to fuel a desire to please others but also caused much anxiety.

Conclusion

The overall impression given was that relating to others was not an easy task for the participants. For many, the world is a lonely place that they struggle to feel a part of or understood in. Participants felt that they have to hide their trauma for fear of what they perceive others might think of them. Equally, adverse events presented the participants with the dilemma of feeling misunderstood and unheard. For many there were difficulties regarding self-identity in terms of internalising others' negative words whether from their childhood or in the present. Likewise taking on parts of others' identity in the form of enmeshment was apparent and trying to separate is the self from a construct based on others' perceptions caused both distress and hope.

Group Experiential Theme 3. Making Sense

A significant amount of information in the participants' data either directly or indirectly focused on how they made sense of their childhood experiences. Questions arose about why the events occurred and whether there was some reason or purpose for them. Within this context information emerged about beliefs regarding human nature and the world at large, which linked, for some participants, to religious or spiritual beliefs. Furthermore, in

making sense of their past, there was the consideration of what might await them in the future.

This group experiential theme thus looks at the various ways that the participants make, or do not make, sense of and take meaning from their adverse experiences. There are three themes: Why did it happen? Belief systems, and Preparing for the future and these help to illustrate the participants' meaning-making systems at work.

Theme 1. Why Did it Happen?

was All the participants had a strong wish to attempt to make sense of their experiences in childhood, to give them a purpose, a reason, or to place them in a broader context; in essence, attempting to answer the question, why did this happen?

Rosie, for instance, put some of her experiences into a wider context on two occasions:

> I think it's a little bit how parenting was 40 years ago……. … both my parents obviously had quite complex mental health problems. [Rosie]

In this case, though, such processes also looked a little like excuse-making for other people's undesirable behaviour towards them. Grace also showed a wider perspective on her experience, putting it in the context of life in general:

> I just felt from a young age that life is bloody difficult. [Grace]

This left the impression that she thought that even if she hadn’t experienced the events she did in childhood, there would have been different difficulties to have to deal with, that the suffering would have been the same though the events would have been different. Isla also shared a sense that everyone has suffering in life, and she is no exception. She was passionate in expressing a belief that the world is ‘indifferent’ in its allocation of suffering:

> I think going through trauma so with cancer, definitely has impacted, you know like my view of the world, I would say, I don't have a sense of, I don't deserve this sort of this person doesn’t deserve that, because it just isn’t. It's that recognition of shit things happen to everybody and so yeah probably it's impacted probably my belief system a bit in that. That outrage or that people deserve this, because they've been holy or whatever they've been erm isn’t there as much anymore, I think that perspective, where your suffering is part of the package, I guess, to varying degrees for everybody. [Isla]

Zara also spoke about her experience of suffering in the context of a wider worldview:

> My pain was, still is, awful, but I am not special in that. Everyone suffers at some point in their lives. I figure I had the bulk of mine early on. [Zara]

Alternatively, Charlotte inferred a belief that although everyone will have negative experiences there may be some fairness to it, meaning people only experience a certain degree of suffering:

> I would like to think that that's my bad lot done with now and life will be nice to me from now. [Charlotte]

The impression that Charlotte thought she had had her fair share of bad experiences and deserved good from now on, was contradictory to other above-noted accounts. For example, Isla took fairness and deserving out of the frame, assuming a you-get-what-you-get approach to negative experiences instead. Zara, too, suggested a more random outlook on negative experiences:

> I still ask why a lot? Why me? And I think it is all a bit random actually, there is no reason why me and not others. It simply was me and is that fair? Again a wasted question with no answer because no one else deserves or doesn't deserve bad [Zara]

Zara and Charlotte were similar in questioning why me? Charlotte also considered why her, when comparing herself to others who may have had worse experiences than herself and asked why that might be:

> I know plenty of people have it worse. I can't answer why though. Who knows maybe one day the whys will be revealed to me and my life will make sense. [Charlotte]

The notable difference between the two accounts, however, was Zara writing off the idea that the reason why would be answered at any point and Charlotte being more hopeful that these whys would at some point be answered.

Although not directly asked if they thought there was a reason for their experiences, all of the participants offered thoughts on their explanations for their adverse experiences. Emily was firm in her belief that her experiences in childhood led her to where she is in life

with her geographical location, marital status, and education. There was an indirect sense that she was claiming the trauma had put her where she is meant to be in the world. A similar inference was apparent in Grace's thinking; she saw the trauma as central to the work she does in supporting others who have experienced trauma, that the trauma she experienced guided her towards a career and gave her a wisdom to share with others. Likewise, Marie believed her experiences had made her more in tune with struggling young people:

> and I feel wiser and more sort of thorough about a lot of the stuff that process or come to realise or offer others advice on and stuff like that. [Grace]

> There's been times where I've been, I've genuinely been so grateful and proud of the childhood I had because it taught me so much. And it taught me how to connect with young people, especially young people who are … that no one else sees, you know [Marie]

Anita expressed many different aspects of the other participants' descriptions in the way she spoke about her beliefs about purpose. As with Emily, Anita was confident that what had happened in childhood was central to where she is in the world, what she does, and who she has relationships with. She, like others, felt that there was a purpose in life but struggled with any 'definitive' answer about what that purpose is, as it could be a multitude of reasons such as 'learning' or 'teaching'. For Anita, belief in a purpose for the trauma directly impacted her ability to open up to others about her experiences:

> and I think that's something that certainly I've been coming to terms with in terms of sort of sharing my experience with people. I used to be really, really wary of telling anybody about what had happened to me. And the experiences I had or the treatment and things like that, because I thought

> that you know, it wasn't something that people really wanted to know, but actually I don't think it's necessarily about wanting to know, I think sometimes it's about sort of need to know, you know. So yeah, I'm much more open to sharing those experiences now and feeling that maybe they have some purposeful effect for someone out there at some point. [Anita]

Searching for reasons, purpose, and meaning in life for events, particularly their childhood experiences, seemed something that all the participants were or had at points paid a significant amount of attention too. Although many of them had not found any of the answers they had been looking for, others had certainly found some, whether they felt that their trauma had got them to where they are in life or given them ways to connect with others. Furthermore, their own experiences, placed in context, appeared to open a way for them to consider what their wider beliefs might be and the process of developing understanding and meaning appeared to be a positive endeavour.

Theme 2. Belief System

Each participant made references to a set of beliefs about the world that helped them make sense of their childhood experiences. Some participants referred within this to a religious or spiritual foundation, whilst others mainly referred to their worldview, particularly about valence in the world.

Anita was the only participant identifying as religious, claiming her experiences in childhood had 'brought me closer to religion'. However, she claimed not to affiliate with any specific religion despite having 'tried' many out. Still, her religious beliefs had, by her admission, helped her make sense of events in her past:

> Something greater than us, a greater way that that guides us that allows things to have fun, that shows us things that we need to know and gives us experiences that are I don't want to use the word useful, but I can’t think of a better word [Anita]

> I think the world is the way it's meant to be, I guess, and that there's something greater than me that is making sure that what, what happens is what's meant to happen. [Anita]

Her words were delivered in a way that pointed to religion providing comfort, a belief in the world as it is meant to be and something greater guiding which gave her meaning or an understanding of her life experiences. Moreover, when Anita spoke about her belief about her future, she described it as a void or black hole, something she felt no need to consider as it was beyond her control; she did so with an air of relief at not having to be concerned. Zara also struggled with organised religion but, like Anita, had a strong belief in something undefinable to help make sense of the world:

> I am so against organised religion, yet I am always drawn to spiritual things. I can’t say what but there is I do believe that somewhere out there things fall into place and here is almost like a training ground, we can’t fight against it, all we can do is accept what it puts in our path and work with that. Who knows though. I might be right, I might be wrong. I just like to believe in something [Zara]

Marie spoke about how her once strong spiritual side had provided her with a great sense that the world is a wonderful place:

> It's changed over time, you know, there's been periods in my life where I've reached such a spiritual point in my mind or my body and in my life where the world looks beautiful, it looks amazing. It looks that just like a beautifully woven tapestry, you know, everything connects to everything else. [Marie]

As described, though, for Marie, spirituality has been a changing feature. It has not been a solid, or unmovable thing, but something that comes and goes or changes shape. There was no mention of whether she felt things on this front would change again or if she had found a view that she was fixed upon.

Aside from Marie, Zara, and Anita, none of the other participants commented on spiritual or religious beliefs; however, they all showed a belief-making system, offering insights into how they believed the world to be. Likewise, even those who mentioned religion and spirituality added other beliefs into the mix. Interestingly, in offering statements about beliefs, they often used 'I' references that gave a strong sense of ownership to their statements and that such beliefs were something what defined them. Some participants offered general views about the world, such as Rosie's positive declaration:

> I think that the world is a good place. [Rosie]

Others had a more downbeat take on the world and how people cope with life. Although meant in a general sense, two statements from Charlotte and Anita also gave an impression of how they, as individuals, were getting through life:

> I mostly like I said feel like life and the world is just something we have to muddle through the best we can. [Charlotte]

> I think that most people are trundling through life dealing with whatever they're given really. I mean, I don't know given to them or whatever is created for them by them or created by other people. [Anita]

In a similar general view of life, Rosie brought up the subject of good, an issue which had been raised repeatedly in other participants' interviews. Rosie mentioned it in terms of 'everything':

> I'm a big believer in good. Good comes from everything. [Rosie]

Thus, Rosie suggested that all things in the world, whether events, people, objects and so on, contain goodness. Charlotte also conveyed the sense that all things are able to be good. However, she also believed that bad was an equal presence, with the difference being, for her, a wish to deliberately avoid the bad:

> I suppose what I am saying is that there is good and bad all over the place and I try to dodge the bad as much as I can but you can't escape it all. [Charlotte]

In other participants' discussions, a belief in goodness was usually about people and the idea that humans, by nature, are good:

> I like to presume or assume that people are good at heart. [Grace]

Only Isla was able to integrate her belief in good and bad with both the world at large and people in general:

> I think the world is a lot going on and people doing good and bad things. I think the world isn’t necessarily good or evil. [Isla]

Having beliefs emerged as an important feature in participants’ lives, in understanding themselves, their childhood experiences, and the world around them. These beliefs seemed to provide some links to self-identity especially in terms of the use of language and the number of references to ‘I’, demonstrating ownership of the beliefs. The predominant topic was the existence of good and bad, something that was further discussed in relation to how the world is, or is not a place of balance.

Six participants spoke extensively about the balance of good and bad in relation to their worldview. Generally, references to good and bad were made in terms of events that they had experienced, as demonstrated by Rosie:

> But I've been really lucky because I've had all this good stuff, so it's about balance. [Rosie]

Grace claimed a faith in Ying and Yang in relation to a balance in individuals' lives and the world as a whole. However, she also noted a belief that proper balance is something she considered to be only partially achievable. In her description, she drew on the example of a builder's spirit level to convey her ideas on balance:

> there will never ever, ever be a spirit-level balance. The topple or the angle might reduce in certain times of life. But it … that true balance doesn’t actually exist. I think there's always a little something to tweak always. Yes I see it very visually in terms of scale, the balance, the scale. Like one of those builder’s levels, that bubble will never be fully in the centre and I think that's the truth of it. [Grace]

Interestingly Grace bookended the description with statements about balance not being depressing; she stated that viewing things in this way helps her to 'manage when things are frustrating or glum'. Thus, for Grace, beliefs gave her an increased sense of coping in times of adversity.

Despite Rosie having a similar view of the world trying to reach a point of balance, she appeared much less reassured by this, with it causing some anger and frustration because things cannot balance one another out. Rosie used a fictional scenario of an abusive relationship to demonstrate this frustration:

> it's about balance and actually that in itself is a problematic thing. It's a bit like the husband that punches his wife's lights out, then once a year buys her a Rolex for Christmas on balance, like, no, you wouldn't want your kid in that relationship; you would get out of that relationship. It doesn’t, it doesn’t make up for it, doesn’t balance out the good and the bad is still unacceptable. [Rosie]

Rosie's frustration was evident when she then went on to consider how such a view of balance contributed to her life and behaviours:

> Just because I've managed to get out into the world and do a load of good shit despite the shit put on me, that's thanks to me not thanks to not mitigating the crap that you've done. [Rosie]

Thus, this conveyed a sense that her notion of balance did not always apply and could not be relied on as a strong and faithful worldview. But, on the other hand, Zara felt that her actions could balance out some of the negative things that had occurred:

> I have experienced a lot of badness but that doesn't entitle me [to] act badly. I can't change that bad but I can hopefully by doing good and being a better person than those I have encountered restore some balance to the world. I could easily justify bad behaviour in light of my childhood experiences but what's the value in that? I can't be that same bad person as they were, well I could if I wanted I guess, but I don't want to, I want to do and be better. [Zara]

Here we see Zara turning a world belief about balance inwards and applying it to her sense of selfhood. She can acknowledge she, and all others, have the capacity for both bad and good. Isla also spoke about such a dual capacity, claiming to see herself and others as 'messed up and good all at the same time', and expressing the idea that good and bad 'co-exist' in everyone. Specifically, regarding her self-identity, she stated:

> I see myself as someone that is a mixture and a muddle of brokenness and softness and strength and all of the shit and good mixed in together, and that is who I am, and I think being able to hold all of that and not resent the bad stuff and the stuff I've been led to deal with because of my trauma. [Isla]

Anita echoed Isla as she reflected on why people, and indeed she herself, might do harm:

> I think that we're wrong if we think that we're immune to being good and bad ourselves, I think under pressure or in the right circumstances, we can all do really horrendous things. [Anita]

There were then some mixed opinions about whether balance is achievable and whether this was a comfort or a frustration. However, there was a general consensus that good and bad exist in some measure in all people and the world. When considering that good and bad can happen, the participants also paid attention not only to the bad that had previously happened in their lives but that which might occur in their present and futures.

Theme 4. Preparing for the Future

Seven of the participants mentioned the possibility of future adverse events. One participant was clear in her acknowledgment that trauma experienced in childhood had contributed to current thoughts of future trauma experiences:

> I think it makes you realise that anything can go very wrong. Very quickly [Isla]

Isla's tone insinuated that nothing was untouchable from going wrong in her life, as if there was a black cloud over all experiences waiting for things to go wrong, a constant expectation of adversity. She conveyed that it was her childhood experiences, rather than anything else, that had 'made' this a reality for her.

The other six participants' descriptions did not directly link childhood trauma to future thoughts but did imply similar thinking to Isla's, mainly manifesting in a fear of future trauma. Worry about future trauma presented in two ways, firstly as a concern that similar traumas might occur again:

> I feel almost like a ticking time bomb sometimes that I don't know. I don't trust that I'm not going to be in that same situation again [Anita]

Secondly, and more commonly, there was a fear that future trauma could be worse than traumas previously experienced:

> I don't think I have hit my trauma jackpot yet [Grace]
>
> What if those events in my childhood were actually the good bits, and there is worse on its way, that terrifies me on a daily basis [Zara]
>
> I've had a rough time, but still, even more could go wrong [Isla]

In many cases, the fear of trauma to come had led participants to prepare for it. In all seven cases participants used the word 'prepare' in relation to being ready for more of the same or worse. Generally, this was delivered in a positive framework, in the sense that they were ready for it:

> In a way, it's being prepared, preparing myself for the worst [Anita]
>
> But then, if someone hurts me, I am ready. [Charlotte]

For one participant, the preparing appeared to be a time-consuming affair:

> I spend a lot of time bracing myself and getting set, all prepared for what else might be in store for me. [Zara]

While Zara focused on staying alert and prepared, others reported spending less time on this pursuit:

> But I mean, I don't always go out now looking for the what else is going to happen [Anita]

A further difference between participants is noted in the perception of whether the preparation was a positive exercise. In the main, it was implied that the preparation was

positive as it could prevent future pain. Charlotte, though, was the only participant who acknowledged a negative outcome from the preparation.

> I want to be as prepared for the bad as I can, but I think in doing that, I sometimes miss seeing the good. [Charlotte]

Furthermore, only one participant, Emily, demonstrated a non-fear-based view of future adverse events. Rather than fearing or preparing for any future trauma, Emily had confidence in her ability to deal with anything else that might happen in the future:

> I know that I build myself back up. I can build myself back up from anything … if there's an earthquake tomorrow, I can handle it. [Emily]

Emily gave the impression that her childhood trauma experience had prepared her for all future trauma, rather than the other participants who felt the need to prepare more for future trauma because of their childhood experiences.

Nevertheless, with all but one case referring to the occurrence of future adverse events, it seems that there was an expectation that more trauma could be on its way and some sort of preparation for it was wise. As a result, fear of and perceptions of their ability to cope with any further adverse events had an impact for many on their beliefs and behaviours.

One participant's perception of the future stood out as being somewhat different to the others and appeared to be somewhat contradictory. Anita, as shown above, commented about how she was prepared for the worst and later how despite this, she did not think about it often; she also mentioned that she didn't have thoughts about herself in the future claiming that she does not plan for the future. She offered a strong explanation as to why this was the case:

> that's because there were many times when I didn't think I'd be here in the future. [Anita]

There was then in Anita's account a discrepancy between her not thinking about the future and planning for the worst, which is, of course, future based. She was the only participant to note, however, that the future was not something she considered in any other way. Furthermore, her comment stating that she did not see herself in the future was rather sad, as if she was trapped here and the future was not accessible to her. Although she was the only participant to talk in this manner, the depth of sentiment that she offered about this issue makes it worthy of a mention and she shared many of the other participants' claims that the future was something that they need to be prepared for in case of further adverse experiences. It did not seem that any of the participants were in a frame of mind which allowed them not to be prepared, or allowed them to see what happens in terms of when or if such trauma was to occur again. There was also the undertone that failing to be prepared was a weakness, leaving them at greater risk of harm, or that it would be rather foolish given their prior experiences.

Conclusion

The participants paid a lot of attention to how events in their childhood had contributed to their general views of the world and how that related to them as individuals. Their accounts often showed signs of trying to make meaning and sense of their experiences. Some participants had developed views on religion and spirituality that offered the reason and comfort; others struggled to find any definitive reasons or conclusions. However, all of

them noted some beliefs that had developed from their experiences and that impacted their self-identity and worldview. Many participants expected that they would have to face more adversity and this mainly stemmed from beliefs about the presence of good and bad within the world and indeed themselves.

Group Experiential Theme 4. Constraints and Possibilities

This group experiential theme outlines the participants' experiences with making choices and changes in their lives. All the participants offered rich information about what they believed they were able to control and choose. There was a consensus that parts of the trauma would be with them throughout life but also agreement that things do change and they have agency in that change. Four themes, Elephant in the room, Choice and Change, Emotional and bodily responses, and Ability to grow and change, explore the varied experiences of the participants in terms of being stuck with trauma, and making choices for themselves.

Theme 1. Elephant in the Room

There was a shared sense among all the participants that the trauma's effects are ever-present and permanent. It was the subject that participants spoke about most elaborately and they often used metaphors to depict their experience of being stuck with trauma. The descriptions gave a sense of emotional depth alongside an insight into the consideration they had clearly given to the lasting impact of trauma:

> Still the white elephant in the room. Erm, although I talk about it, it definitely always shows up. It hasn't gone away. [Grace]

> For me, it feels like, like if you imagine loads of CDs, it's like there's a CD running or there's like, there's like a buzz, there's interference. It's like, you know, hear some buzzing, and you go round switching things off. There's a background buzz. [Rosie]

> I guess I know how much things from your past can still haunt you, but other people who have not experienced trauma seem to think it's like any small negative thing; get over it. [Charlotte]

> It's like something that's like a whisper in the background. I guess. Sometimes it's a really quiet whisper can barely even hear it, and everything else is sort of louder than it, and then other times it can be sort of like, you know, medium volume and sort of equal to what's going on around me. And other times, it can be full blast, and it will be all-encompassing. [Anita]

> Hate that everything is affected by it, still, like all roads, lead to trauma, right? It's like a wasp at a picnic, one of those impossible-to-get-rid-of ones that persist in coming back even though it is clearly unwanted. [Zara]

As demonstrated above, it seemed important to these five participants to provide a clear understanding of how much of the trauma experience has remained with them and how it affects them given that it is ever-present in their lives. Nowhere else in the accounts was there so much unity in the way an issue was described.

The accounts also shared similar aspects in many of the reports that although trauma is a constant in life, it does not always affect them to the same degree, and none of them appeared to find this a pleasant experience:

> But it's arduous that constant something that's constantly in the background. [Grace]

> I think having … when you go through a trauma, it is something that is always in you, something painful that is always, it comes and goes obviously, but it's never not there. [Emily]

Although there was a general consensus that the trauma would always impact their day-to-day life, there was a difference between cases in terms of the effects getting better or worse over time. For Charlotte, things were worse now than in previous years:

> In fact, in a funny sort of way, not ha-ha, funny like odd funny, it affects me more now as an adult. [Charlotte]

Isla, on the contrary, suggested that things had improved somewhat:

> I think now, all of the pain has kind of tapered off. And so it's, I wouldn't say it's something that is as intertwined with my life as it was, it's something that dips in and out, and that I deal with when things come up, and it's not something that I'm living through and trying to survive through now. [Isla]

Another alternative was given by Rosie, who, in much detail, explained how things had not improved in terms of trauma effects in her life, but with increased awareness, she was managing the distress caused by this better:

> I think I wait, what is that, you know, where I try and find it, like a thread and ah sort of just try and pick it out and get actually this was, this was in making me react, making me spin … I keep an eye out for it. It's like weeding. It's going to keep coming up. It's never going to be rid of it. It's just the case, and keep picking it out, just like how once you know what the weeds look like. It's like, ah, there's one, there's one, there's one of them, and just owning it. [Rosie]

Anita also spoke about awareness, but in terms of not realising until after, and in some instances a very long time after, that her reactions had been based upon trauma:

> So sometimes it can take me by surprise, and it's that hindsight thing again, that sometimes I will do something, think something or plan something, and then it will be sort of maybe, you know, a little while after sometimes like a year or so afterwards. I think. Of course, that's why that happens. That's, that's why I made that decision. Because it was based on some experience of that. [Anita]

Emily likewise spoke in a similar way of the trauma popping up unexpectedly and of how this usually caused distress:

> I think it’s sort of hard when you just go about your daily life, don’t you and you just do life and then suddenly you realise that there’s more to you than just this life that’s here. And that can be, be quite difficult sometimes. [Emily]

Although it would be easy to assume from the participants' main accounts of how the trauma was still impacting all aspects of their life into adulthood, that it was a negative influence but this would not be accurate as there were glimpses of positive consequences. For example, Grace claimed that ‘almost 100%’ of the decisions she makes are affected by the trauma, which was not all bad because, in some cases, it led to better decisions that she was happier with:

> It's like when a big decision or a small decision needs to be made. Like in the kitchen, if my dad doesn’t like it, I will do it [laughs]. [Grace]

Charlotte also spoke about it sometimes having a more positive impact. For example, she noted that she thought about her childhood ‘every day’, and the effect was that she was occasionally upset and, on other occasions, proud with a ‘disbelief that I survived it’. Therefore, it would not be accurate to assume that in other participants' accounts, the effects they seem unable to move away from are negative in all cases.

Three participants did reveal how emotional they feel about wanting not to have the trauma impact their life. One of them was, in fact, Charlotte, who saw some positives yet still would prefer to live without trauma:

> I can’t even count how many times I have cried in an attempt to wash all memories of it away [Charlotte]

> it will be a good day, the day that I don't think about or react to because of the memories of my past. I hate it. [Zara]

> And yeah, my decisions then will be based on that. But it's not. So I don't know, I think I kid myself that it's not. I mean, obviously, it's sort of that

> the way that I see it. It's almost like not wanting it to be so important now. [Anita]

Hence for some participants there was an air of hopelessness, that the effects of the trauma were not something they would ever be able to be free of. Others felt more hopeful, especially when they spoke about how certain decisions are based on the trauma, which implied a level of control or choice in how much the trauma was permitted to affect them.

Theme 2. Choice and Change

All of the participants talked a lot about choice and control. This included various examples of ways they believed they did and didn't have a choice regarding their behaviours, traits, and who they allowed into their lives.

Although across all the cases, there was a felt sense of having had no choices in childhood, only Zara directly acknowledged having more choices in adulthood than in her childhood:

> It's not exactly like I had any choice whatsoever back then. At least now I have options on some things at least. [Zara]

While Zara spoke about choices in a non-specific way, Charlotte made reference to the particular way her capacity for choice was denied as a child:

> I had no choice. I either conformed or paid serious consequences. [Charlotte]

Of course, Charlotte's statement is contradictory in suggesting there was an either-or option, there being undesirable consequences which thus made it feel as if there were no real choices. She talked about how she made a choice in one instance, but due to the consequences, it was ‘a complete disaster’. Isla also spoke in similar terms, saying that she ‘learnt to stay out of the way’ but that, in a way, was not a choice. Likewise, Rosie, in speaking about her needs and boundaries, claimed that the consequences of sticking to her boundaries or needs as a child had consequences that gave her no choice but to ‘give in’ to others.

Returning to Charlotte, a further discrepancy appeared when she spoke about a coping mechanism during childhood:

> I used to spend hours daydreaming about what it would be like to be free, to be in control of my life [Charlotte]

Although it is not entirely clear if such daydreaming was maladaptive dissociation, Charlotte gave the impression that it was something she enjoyed and often chose to do. Thus, she could not change her circumstances but had a degree of control in childhood over what she decided to think about.

References to choices in childhood were important but limited. However, the participants had much more to say about choices in adulthood. The most poignant statement came from Anita:

> What happened to me, happened to me. I can’t change that. I can change my perception of it, actually. [Anita]

She did follow up in other parts of the interview with examples of how she has been trying to change her perceptions and, indeed, her way of being. For instance, she claims she can build upon innate qualities like strength but ‘sometimes doesn’t’. Anita also spoke stubbornly about how she has the capacity to reject a more trauma-informed way of feeling:

> You know what? Today I am not going to let this happen. I'm not going to be afraid, not be scared. I'm going to try to be a bit more confident. [Anita]

It did seem though that such choice for Anita did take rather a lot of energy and willpower rather than being an easy process. Charlotte's words initially matched Anita's in claiming some decision-making capacity in terms of day to day functioning. However, sadly, she added that this strategy is not often successful; thus, her control was limited:

> Gosh, the number of times I have woken up of a morning saying, that's it, I am not going to be affected by my past anymore. Then bam. Nope. [Charlotte]

At other times Charlotte mentioned not having much choice in how much the past affected her despite trying hard to reject it. When talking about the fact that other people expect her to be over her past by now, she said, with frustration, that letting go was not easy; in fact, she gave the impression that it was unachievable:

> If it was as simple as letting go of the past, which is easily said right, then I would have done that by now … What I do know is that as much as I would not choose to think about it and have it influence my life now, it does. That isn’t something I control. [Charlotte]

It seems that even desire and willingness, for Charlotte, can not help her to make the changes that she would choose to make. Rosie offered a descriptive insight into a similar feeling of not always being able to control the choices she would like to make, likening her experience of a toxic relationship that she wants to leave to the powerlessness of addiction:

> I said to my best friend, it's like, I'm an alcoholic, and I want to reach for the vodka all the time. I want to reach for that relationship with her and make it better all the time, even though I know it's toxic. [Rosie]

Despite a struggle in terms of her choices around relationships and boundaries, Rosie had had a more positive experience in trying to achieve a change in perception, as per Anita’s description. As a result, Rosie appears to have been able to change her initial perception of herself as a victim.

> I'm like, oh my God. I'm not completely the victim in this. [Rosie]

Anita saw that in childhood, with little choice, she was a victim; however, as an adult with more choices, she had changed that perception and was now able to accept responsibility for perpetuating the notion that she was a victim and the adverse effects that was having on her and her relationships. Marie also made claims of a similar nature; that she had made choices resulting from trauma when there were perhaps other choices that would have led to better outcomes:

> It made me not feel sorry for myself, but actually hate myself even more because I've had so many of the right opportunities and chances to work

> through the trauma and a lot of the time, I've chosen the easy way out. [Marie]

Sadly, for Marie then, that recognition in hindsight that she had more choices available but may have taken the less beneficial one was a distressing experience. For Marie, choosing her reaction and perceptions was more difficult. She referred to this as being able to ‘switch on, switch off’ and she stated that she used to do this more easily:

> I feel like I used to be able to switch on, switch off, but I guess as time has gone on, I have less control over it now. I can’t switch on and switch off so quickly as I used to. [Marie]

Marie's experience is the reverse of Grace's. Grace finds it easier to make decisions about herself, her thoughts and feelings without the trauma overpowering the decision-making process now:

> I do have some control now, I am able to shelve it … It surprises me, but my shelving skills are better. [Grace]

The important word here, though, was ‘some’. She did acknowledge that some decisions are still influenced by trauma but believed she still had some control and that there was a choice-making element to this, with her responses and reactions being hers to control. There are things that she would or would not do out of choice because of the trauma. Earlier Grace had spoken about anxiety that her ability to control the impact of trauma would wain

and that her ability to have choices and be able to shelve responses would be determined by future events:

> I worry that is all going to get worse again. I think circumstances will dictate that and how much it will show in different experiences I don't know. [Grace]

Although much of her 'shelving' talk was about behaviours, she also talked about identity-related choices. In line with Anita's comment about the ability to change perceptions, if nothing else, Grace too spoke about changing her ideas about herself rather than being able to alter her innate traits:

> I don't think traits can be changed, judgements about them can change, though. So reaction is separate to identity and how I might live up or down to the traits I was given. And I think over time, I have learnt to manage my reaction and judgment a little but still a lot more work to do on that one. [Grace]

Another participant who believed she had a certain level of choice about when the trauma affected or influenced her was Isla. Like many others, she acknowledged she was unable to change the experiences of her past but did have control over how much she let it affect her:

> I just think your experiences really do shape you. You can allow to what degree. [Isla]

According to Isla, the degree to which her experiences shaped her perception of herself, her trust in others, her sense of belonging, and her worldview was an ongoing process. For example, she said she could use her experiences to help her make good decisions:

> I can look at what I have been through and allow it to inform decisions. [Isla]

There was also a sense of agency expressed by many participants in terms of how they could now choose elements of their life that could be or are not influenced by their childhood experiences.

Participants agreed that they had changed and grown; most of this was driven by their own choices. Three participants noted how therapy, which they had chosen to engage with, had helped them make changes, though it should be noted that one of the research criteria for participating in the study was therapy. For example, Emily claimed that therapy had helped her build positive self-beliefs, Zara stated how it had helped her see she had choices, and Rosie wished she had had therapy many years before due to the changes it had helped her with.

For these three participants, change has been aided by therapy; however, some participants were quick to point out that change is difficult for them, even where therapy can help. Marie was most forthright in her comments about this. She regarded keeping positive not simply as a choice but a fight and one she does not continually have the energy for:

> Yeah, I had amazing dreams and goals, but it's almost like I have succumbed to it, and I am so tired of fighting these days. [Marie]

Charlotte and Zara shared Marie's sentiment of being tired. However, they gave less of a sense that they were too tired to continue making good choices. Interestingly Zara used what could be viewed as fighting talk in that she refuses to be defeated:

> It's hard work, though and exhausting. Like I always need to check out my thinking. [Charlotte]

> Like why am I have to always try so hard to do the right thing for myself, to be in a better place mentally, and develop an understanding of who I am? It's bloody tiring but then what's the alternative? I won't go down the give-up path. Tired is better than defeated. [Zara]

The three accounts from Marie, Charlotte, and Zara, although offering different perspectives on change, do demonstrate that each of them saw they were making choices and decisions, even if this was exhausting or if the choices they were making were not as successful as they once were. They had a sense that they have some agency over what they do and how they perceive.

Two participants spoke very differently about how over recent years, their perceptions of themselves and what they do have altered as a direct response to their childhood experience. Anita is becoming more ambitious, while Isla has had the reverse experience of slowing down:

> in the last few years, I have become quite ambitious and adventurous … there is really sort of like no limits to now. I love to be outdoors and still go to new places and things like that, so I must get away. So even going on holiday will be a reaction against it; my experience is dictated to by that experience. [Anita]

> I think before, I definitely had higher ambitions and wanted to be reckless and now I think I want to just live a really quiet life, I don't, I'm not like I don't regard myself as a safe person, so I think it's resented, I resent saying it but it's just that I do. [Isla]

Both Anita and Isla saw the changes they had made as beneficial, adding to their lives and helping them to build self-identity. Sadly, for one participant, the change process has not been such a welcome experience. Marie said the trauma ‘helped me to develop an identity at first because that was a way for me to justify what I'd gone through’. She had previously mentioned how she was able to ‘use’ the trauma, inferring it was her choice how she perceived the events as ‘inspiration and motivation back in the day’. However, things more recently have prevented her from doing the same:

> When I first kind of got out of it when I got out of uni and that, at first, I wore it like a badge of honour, you know that I'd gone through all of that and got there, but as time went on, and I struggled more and more. [Marie]

Unlike the above accounts, which focused on longer-term changes, others spoke about shorter-term changes; Anita and Zara described the following:

> But then, other times, I feel very low, fragile, and broken, the complete opposite too; it's strange like that. I never know which it will be, either. [Anita]

> Some days I feel ok, like I know what I want, am a bit more ok with being me, can say I am this or that, then the next day, I am all confused, can’t

> make good decisions, don't feel connected to myself. It's all up and down for me. [Zara]

However, Zara moved on to speak about how she can sometimes influence these quick changes, claiming it is ‘all a state of mind’ and on occasion, she probably contributes to feeling negative by focusing on the wrong things or thoughts.

Isla, Emily, Grace, and Anita also mentioned focusing on the negative. Each of these four appears to consider things from a negative perspective first, especially when it comes to thinking about themselves. For Anita, it is to the point at which she views herself as a bully:

> I'm generally very negative, very, very hard on myself, extremely hard on myself to the point of being a bully to myself. I have to work hard to correct myself. [Anita]

The word ‘work’ is interesting, implying that she could engage in thought processes or actions to become less bullish and negative; she could choose to change this default attitude. Isla likewise used the word ‘work’ in her description of being negative.

> My perception of myself, generally, is initially negative. And I think that has come from definitely having to work backwards from a bad place instead of starting at a good place, so I'm kind of in that zone. So, I definitely think I have to do more work working from a bad negative self-view into a good one. [Isla]

Here Zara suggests that she has the ability to change the negative perceptions that come more naturally to her for preferable perceptions, something that needs further work. She said she was putting a lot of effort into trying to relate to herself better, specifically in the context of love, to make good decisions, and to take account of herself more when thinking about what she wants to do and be in life. a large part of that learning for Isla was expressed as being able to create her own goodness:

> creating your own goodness and drawing things out of those times, and not relying on things to be good [Isla]

Zara made a similar statement:

> It's up to me. Ok, my childhood was not my making, but what I make out of that, that is all me. Hopefully, I can learn to get some more good from it. [Zara]

She was not alone in identifying learning as something she could do. Many of the participants spoke of things that they were learning, including healthy boundaries [Rosie], who best to spend time with [Anita], coping skills [Marie], how to do things differently [Charlotte], and self-narrative [Rosie].

As Emily aptly surmises, there was a sense that all of the participants pointed to the notion that ‘you grow and you change’ [Emily], and much of that change and growth has been done through hard work and a good number of choices and decisions. Furthermore, they

all appeared to want to learn and grow more on their own terms. However, there was a degree of inconsistency and elements remained that they all felt they still had no control over.

Theme 3. Emotional and Bodily Responses

All eight participants talked about things that they felt were involuntary reactions. These reactions were always based on either their body's reaction or behaviours they considered to be direct reactions stemming from childhood trauma.

Isla gave one example of a bodily reaction. She spoke with an air of deflation about how her body was not a reliable part of her life:

> So it left me with a body that I can’t trust that well. I just don't know if my body is going to freak out at something, it shouldn't, so that it totally just tells me the wrong thing to react to. And there are things I have to work through. [Isla]

Her comments related to the appearance of anxiety in her life, claiming it to be a ‘residual’ part of the trauma and, sadly, something that affects a vast amount of her decision-making. Psychologically Isla had a lot to say about involuntary ‘attacks’ that she assumed most other people would not have and how she longed not to have her life affected by them:

> I definitely walk around a lot, wondering if everyone has as much. It feels like their brain is attacking them as much as mine does some days like. I'll look outside and go wish I could have a break and I wonder what it would be like to be that person who just seems to be laughing quite easily and

> looks like they really feel like, in that moment, like what feels like to be that person. [Isla]

Anxiety was an involuntary response shared by Emily and Marie, who likewise painted a picture of how it could come on at any point without warning and how it was unwelcome. Marie articulated how anxiety and other involuntary responses, such as nightmares, can be detrimental to her ability to live as she would prefer and about how these things were unpredictable in terms of when such they occurred:

> sometimes it's so bad if the, if the dreams have been or if my anxiety has been bad, but you know, from the second I wake up, I'm in flight mode, and the whole world just comes crashing in and then that's where I'll just do anything to seek out any form of relief. [Marie]

There were two others reflecting the same type of responses. Charlotte conveyed a sense of being slightly less bothered by them and working to find ways to live with them:

> But that's wishful thinking as I still have nightmares and flashbacks, not as often as I used to, but whatever I do, they still happen, so I have to accept and live around that [Charlotte]

Then Zara labelled these as 'leftovers' with triggers and nightmares appearing to cause distress; she was also extremely descriptive in how she had integrated these into her sense of self, talking about how they shaped her as a person:

> There are things that will always be a part of me, a part of my life, nightmares, bloody horrible nightmares they will never go away, the panic in certain situations or like well triggers, I guess, things that remind me of this and that, and I have an ingrained fear like my first reaction to everything is a fear one that I have to talk myself down from if I can as they make me a horrible person until I do. I don't want any of these leftovers, but here I am, stuck with them [Zara]

Grace shared a feeling of distress at being stuck with involuntary responses. For Grace, a direct result of this frustration has been to adapt her behaviours to avoid being in situations where a trigger might appear. While talking about triggers relating to childhood trauma, Grace said there are social media support groups that she will sometimes avoid but this makes her feel conflicted as she feels guilty about not being there for others:

> To digress, I have taken myself off a lot of my Facebook survivors, what you call them, trauma survivors. All those different forums and groups were coming up so often, constantly. I think I am kind of been helpful towards other or wanting to care for others, but then I don't want to be thinking about it. Reminiscing, pay attention to it. I want to be thinking of something else for a change rather than reminiscing on shit stuff. [Grace]

There seemed then to be a large amount of distress and frustration regarding flashbacks, nightmares, and intrusive memories. Even Charlotte, who at one point seemed

accepting of them, expressed frustration when she behaved in ways she could attribute to fear still present from her childhood experiences:

> In that way, I often get frustrated with myself because I am not that child anymore, so I don't need to be afraid, yet I can’t shake it. I am still afraid to voice myself. [Charlotte]

Charlotte mentioned her perceptions of time and doing things as if she were in a different time, in this case, as a child. Marie also spoke about the link between her emotional responses as an adult and a child:

> Because at least when I was in my childhood, I was feeling scared. I knew why I was scared because of this thing that was happening. Do you get what I am saying? but now, when you're just scared for a reason, and you can’t find that, that's even worse. [Marie]

For two participants then involuntary trauma responses were linked to flash backs to their childhood trauma, with behavioural and, or emotional responses being similar even if the situations as an adult are vastly different.

Conclusion

Participants descriptions of the effects of trauma that they might experience for life and what they could possibly change evoked a great deal of emotion. Their accounts were mixed, expressing sad acceptance about what they could be stuck with and hopefulness about

changes to come. In general, it seemed that the participants work hard to make decisions that are beneficial to their self-identity with mixed results thus far. Furthermore, they all acknowledged that, as adults, their choices had widened since childhood when they had been greatly limited to the point, for some, of feeling non-existent.

Group Experiential Theme 5: Co-existence of Distress and Growth

The co-existence of distress and growth is somewhat different to the other themes. Whereas other themes focus on a specific topic, for example belonging, this group experiment theme emerged from the data in its entirety. On observing the data set it quickly became apparent that the experience of EC did not mean that participants experienced only distress or growth, but a combination of both. This group experimental theme, unlike the other four, is not simply made up of themes but is more concerned with one specific phenomenon, simultaneous distress, and growth.

Data can easily point to the coexistence of distress and growth. Observing the data case-by-case, we can see that all the participants talk about distress and growth. Data from the other four themes indicate that all eight participants reported at least one element related distress and one related to growth, but frequently more. For example, Zara, when describing distress, spoke about her difficulties in relation to self-identity, relationships, and involuntary responses but also showed growth regarding personal qualities, relationships, and spirituality. By considering the entire data set rather than just specific contributions reported in this findings section, a clear picture is painted of both distress and growth among individuals.

According to the findings, participants may be distressed in one area while growing in another. In Maire's case, for example, she struggles with self-identity, yet her spiritual

awareness has grown as a direct result of her traumatic experiences. In a similar way, Emily, who struggles with relationships, has found purpose through trauma and growth in terms of her personal qualities.

Taking only the data presented in the other four themes, we can see a distinct cross-over between distress and growth. There was consensus among participants about how trauma had positively impacted their ability to understand others. On first observation, this might lead one to conclude that this growth would strengthen the participants' ability to have successful relationships with others, but the participant descriptions of struggling in relationships indicate otherwise.

In addition to observing distress and growth coexisting within the data, it also seemed important to see if the participants were aware of the phenomenon. The data were indeed rich in this regard. Anita understood that sometimes she had to deal with distress, and at other times she had to deal with growth. She discussed how she felt resilient at times and weak at other times. Consequently, growth was not a fixed thing for Anita; for example, as far as resilience was concerned, it could fluctuate: 'I feel resilient. But then other times, I feel the complete opposite.'

Zara likewise spoke of such fluctuation, saying she was like 'Jekyll and Hyde', sometimes feeling relaxed about herself and other days distressed to the point of hating herself. Also, Isla expressed a wealth of duality in her report, including describing herself as being a combination of 'brokenness' and 'strength'. It appeared, from their ability to point out the difference, that participants were aware of the dialectical swings between distress and growth that they encountered.

The simultaneous presence of distress and growth seems important given that participants could identify its occurrence. Observing this phenomenon highlights a further complexity in the experience of EC due to childhood trauma.

Researcher's Reflections on the Findings

One of the reasons for selecting IPA as the analysis method was due to the fact that it would allow participants' descriptions to lead the findings, thus allowing the voice of the participants to shine through. Trauma is, for many, a difficult subject and requires sensitive and empathic handling. It felt like an ambitious task to select the relevant information from the data and present limited quotations when every word in the interviews mattered to the participants. I believe the choices I have made in the inclusions, and indeed exclusions, offer a true reflection of the individuals' voices and experiences of EC. It felt necessary to balance as many of the participants' words within the findings with limiting the exposure of what many of the participants said they had never spoken about before.

It was easier to put aside thoughts of the existing literature and personal assumptions than anticipated. The participants' words were all-encompassing and it was easy to become immersed in each narrative. I wanted to capture the emotion with which the participants spoke but was fearful of falling short in this area as the depth of emotional expression seemed unreachable with language.

I remained mindful that the findings could be used to inform clinical ways to help support this client group so it was important to provide a clear and accurate picture of the complexity of experiencing EC and indeed childhood trauma. I know the participants shared with me a desire to help those in distress to find some relief. Their descriptions, when

combined with the concepts of EC and existential literature, offer some hope of how a theoretical perspective of childhood trauma seen through these lenses supports an understanding of their positions, and current treatment approaches in a way that may help healing. The following discussion chapter provides links between the findings and literature, alongside recommendations for targeted clinical interventions.

Discussion

This research aimed to explore the lived experience of EC resulting from childhood trauma, from an existential perspective. Eight participants who demonstrated EC and had experienced childhood trauma took part in semi-structured interviews during which their lived experience of EC was described. Data were analysed using an IPA methodology, with five themes emerging: Self-identity, Self and others, Making sense, Constraints and possibilities and Co-existing distress and growth.

This chapter will discuss the findings from the preceding chapter and how they relate or not to the literature reviewed in the third chapter, with a particular focus, but not exclusively so, on existential understanding of self-identity and trauma. For clarity, each group experiential theme will, as in the findings, be discussed through their corresponding themes and where required, new literature may be introduced.

Furthermore, whilst the study's aim was to explore the lived experience of EC, which did not include the impact of therapy nor the issue of recover from trauma directly, the thesis is in partial fulfilment of a counselling psychology doctorate, and as such some reference will be made to how the findings can be useful to those working with clients who have experience of EC due to childhood trauma.

The chapter will also discuss the limitations of the research, for example linked to the specific sample set and the methodological approach. It will conclude with final reflections of the researcher.

Self-identity

Coherence, Continuity, and Valence of Self

Although the CES asks for information about statements such as ‘event tells a lot about who I am’? and ‘this event has become part of my identity’ (Berntsen & Rubin, 2006), in answering the questions, the only knowledge gathered relates to the extent to which the respondent believes them to be true for them. What EC literature has not provided is any insight into what people think or feel about self-identity, which is centred on trauma, or indeed what it is like to live with little or no sense of self. The EC scale does not allow participants to report, for example, that trauma has resulted in a lack of self-identity, it assumes that it exists for people in general. This then overlooks the fact that for some, the experience of trauma has resulted in little self-identity to be centred on trauma. Existential theories do take into consideration the possibility that some individuals have little or no self-identity and the reasons for this.

Many existentialists believe the self not to exist (Sartre, 1923/2003) but acknowledge the desire to have some sort of sense of self (Van Deurzen, 2015). This research contributed to an existential understanding of self in the sense that some of the participants felt little or no sense of self, but a strong desire to have one. Through the voices of the participants a picture of the emotions involved and energy expended in trying to grasp a sense of self is evident; thus bringing to life this experience of searching for what might not be there.

How can an individual find a sense of self if they either do not have one at all or a strong sense of one?

An existential therapist’s approach to this, according to van Deurzen and Adams (2016), would look at how it can be created rather than trying to ‘find’ a sense of self. A

'sense of authority, of being our own author of our own lives' (Van Deurzen & Adams, 2016, p. 84) would be worked on with clients alongside exploring and acting upon who they want to be, how they might act to work towards becoming that. Such an approach doesn't need to consider who they have or have not been in the past but rather what they want to be now. The existential approach empowers people to choose and commit to a preferred selfhood. The approach would also help to address continuity issues with clients, given that change in reaction to events is part of human existence, as discussed in EH. This may help them not to be so fixed on a desire to be one same self throughout life or even in each given situation.

In respect of continuity of the self, the study exemplifies that although self-identity might be centred on trauma, in agreement with EC, this does not mean that self-identity in itself is fixed. There appears to be much movement in terms of self-identity within the context of the fixed-on trauma status.

It would also be important to work with this population to try to disentangle their self-identity from their trauma experience, to reduce the EC given its links to pathologies such as PTSD (Berntsen & Rubin, 2006; Berntsen & Rubin, 2007), anxiety (Galán et al., 2017; Johnson & Boals, 2015), and depression (Boals, 2014; Galán et al., 2017; Nourry et al., 2023; Vermeulen et al., 2023; Wamser-Nanney et al., 2018). Whilst EC research suggests that EC can be reduced using a variety of therapies including CBT and ACT (Boals et al, 2015, Grau et al., 2021), these studies focused mainly on participants who had experienced trauma in adulthood when self-identity was likely to have been more developed. Further research is needed to examine if those with trauma in childhood, who may not have had a pre-trauma self to relate to, would still see a reduction in EC in the context of these treatments. Furthermore, these studies do not demonstrate if participants were able to build a self-identity based on other aspects of life rather than just having a sense that that their self-identity, as

related to a trauma event, was reduced. This still leaves questions as to how these individuals build or re-build a sense of self.

One possible approach that could also address the issue described by the participants in relation to maintaining coherence of self is Narrative Exposure Therapy (NET). NET therapy requires clients to talk through life events, both traumatic and non-traumatic, chronologically, providing as much detail as possible including thoughts, emotions, physical sensations and making connections with current emotions, behaviours and perceptions of self (Schauer et al., 2011). Viewing a full life narrative can help clients to take steps towards a positive self-identity from other important life events rather than only trauma ones.

A narrative approach seems applicable for such a population given that EC and existential literature considers how trauma can disrupt narratives and that coherent self-narratives play an important role in the formation and maintenance of self-identity (Meisel, et al., 2021; Ricoeur, 1984, Robinaugh, et al., 2011; May, 1991).

The research further contributes to our understanding of self-identity being centred on trauma as evidenced by an apparent negative self-bias described by the participants. Descriptions of self were dominated by negative words often inferring a defectiveness. EC literature does not explore the actual words or traits individuals use in depicting their identity, although it tends to assume a negative position in general. The participants in this study precisely demonstrated negative self-perceptions that had entered their experience of EC due to childhood trauma. An understanding such as this can help to support the exploration of suitable methods to adapt negative self bias. NET could also help here to help people to locate positive traits; however, a more targeted approach is also possible and potentially helpful, as used in CBT where core-belief work helps clients begin to develop awareness of

when a negative core belief is impacting on their emotions and behaviour. They can then start to challenge the belief and replace it with a more positive or neutral thought.

With a negative self-view identified among the participants it seems important to consider research finding negative self-views resulting from a trauma corelating to trauma pathology such as PTSD (Keshet et al., 2019). A meta-analysis found that reducing negative self-views also reduced PTSD symptoms (Brown et al., 2019). Thus is appears critical to work with clients to help reduce the impact of negative self-perceptions in hope to reduce levels of pathology and distress.

Self and Trauma

EC research finds that the way an individual perceives a trauma experience can impact on the severity of EC and thus their views of themselves (Boals, 2018). The participants' descriptions supported an understanding that trauma experiences had significantly impacted their self-identity; however, something the findings demonstrated, that is not currently discussed in EC, is that participants did not always consider that all aspects of their identity were impacted: the nature vs nurture debate. EC and EH insinuates that all aspects of identity are affected but this contradicts the perceptions of participants in this research.

Furthermore, the existing EC research assumes a relatively binary position in terms of whether perceptions of self are positively or negatively impacted (Boals, 2018, Johanßen et al., 2022; Stevens et al., 2022). This did not appear congruent with participants' descriptions of both positive and negative ways in which their identity had been impacted. The findings then mean anyone working clinically with a population with EC resulting from childhood

trauma needs to be mindful not to assume that all aspects of identity have been affected nor that any effect is purely negative.

An important aspect of the findings arose in the words participants used when talking about trauma; they often referred to ‘my trauma.’ The trauma experiences felt like part of who they are rather than being something they had experienced. Spencer's (2011) work on victimisation, based on EH, stated that trauma could be over-absorbed into selfhood, resulting in a trauma-focused self. A victim of trauma cannot externalise trauma; thus, it becomes part of their being and definition (Spencer, 2011). There are echoes here of Frankl's (1946/2008) work in the sense that the participants had developed a strong identity with the trauma event and label. Although they had experienced trauma, they had a sense of the trauma belonging to them. The results of this study align with Frankl's identifying with theory more than Sartre's action-based theory, as there was no evidence of the participants acting up to the label of being traumatised or a victim. More research would be needed to confirm or reject that notion.

The over-internalisation of trauma to the point of it becoming ‘my trauma’ raises the issue of what might help this population to detach from such a position. Perry (2021), who has worked extensively with victims of childhood abuse, suggests working with clients to reframe trauma as something that has happened to them rather than something that is them. This can help guide them towards a position of contextualising trauma in a similar way as life events which do not get internalised. Perry advises when beginning to work on this, it is important for clinicians to ask questions in a way that helps distance them from the event, for example, by stating ‘What happened to you?’ in the first instance to encourage initial distancing between the event and the perceptions of the impact of the event.

Internalisation appears relevant to the research when considering the intersection of internalisation and attachment. Bowlby's (1969) attachment theory stipulates that childhood is the key time for developing healthy, secure attachments. A component of this is the ability to internalise emotions and experiences provided by a caregiver to develop a secure base and positive inner working model of selfhood (Bowlby, 1969). Current research on childhood trauma demonstrates correlations between avoidant attachment and negative internalisation, often predisposing to anxiety, depression, and trauma symptomology (Fuchshuber et al., 2019; Watters & Wojciak, 2020). Moreover, with internalising disorders such as OCD, Eating disorders, and Borderline Personality Disorder (Gąsior & Chodkiewicz, 2020). As demonstrated in the findings, participants had attachment issues which could indicate a link between attachment and internalising trauma experiences. Could the trauma event have become the 'secure base' that was perhaps not attached to a caregiver within childhood?

Object relation theory has long held that an object can, during childhood, become a source of comfort and security (Winnicott, 1953). That an object can become a substitute for an attachment with a caregiver (Bowlby, 1969). Research demonstrates that objects can provide security where a person is perceived as unreliable, insufficient, or unavailable, with the object becoming a compensatory reliable tool to divert from the anxiety of an insecure attachment (Keefer et al., 2012). Attachments can be formed with a variety of non-human resources, including animals, fictional characters, or even places and landmarks (Keefer et al., 2014). Attachments to events have been researched in relation to positive emotions linked to team sports events (Prayag et al., 2020; Rehman et al., 2023). However, this is limited and does not extend to other events, not trauma events. More research on how people may form attachments is required. It would though, given the current study's findings, seem that

becoming attached to an event could be plausible. In fact, it could be that attachment to an event is at the foundation of EC.

If this is the case, it could explain why some clients find it difficult to release trauma, as there would be a strong attachment to the event itself and much anxiety and grief involved with separating from the trauma. Therefore, in such instances, working with clients from an attachment-based model might be a helpful approach.

A broader question about how self-identity can be separated from trauma once the connection has been established is also important. Can individuals, such as the participants in this study, be helped to reduce the impact of EC resulting from childhood trauma? As detailed in the EC literature and the discussion of the above themes, various attempts to reduce EC have been made (Boals et al., 2015, Grau et al., 2021) and additional therapies that work on integrating trauma in a different way, such as Timeline Therapy (TLT), might be useful. An additional therapy that is also based on the integration of trauma is Lifespan Integration therapy (LI). LI can help re-organise the self-system by using neural connections to disconnect old self-states and replace them with new ones (Pace, 2012). Clients continually work through a timeline of their life, repeating memories and emotions to allow the brain to begin locating memories into an organised space and time, a process that is disrupted by a trauma experience. The technique promotes a sense of coherence of self but also allows for part of the self to be separated from events that are no longer applicable to current life; it also helps individuals to identify what now is an accurate self. An approach such as this could help, as evidenced by the participants in this study stating that the trauma made them who they are; the technique could help to validate the sense that their experiences have impacted their identity but allow them to move away from any of the part of self that might not be helpful or applicable to current life.

Self and Others

Enmeshment

The findings were congruent with the EC literature in demonstrating that attachment issues can feature in the experience of the phenomenon (Ogle et al., 2015; Ogle 2016, Harris, 2021). However, the findings in this study contribute more depth to our understanding of how individuals merge or enmesh with others to the point of subjugation of self. EC research has not thus far examined in depth how an issue such as over attachment can impact the daily life of trauma victims.

Existentialist Van Deurzen (2015) does, however, acknowledge the need for people to sacrifice themselves as a safety mechanism. Van Deurzen uses the term assimilate rather than enmeshment – that an individual has to take on parts of others to survive in certain circumstances. Van Deurzen's theory can be read to infer a temporary adjustment to self, this idea that assimilation would be circumstance-specific and that once the situation has ended assimilation ceases. However, the participants in this study appeared to experience enmeshment as a longer-term issue and one that could transfer from the trauma situation to present-day situations.

Neither EC nor Existentialism discuss the issues presented by the participants around trying to de-enmesh. As such, we are not well-informed on how to help people become less assimilated to others. Further research would be needed to fully understand the experience described by the participants, in order to recommend ways to help them. Initial thoughts turn perhaps to CBT, which is commonly used when a client presents with co-dependency. In this instance clients are encouraged to replace behaviours that continue unhelpful interpersonal

relationship habits, and to explore their own needs deeply and how to ensure that these are met in a relationship.

Furthermore, the results of the study added insight into how participants had internalised negative words spoken to them within childhood. Again, EC and EH, whilst stating that a negative view of self and aspects of trauma can become frozen within an individual, are not specific about what these negative views are, and more particularly where they have come from. This study finds that words spoken to the participants as children had a huge impact on how the perceived themselves many years later. Supporting individuals to separate from these voices of the past could be helpful. Gestalt therapy has a particular approach that could be useful for this. Gestalt therapy will often use ‘chair work’, whereby a client will talk to parts of themselves, switching between two chairs (Garcia, 2022). Using this technique can help individuals separate themselves from voices from the past and challenge negative voices, while finding their own voice.

Relational Problems

From an existential viewpoint, humans are always in relation with others (van Deurzen & Arnold-Baker, 2018), and relationships have the potential to cause conflict and trauma (Heidegger, 1927/20019) and change us (Buber, 1923/2000). Understandably then, participants exhibited relational problems. EC research does not attend to relational difficulties. Although it does explore self-identity and worldview, which have some crossover with relationships, it does not directly examine the role of others. This is mainly due to the fact that there are no questions in the CES relating to relationships; the only questions relating to others are, ‘I believe that people who haven't experienced this type of event think differently than I do’, and ‘I often see connections and similarities between this event and my

current relationships with other people' (Berntsen & Rubin, 2006). These questions do not allow people to fully express all the issues they have in relationships. The findings of this research add to EC literature by way of exploring some of the actual issues encountered, for example, difficultly trusting, fear of judgment, fear of rejection, and boundary issues.

EH is helpful in examining the participants' relational issues. Romano (2009) argues that there is always an element of risk when encountering others. Since any relational exchange is an event, as with all events, it comes with the risk of being changed by the event. Romano even goes so far as to reject the thought of a first or new encounter as we are always encountering based on past encounters; no encounter happens in isolation. Participants in this study certainly appeared to evidence how past experiences in childhood had made them suspicious and non-trusting of others, thus encounters were being impacted by previously encountered experiences. If then participants are describing an encounter in the context of an EH framework, whereby all relationships are being impacted by childhood trauma experiences, it could be helpful for them to engage in existential therapy based on exploring how past encounters are being projected onto current thoughts, becoming aware of this occurrence and taking steps to do things differently, for example to challenge thoughts of suspicion, or to trust even when their own thinking might drive and urge them not to. this could help them to exchange preexisting responses for more desired ones.

Furthermore, the findings have added to EC literature in identifying how the participants sometimes prioritise the needs of others, considering others to be more important, how they people-please, and mask their emotions. The participants descriptions were reminiscent of Sartre's self-in-itself (1943/2003), where part of the self becomes a utility or objectified. Such a view supports the idea that participants can create a safe space from the anxiety of being nothing by being of use to someone else. Furthermore, there was a sense that

participants could not live authentically as they were rather over focused on the impact they were having on others and the need to act more from a perspective of being socially desirable to others. Existential authenticity is not based on being congruent with a true self, but the sense that actions correspond to personal values not dictated by society's values or expectations. Therefore, the participants could be said to be living inauthentically by masking rather than expressing their emotions freely. How can people like these participants be helped to be more authentic within relationships and to take risks in not serving others but having more reciprocal relationships?

An existential therapist would then be well placed to help clients when problems arise with being authentic in relationships. Van Deurzen and Adams (2016) recommend that in the first instance an existential therapist would explore what authenticity is and means, then consider when being authentic and inauthentic could be helpful in the client’s life when in relations to others. While past experiences will be important, clients would be encouraged to look to the present and future instead, separating present encounters from knowledge of past ones and rather focusing on how they would like to be in relation to others now. It might support clients to view themselves less as a self-in-itself and more as a being who needs to both give and receive from others.

in this study, mixed within relational issues were some positive statements about being in relationships with others, which supported EC literature on PTG (Kuenemund et al., 2016). However, where EC literature currently makes broad statements claiming enhancement of relationships, the findings of this study have identified key aspects of this in pinpointing that the trauma had made for more understanding, kindness, acceptance and compassion towards others. The findings help to provide us with a greater depth of

understanding of some of the intricacies of the issue which go beyond the broad relational issue linked to EC from childhood trauma in the existing literature.

Not Being Understood

EC literature details that people's worldview is often impacted by trauma (Berntsen & Rubin, 2007); however, to date it has not explored how beliefs about society and others' reactions to trauma contribute to EC and trauma. The findings of this study saw the participants place a great deal of importance on how others perceived trauma and this impacted their ability to feel understood. Participants perceived that others did not want to hear about trauma or had expectations about trauma recovery. This information is not something described in current EC or existential literature on trauma. EC and existential literature generally focuses on the individual's reactions not society's as a whole. It would be useful to have more research on this area to examine how accurate the participants' perceptions are. Are there societal expectations and do people prefer not to talk about trauma? Or is this an unfounded worry of those who have experienced trauma? The writings of Sinason (2020) suggest that there may be high levels of cultural dissociation whereby Western nations in particular have become detached from the suffering of others and indeed often wish to ignore the evidence that trauma, including war and rape, can be occurring. Such knowledge would be useful when attending to how to help this client group with the issue of expectations. If the clients are correct that trauma is an issue others prefer to avoid, ways to help them accept or navigate this would be helpful. However, if their perceptions are not entirely accurate then working to help them reframe these thoughts, with therapies such as CBT, might provide them with a way to open up and allow them to be better understood.

Alternatively, it is possible that participants were describing a deeper human condition of never being truly understood. EC does discuss subjectivity in relation to how an individual perceives an adverse event (Boals, 2018) but it does not consider how this subjectivity might impact individuals. The findings of this research indicate that trauma subjectivity does have some influence on the lives of those with EC due to childhood trauma, in relation to being understood.

Existential philosophy does consider the subjective, and participants appeared to describe the core of existential subjectivity 'that one's subjective experience of reality can never be fully shared' (Koole et al., 2006, p. 213). Existential therapy can help clients with subjectivity by way of encouraging them to fully understand their own experiences as they subjectively experience it, and others would also experince events subjectivity. Thus they are always in isolation in terms of how others might either experience or view experiences (Cooper, 2003). In this sense an awareness of the idea that their own understanding is what really matters and that others will never be able to fully understand them is essential, in the same manner that they cannot fully understand others.

The participants' desire to be understood appeared to echo Stolorow's (2007; 2013) concept of a relational home, in the sense of them wanting somewhere to put their trauma experiences and difficulties. For Stolorow, ideally, this relational home would be found soon after an adverse event; however, finding it at some point in time is better than never finding it. It also seems important to interject here that, from an existential perspective on temporality and events being present at all times, it seems justifiable to argue that a person could need a relational home for past trauma at any point in life or indeed at several times during their life. Stolorow (2013) suggested that trauma symptomatology can be reduced when an individual's pain is placed in a relational home. Although participants were not asked to discuss whether

or with whom they had been able to talk about trauma, interestingly, aside from the findings presented, three participants disclosed that they rarely have the opportunity to speak about their trauma. Therapy so that people can feel safe in talking about their experiences to give their trauma a relational home then appears to be a sensible intervention to help clients feel that their trauma has a place. Existential therapy can be useful in relation to giving clients space to just talk without feeling the need to fix, but simply being with their experiences with another person.

The second key component to understanding was the participants' understanding of themselves through other people as it related to labelling. In defining oneself, labels are frequently helpful (Bailey, 2003). While noting that labels give a person a sense of self, existential theories suggest they provide little insight into the person themselves because most labelling is merely a listing of properties (Austin, 2005). Even so, when asked questions related to self-identity, people will often turn to historic and culturally based labels referring to gender, relationship status, job, age, religion and so forth (Webster, 2005). For existentialists, the critical factor in using labels is not the labels themselves but how a person relates to them (Beauvoir, 1949/2011; Frankl, 1946/2008; Sartre, 1948).

However, there was also evidence that participants rejected non-historic and cultural labels based on personal traits. Specifically positive personal labels were easily dismissed in the findings. That some labels are absorbed, and others not, suggests a degree of choice in what is aligned with or not. There is more to labelling than merely being given a label by others.

Existential theories, and indeed EC literature do not currently consider the differences between internalising positive and negative levels as experienced by participants in this

study. Such information would be useful in order to support individuals to integrate positive labels which might promote positive self concepts and reduce negative self-bias.

Belonging

In the field of psychology, when we talk about belonging, the work of Maslow (1943) is never far away. Maslow claimed that love and belonging are basic human needs. If love and belonging are lacking, according to Maslow, depression and loneliness can ensue. It is perhaps not then surprising, from a broad psychology perspective, that many participants spoke so emotionally about a sense of not belonging. However, EC research does not currently explore issues in relation to belonging. This research does then extend current EC knowledge by acknowledging the sense of isolation and lack of belonging felt by the participants.

For existentialism, the topic of isolation is an important one. Within the literature on trauma, isolation is referred to in the context of the existential 'givens' in life. Givens in life refer to the concept that death, freedom and responsibility, isolation, and meaninglessness are unavoidable aspects of life (Yalom, 1980). Thus, humans are destined to be in isolation. Taking this further, Yalom (1980) states that a person will always be alone because it is their sole responsibility to create a life and live authentically, which is an isolated task. To belong, then, can be viewed as a way to live in denial of one's constant state of isolation. Existential therapist Yalom (1980) suggests that clients need to confront their isolation rather than employing defensive strategies to avoid isolation. Behaviours to fill the cravings for belonging including promiscuity, attention seeking, people-pleasing, and masking of emotions and these only act to create further isolation. This is relevant to this study’s findings given that participants described people-pleasing and masking tendencies. Yalom advises

work with clients to encourage them to accept the human condition of isolation, knowing it is an ever-present state, and to live life in a need-free way. Exploring isolation in existential therapy could help clients to distance their belief that the trauma has created a situation of isolation but rather isolation is part of all the experience of all humans. This could be helpful to reduce the perception of the importance of trauma, and thus EC, on the basis that it is the human condition experienced by all, not only trauma victims.

The findings further add to the understanding of isolation and belonging as it relates to EC and childhood trauma in the description of wanting to belong yet pushing others aways. These accounts support Van Deurzen's (2015) work on paradoxes, noting a conflict where selfhood vacillates between belonging and isolation. The findings illustrate the distress caused by living in this paradoxical position. The participants' descriptions highlighted that sometimes isolation appeared a preferable state even when there is a strong desire to belong.

It seems important here to introduce ideas on attachment. What the participants appeared to be describing in the desire to belong but also to withdraw is insecure and avoidance attachment. EC research does examine the correlation between EC and attachment and it suggests those with EC are likely also to have some form of attachment issue (Ogle et al., 2015; Ogle et al., 2016). What the EC literature does not detail, however, which was found in this research, was the time and effort individuals put into trying to develop healthy attachments despite the added distress and exhaustion this can cause them. Attachment-based therapy, based on Bowlby's work (Costello, 2013), could be a helpful approach to support clients with EC and attachment issues. Attachment-based therapy was developed specifically for those with childhood trauma. It uses the therapeutic relationship to provide clients with a secure base, and explores the client's early experiences of attachments, using the therapy relationships to develop and try new secure attachments.

Linking to attachment issues, EH also briefly comments on isolation as a result of trauma by way of alienation and openness. Romano (2009) concluded that an event that overwhelms the advenant can cause a feeling of alienation and rejection from the world and can be hard to resolve. The problem with resolutions, according to Romano is because for that to happen the advenant needs an openness to the event for change to occur, but trauma often shuts off or rejects a trauma event meaning it cannot be fully integrated. Thus the advenant becomes isolated from the event, others, and the world. This raises the question of how an advenant can accommodate the positive effect of being with others. In this way, we can see how a paradox in wanting to belong, in order not to feel isolated, yet needing to isolate to feel safe from the potential harm of being with might develop. The only logical response would be for an individual to assimilate the trauma event to the point where they can return to a state of openness. A useful therapy approach to support people to develop openness would be a variant of DBT, Radical Open DBT (RO-DBT) (Lynch, 2018). RO-DBT teaches people skills to help them to become more open in all aspects of life. It helps clients to be less fearful of new experiences and not need to avoid or over control especially in relationships where these behaviours promote isolation. In relation to connections with others, it suggests that a radically open connection with even one person is all that is required to gain a sense of relational fulfilment.

When considering once more the participants position of wanting to belong but also withdrawal it seems important to consider the role of avoidance. Avoidance is considered a common reaction to trauma as acknowledged in the DSM-5s inclusion of “persistent avoidance of stimuli associated with the traumatic event” (APA 2013, p. 273) within its diagnostic criteria. Withdrawal could be interpretated as avoidant coping; avoidant coping is also identified in the section of findings regrading emotional and bodily responses, whereby

participants would avoid trauma triggers. According to Su and Stone whilst avoidance may appear to be a useful coping mechanism to help avoid negative further experiences and emotions linked to trauma, it is rarely helpful as it “become even more confusing when there is cognitive impairment or triggers are perceived to be unpredictable.” (Su & Stone, 2020, p. 426). Therapy such as Exposure therapy, a branch of behaviour therapy that gently encourages clients to face fears and not avoid is recommended to overcome avoidance issues (Su & Stone, 2020).

With the contribution to the understanding of the importance of belonging within the context of EC, as drawn out in this study, further study of this topic in greater depth is recommended. It would support a better understanding of how EC resulting from childhood trauma impact isolation and how people can be supported in this area.

Making Sense

Why Did it Happen?

Frankl’s 'he who has a why to live for can bear with almost any how' (Frankl, 1946/2008, p. 84) seems appropriate when exploring the participants’ attempts to make sense of their experiences. The findings demonstrated various ways in which the participants attempted to make sense of their trauma experiences, including parenting of the time, caregivers’ capabilities, learning opportunities, and the general nature of everybody experiencing suffering. Having a broader context for their suffering appeared to give the participants some sort of sense about why it had occurred.

Although EC research does note the importance of meaning-making in relation to lowering distress (Bellet et al., 2018; Meisels & Grysman, 2021) and aiding a coherent sense

of self (Meisels & Grysman, 2021), what it lacks is any research on the impact of childhood trauma on the meaning-making process. This study then offers unique insights into the ways in which individuals might attempt to construct meaning out of childhood trauma in adulthood.

What the results of this study demonstrated was that the meanings and purpose the participants attempted to make were not necessarily as important as the process of actually attempting to find a meaning. Camus's work on the absurdity of meaning-making might be relevant here. The knowledge that there could be a meaning or purpose was, in some instances, enough to alleviate distress. This somewhat supports Camus's theory on meaning.

Camus (1942/1995) held that there is no meaning in life, yet people still spend much time meaning-making. Camus concluded that the act of meaning-making is far more important than the meaning itself, seeing as there are no meanings. Applied to this study, we can see that the process of meaning-making and attempting to find purpose has been enough to divert the participants from the distress of meaninglessness, one of the givens in life (Yalom, 1980). The question of how individuals can be assisted in the meaning making process then arises.

Existential theories and therapy provide some answers to this question. Turning back to the work of Frankl, the creator of the existential modality 'logotherapy' (Frankl, 1946/2008), Frankl outlines that the first step in meaning-making is to discard the desire to find the meaning of life and rather focus on the meaning of your life to you. In logotherapy a therapist would help a client with meaning in three areas:

1) Creating a work or doing a good deed
2) Experiencing something or encountering someone
3) By the attitude we take toward unavoidable suffering

(Frankl, 1946/2008, p. 147)

These areas, in fact, were already apparent in participants' accounts of meaning and purpose taken from helping others, having experiences they would not have had with the trauma experiences, the relationships that they had created, and careers they had pursued. With the quality of meaning-making being a factor in how much distress can be alleviated (Rosie et al., 2023) a therapy such as logotherapy might be useful to some clients to improve the quality of the meaning-making already in place or begin the process of making-meaning.

The research demonstrates that more investigation of the relationship between EC and meaning-making is necessary. The existing limited studies have identified meaning as a potential means to buffer the impact of EC; however, it does not go far enough in identifying the key aspect of how individuals with EC have attempted to make sense of their adverse experiences. This study provides some new understanding of how individuals desire meaning including in their connections with others, careers, placement in life, or the belief that a meaning is there even if they will never know it. Existential theory is supported by this study in as the sense that participants believed meaning-making to be a key aspect of their ability to navigate the world.

Belief Systems

EC and existential theories place importance on the role of shattering of beliefs in the experience of trauma; that pre trauma assumptions about the world are disrupted or diminished (Boals, 2016; Greening, 1990). Shattering of beliefs is based assumptive world theory which is:

> a principle of the normative constancy of experience and belief, a constancy principle of the psychological organization of the human world and one's experience of oneself and the world. The assumptive world is the principle of the conservation of psychosocial reality.
>
> (Kauffman, 2013, p. 2)

Goldman (2013) argues that even young children have some, albeit underdeveloped assumptions of the world, these are often developed through experiences of caregivers. However As argued by Bloom (2013), for some children trauma occurs before world assumptions are established enough which can leave an individual with negative assumptions or grieving for a world and self that they never had. Shattering of assumptions due to trauma correlates with PTSD (Van Bruggen et al., 2018). Furthermore there is strong evidence that criteria D of the PTSD diagnostic (see appendix A), involving self cognitions and view of the world, bears a strong relationship to shattering of assumptions and the likelihood of developing PTSD (Van Bruggen et al., 2018). Therefore having assumptions about self, others and the world disrupted can lead to distress.

The participants' experiences did not evidence shattering or disruption. Indeed, their worldviews appeared to be influenced by trauma, something supportive of EC, however, no pre-held beliefs were reported to have been affected. The findings of this study then, more in line with Bloom's position of belief shattering, raises questions about how applicable the concept of shattering is to those who experience trauma in childhood. If an individual is at a point in life where no firm belief system has developed what is the resulting impact on beliefs in the future? Currently the limited EC research on childhood trauma does not address this and likewise existential theory's adult focus does not contribute to our understanding of this issue. More research would be needed to adjust the concept of belief shattering for

populations who may not have developed or have pre-trauma beliefs to shatter. Such research would be useful in providing insights into how those affected by EC and childhood trauma can build a belief system when they have no pre-trauma system to refer back to.

EC research appears to underrepresent the importance of belief systems within its research. Participants in this study, responding to similar questions as in the CES questionnaire, spoke extensively about beliefs. Having a religious or spiritual point of view and/or thoughts on the notions of valence in the world appeared to provide comfort. This issue is overlooked in the current research, for instance, with only one paper exploring religious coping in any depth. The existential literature is somewhat more helpful in providing insights into why spirituality and religion is often helpful to individuals.

The participants' descriptions appeared to support Kierkegaard's (1843/2013) claim that a relationship with God gives wholeness of self. Although only one participant claimed to be religious and with no affiliation to a particular god, we can still use Kierkegaard's theory to help understand that a religious or spiritual belief can help to provide a solidity to selfhood; this appeared to be indicative of the participants' experiences of religion and spirituality. Understanding religion and spirituality within the context then has useful clinical application. Rather than focusing on the actual detail of a client's religious or spiritual beliefs, looking at why the beliefs are important to them and how they can generate a sense of wholeness from them or build this wholeness without such beliefs. Nietzsche's (1883/1952) concept of the importance of religion residing in an awareness of how religion impacts a person's being in the world and how this in turn impacts others who they relate to, would be a good focus that an existential therapist could use to work with clients.

The second central aspect of the experience of EC appears to be considering the valence of the world. Schuler and Boal's (2016) research findings on EC correlating with a

decreased sense of the world being benevolent was only partially supported within this research. Likewise, participants certainly reported that they thought there were bad aspects to the world and human nature; however, they equally spoke about the world having good aspects. For the most part, there was a view of a fair enough balance between good and bad. This research then contributes to a deeper understanding of how a belief in benevolence appears among those with EC resulting from trauma in childhood. As with religious and spiritual beliefs, this begs the question as to why such belief is important and how this knowledge can be applied to help those with EC.

Nietzsche's work appears relevant here too. In *Beyond Good and Evil* (1886/1989), Nietzsche claimed good and bad is too black-and-white as a concept to apply to thoughts of human nature. That a good and bad approach can lead to conflict between right and wrong, not only within a person's psyche but at an extreme level can result in catastrophes such as war. Nietzsche claimed that perceptions of good and bad are nothing more than cultural constructions. Sartre (1948) echoes Nietzsche's take on good and evil in his stipulation that there is no universal goodness or badness. However, rather than it being a cultural construct, he argues that what one considers good is a personal choice, and human nature itself is not a matter of goodness. As such, what people choose to believe is their own free will. Using this existential framework, if benevolence and valence are a matter of cultural contract and personal choice, client work could be focused on how they have come to the belief of something being good or bad, and if such beliefs are something imposed by culture of what they truly believe. It also means that clients can be empowered to choose their beliefs. Furthermore, helping them to move away from a black-and-white position could help alleviate conflict arising between the two positions.

Preparing for the Future

It was important to acknowledge the findings on the impact of trauma on the participants' past, present, and future given that EC argues that events can impact identity over these periods (Boals, 2010). Likewise, existential theories note a link between problems with future thoughts and trauma (Ellenberger, 1958; Romano, 2009).

The findings were consistent with EC in that there was an impact on perceptions of the future (Clauss et al., 2021; Robinaugh & McNally, 2011; Steinberg et al., 2022), with participants very much leaning toward past traumatic events as a reference point for what the future holds. Whilst the existing literature has noted the occurrence of EC impacting perceptions of the future, it fails to offer insights into how this impacts individuals emotionally. Accounts in this study then add to the literature by demonstrating various degrees of anxiety about constantly being prepared for future trauma, with much time and energy often taken up in ensuring one can cope with more adversity.

Clauss et al. (2021) did refer to the idea that worrying about the future was a way for people to feel a sense of readiness, which was viewed in their study as a positive part of rumination. However, this study does not wholly agree. Whilst participants did offer details about being prepared overall, this was linked more to negative effects. The findings of this study gave a rather mixed sense of reassurance from being prepared but a high concentration of negative emotional attachment to this.

Sartre's (1943/2003) bad faith appears relevant here. Are the participants actually prepared for further trauma, or have they given themselves a false sense of security? It seemed that the participants required some sense of mastery over any future trauma and, as a result, had chosen to spend time mentally preparing. But, of course, without any factual knowledge of the nature of any future trauma, if any, it's hard to know how helpful this

preparation is. There would be no guarantee, even with solid planning, that one would react as planned in the moment. It, therefore, seems that the participants have employed 'bad faith'; they have provided themselves with the comfort of believing they would cope in a particular way; as is the nature of 'bad faith', they thus avoid the uncertainty of not knowing what the future holds.

If childhood trauma presents in such a way that the future is regarded as a place for further trauma, how does this affect how people experience daily life? We only need to look at the wealth of research correlating childhood trauma to hypervigilance (Dye, 2018; Frankel et al., 2000; Perry, 2003) for one possible understanding. Hypervigilance is to be hyper-alert or always on the lookout for threats. The participants' experience of being prepared for the future, as demonstrated in this study, is likely due to hypervigilance.

The above is interesting in the context of working in clinical practice with this type of client group. Care would need to be taken to ascertain whether being prepared for future (Linehan, 2015) adversity is helping or hindering a client, or indeed both. It would seem sensible to ascertain whether clients need to have a high level of preparedness, and perhaps mindfulness-based therapies, that work on an awareness of the present could be useful as a means to help them exist in the present moment without excessive worry about what the future might hold. One therapy modality with a large mindfulness basis is DBT, a skills-based therapy developed to help regulate emotions and manage distress (Linehan, 2015). DBT teaches mindfulness techniques to allow individuals to develop skills to live in the moment. Adaptations to DBT for PTSD (DBT-PTSD) have been found to be effective in trials on a sample of childhood abuse survivors (Bohus et al., 2019).

Van Deurzen's (2018) 'dialect of time' resonated with findings on the topic of the future too, with trauma experienced by the participants located not only in their past but also

in their present and future. Likewise, Ellenberger’s (1958) suggestion that temporality can cause problems for individuals should the future become blocked or distorted is also relevant. The research findings saw such a block, with one participant going as far as to say that she didn't see herself with a future and all the participants actively considering and planning for future trauma. It is as if the participants could not look to a future where a repeat of the trauma is unlikely so thus prepare for the worst.

The position of being stuck in the past is congruent with EC research suggesting that trauma can become a cornerstone to life (Berntsen & Rubin, 2007) and Romano’s (2014) EH seems to bring together temporality and projection in relation to events. The participants’ experience of ruminating on more adversity to come could be interpreted as projection into the future. The findings of this research could be interpreted as Romano describes. The participants’ future thoughts were, in the main, focused on a repeat of trauma to the exclusion of thoughts of non-trauma events also being likely. This indicates a projection of the past onto the future and a withdrawal from the possibility of surprise. Although this might give the participants some sense of continuity of selfhood, it also denies them the chance for transformation of self, which, as discussed, is possible using many therapy modalities noted throughout this research such as CBT, ACT, DBT, that could support positive and even desired changes to the way they perceive themselves.

I turn here to Heidegger's (cited in Marino, 2004) concept of thrownness, as the participants appeared to have a level of acceptance that they themselves were not able to control what trauma events may occur in the future; however, when considering Heidegger's other concept of projection, I wondered how it would be to live a life of expectations and preparedness. Were the participants’ expectations of trauma projecting out onto the world? Does being hyperalert to threat mean that they are likely to perceive experiences as more

threatening than those who do not have the same projection onto the world? Of course, only further research would confirm if the participants were making their world a scarier place by being hypervigilant.

Again, a clinical approach taking into consideration the findings alongside Romano's and Heidegger's projection theories could be to work with clients in such a way as to develop a separation between what they have been thrown into in the past and how not to project this into their future and how to be open to the possibility of future events rather than closed to them. As well as the previously mentioned DBT-PTSD, other therapies that work to separate past from present are recommended. For example, NICE guidelines recommend Eye Movement Desensitization and Reprocessing (EMDR) (NICE, 2018, 1.6.19) as a treatment for trauma. EMDR uses eye movements to use the adaptive brain process to reduce the links between trauma memory and adverse emotions and thus reduces the influence of trauma memories in the present day (Shapiro, 2018) Thus, EMDR can help free clients from being stuck in the past and projecting the past into the future.

Whilst more research into how future considerations link to EC and existential theories is required, this study contributes to the existing literature which identifies issues with seeing a future free of trauma. What this research has highlighted is the way some individuals' coping mechanisms, while appearing helpful, could be an adapted trauma response.

Constraints and Possibilities

Elephant in the Room

Existential contributions to trauma discuss the inability to leave trauma in the past (Ellenberger, 1958), and how temporality is disrupted to the point where trauma is frozen into the past, present, and future (Romano, 2009; Spencer, D., 2011; Stolorow, 2007). EC also indicates that trauma, when over-integrated into selfhood can mean all aspects of life are experienced through a trauma lens (Berntsen & Rubin, 2007). This study provides a good example of how trauma becomes ever present for those who have experienced childhood trauma and EC. The participants' descriptions outlined that trauma was always with them to some degree.

Although existential and EC literature identifies that trauma becomes trapped, it has not previously explored the fluidity of that stuckness, which can leave the impression that it is a stable event, that it constantly impacts people to the same level. The findings of this study, however, add to our understanding of how, even though trauma may be stuck, the degree to which it appears can vary; it is sometimes a distant presence and at other times much closer. More research is required to assess whether the closeness or distancing of the trauma impacts on such things as perceptions of self, world view and general decision making. However, it raises the issue of what might influence the degree of its presence. Are there common factors that reduce or increase its presence? Finding information such as this out would be useful in understanding if there are helpful interventions to reduce of the sense that trauma is ever-present or at least reduce the severity of its presence more permanently. How then might the elephant in the room be encouraged to leave?

Lakmaier's (2019) and Mezzalira et al.'s (2023) case studies offered some encouraging results in working with temporality, suggesting that existential interventions can

be helpful. In terms of the existential approach, interventions might look at the hierarchy of events. Existential therapy encourages a non-hierarchical approach to experiences, the concept that no event, emotion, or thought is any more or less important than another (van Deurzen & Arnold-Baker, 2018). In this context, the trauma event would be equal to all events and not allowed to predominate. Such an approach would then involve exploring events to minimise the impact of distressing events and allowing other events the opportunity to hold similar values in a person's life. Therapy that aims to integrate all the events in a person's life to provide a coherent unified narrative could help some clients who are struggling with trauma as a focal point.

Other therapies also take a temporal approach to work with trauma. Time perspective therapy (TPT) (Zimbardo et al., 2012) works with clients to reduce a bias towards the past by making past, present, and future at least equal in focus, but where desired and possible, by encouraging the present and future to be more prominent with little influence from adverse past experiences. TPT uses a range of techniques including talking about trauma, grounding skills, and refocusing to achieve a desired perspective on time, which reduces the impact of trauma events.

TLT (James & Woodsmall, 1988) works with how an individual sees the time organisation of events. In the instances of trauma, this may involve looking at gaps in memory and where possible, retrieving memories; James and Woodsmall acknowledge that this can be painful for many clients but a necessary part of the therapy. TLT then explores memories that seem to be stuck or overrepresented in a client's lifespan timeline. Such events will be processed using techniques, mainly visualisations, such as watching them from above, dimming their visibility, reducing their size, stepping out of the memory picture, and detaching linked emotions.

If, as the findings of this study, alongside EC and existential literature suggest, there is a significant issue with the disruption of temporality involved with self and childhood trauma, using therapies that target time issues appears an appropriate way forward for clients whose trauma is always present to some degree.

Choice and Change

Existential literature has much to say on the matter of choice, as did the participants in this research. The findings showed an awareness among the participants of how little, if any, control they had as children. Immediately thoughts go to Heidegger's (1927/2019) theories on thrownness, that da-sein is thrown into the world with no choice about the parents or the culture they are born into. Following thrownness, da-sein then falls into the world by taking on society's way of being. Indeed, the findings demonstrate how the participants felt they had no choice during childhood trauma but to conform and thus fall in with expectations. Although other existential writers agree with Heidegger, many argue that we have far more choices than generally assumed, notably Frankl (1946/2008), Sartre (1943/2003) and Romano (2009; 2014). Frankl claimed that even when we do not have a choice in a situation we find ourselves in, we have a choice regarding how we perceive the situation. In a similar manner, Romano (2014) states the advenant often has little or no control over the events that occur but does have a choice about how much attention they give them, how they incorporate them in or reject them from their selfhood, and how they project them or not into the future. The descriptions given by the participants in this study appeared to give a clear description of the lived experience of existential positions such as thrownness, falling into the world and the difficulties in feeling choices.

The finding contributes to existential theories in as much as existential theories predominantly consider life through the lens of adulthood, with little attention given to how childhood continually impacts on our experiences and perceptions of choice and freedom. This study demonstrates how childhood trauma can significantly result in individuals perceiving they have fewer choices and less opportunity to change as a result of their early experiences.

This was apparent in the findings that some participants had been able to change aspects of their thoughts, behaviours, and themselves. Change is interesting when we consider Romano's (2014) definition of an event; events are change. In this context every time the advenant makes a change, they are creating an event after which it is impossible to return to the pre-event; they will be altered by the event. Thus, each time the participants were able to make a change, a new event has taken place and the pre-event self has gone.

What we see in the findings is that participants were making an effort to shed or add to parts of themselves. Yet within the participants' accounts there were struggles in maintaining change over time. Based on existential theory on choice, it would seem that making a one-off choice is not enough, one has to commit to the choice over and over again which the participants experienced as exhausting, tiring and frustrating. Existential therapy can support clients in the process of choice making. Existential therapists can help clients to recognise that they have more choices than they might initially think, even if these choices are adjustments to mindsets, integrating the theories of Frankl (1946/2008), for example, that we can't always change a situation, but we can change our perceptions. A further part of working with change would be risk taking (Van Deurzen & Adams, 2016). Clients would be supported in committing to change and embracing the anxiety of the unknown, not certain if the change will be successful but trying and releasing themselves from the fear uncertainty.

addressing this fear of uncertainty would be useful for clients such as the participants in this study who, as we will discuss in the section on preparing for the future, appear to have a tendency to want certainty and preparedness.

In relation to EC , the subject of change adds further insights on the experience of EC. EC research, while acknowledging that change is possible with deliberate interventions (Bakaitytė et al., 2022; Boals et al., 2015; Boals & Murrell, 2016; Grau et al., 2021; O'Toole et al., 2018; Lancaster & Erbes, 2016) largely infers that without deliberate intervention, EC remains static. What EC research fails to acknowledge is the effort, as described by the participants, that individuals may make in attempting to change, either with or without success. Two of the interventions referred to in EC literature, ACT and DBT, are interesting and useful approaches to change in that, while they both support the idea of change, they also promote acceptance of things that cannot be changed. They help to change perceptions and validate where clients currently find themselves to be, focusing on accepting things beyond their control or which cannot be changed.

Emotional and Bodily Responses

A key feature in the diagnosis of traumatic stress, notably PTSD, is involuntary reactions, intrusive memories, flashbacks, and nightmares (APA, 2013, p. 271). Both the EC and EH literature detail these as common responses (Brooks et al., 2017; Romano, 2009). Participants in this study disclosed multiple occurrences of intrusive trauma responses in the form of anxiety, nightmares, flashbacks, and intrusive thoughts. What this study adds to the existing literature is an understanding of the impact these reactions and intrusions can have. Although the existing literature might identify these experiences as distressing, unlike this study, they fail to acknowledge their emotional load or even frequency of occurrence. It is clear from the participants' accounts that not only can these intrusions happen frequently, in

most case daily, but they also bring with them a frustration, anger, fear, and exhaustion. Thus, the distress resulting from triggers is multifaced and involves many emotions. Part of that distress is their unpredictability and the lack of control over these reactions.

The reported lack of control described by the participants seems reminiscent of Nietzsche's (1882/1974) greatest burden idea, that the greatest burden in life is to live the same over and over again. Flashbacks, nightmares, and other involuntary responses, as experienced by the participants, seemed to describe what it is like to experience trauma over and over again. The participants detailed varying levels of distress regarding this, so Nietzsche's term ‘burden’ fits well in that it is not a pleasant experience but something they have to live with, like it or not.

What also emerged from the finding was a helplessness. Romano (2009) suggests that such symptoms from trauma invade the present because the event has become resistant to assimilation and, in a way, ‘life has stopped' (Romano, 2009, p. 113). Romano’s account appears congruent with the participants’ sense that they are stuck with the reactions, that life frequently stops to make way for the trauma to take hold and that there is little they can do about it.

Also discussed in the existential literature review, was Spencer’s 'embodied suffering' (2011, p. 8). The experience of the participants certainly presented as embodied, in that reactions were not limited to psychological thoughts but impacted the body as a whole. It seems appropriate to briefly introduce existentialist Merleau-Ponty (1975/2013), an existentialist embodiment philosopher. Merleau-Ponty states that we experience the world through our bodies; in fact, he was somewhat critical of other existentialist philosophers for omitting bodily experience from their works. Merleau-Ponty, while discussing habit, explained that the body has its own knowledge and can act in a pre-reflective way without

intellectual knowledge at times. If body and intellectual knowledge collaborate, the individual can understand bodily responses and move between habit and actually desired responses. However, where there is a rupture in this process, one might find habit taking over without any understanding of why.

With participants providing strong evidence of an embodied experience of trauma, with unwanted bodily and emotional responses remaining many years after the trauma, questions arise about what therapeutic interventions might help resolve the issues. Leading from Merleau-Ponty's embodiment theory, existential therapy can help clients to explore bodily reactions as they link to emotions (van Deurzen & Arnold-Baker, 2018). Asking clients to identify a bodily response and what emotion this may connect to, or vice versa, can provide clients with an understanding of how their body reacts to emotions, thoughts, and their environment. With such understanding it may become easier for clients to notice when their body is reacting to a trigger, so that they may be able to intervene in habitual responses and turn them into desired responses.

Therapies such as Levine's (2008) somatic therapy and Odgen and Fisher's sensorimotor therapy (2015) could be helpful in addressing issues where the body appears to react to trauma stimuli when triggered. These therapies work on identifying where the body is reacting to trauma and using the body to alleviate distress, for example through vagal nerve stimulation. Such therapies are often useful when clients have no memory link to a trigger, which makes traditional talk therapies problematic, but they do have an emotional or bodily reaction (Levine, 2008).

A further therapy working with involuntary responses which is worthy of consideration is prolonged exposure therapy (Foa et al., 2007) which can be particularly helpful for flashbacks and nightmares. Prolonged exposure therapy acts to rescript trauma

memories. Clients firstly describe the event memory, flashback, or nightmare in detail as it occurred, then again they talk it through but change the memory so that there is a preferable outcome. For example, a victim of a road traffic accident might rescript the memory so that the oncoming car does not hit so furiously and harm is diverted. The rescripting alters the emotional attachment with the body and brain to ease distress and decrease the occurrence of intrusive reactions (Foa et al., 2007). These therapies offer some hope that those who have experienced trauma in childhood need not be stuck with distressing involuntary responses.

It seems important here to introduce the concept of re-traumatisation. Re-traumatisation is defined as “reactivation” of symptoms, emotions, and behaviours linked to a past trauma of the emotions (Leshner et al. 2012, p. 571).Re-traumatisation can occur at any point after a trauma event but is particularly likely when faced with a further trauma (Zayfert, 2012). There is also the belief that talking about trauma events can cause re-traumatisation and whilst this may be true for some individuals research does not largely support this (Goldsmith et al., 2004). There is a wealth of research finding that talking about trauma often has beneficial impacts (Becker-Blease & Freyd, 2006; Decker et al., 2011; Edwards et al., 2017; Gagnon et al., 2015; Jaffe et al., 2015; Legerski & Bunnell, 2010; Newman et al., 2006).

Whereas a trigger response may be a short lived experince where the body, emotions, and memories are taken back to a time of trauma, re-traumatisation can lead an individual into to a state of being based upon responses identical to post-trauma (Zayfert, 2012). When examining the participants of this studies accounts it seems they may be referring to the experience of being triggered on many occasions, however there is also evidence that they are continuing to reside in a traumatised state. It is also worth considering whether the participants have ever been out of a trauma state in the first instance. Evidence in relation to

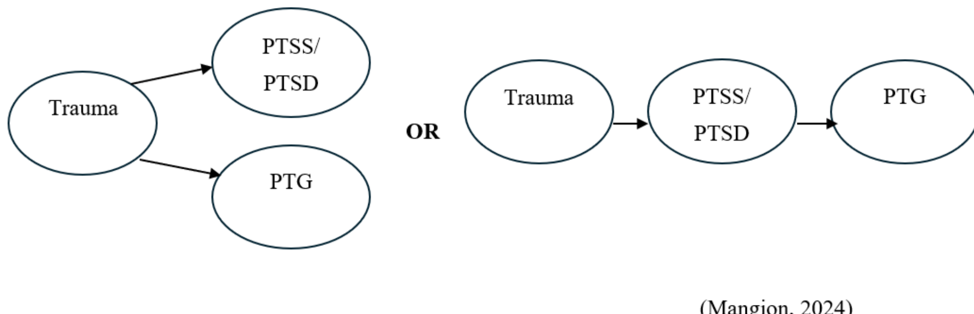
reactions, preparing for the future and the elephant in the room sections demonstrate a continuous trauma state. More research would be required to distinguish between trauma triggers, traumatisation, and living in a constant trauma state. Whilst many therapies including CBT, ACT, PE, DBT, and EMDR, attend to triggers and re-traumatisation, they do not account for prolonged (certainly not from childhood to later adulthood) trauma states. Levine's (2015) work offers some insight into how to work with those who are at risk of being re-traumatising that could cross over to constant trauma state. Levine recognises that most trauma therapy modalities require some level of emotional activation to help process trauma, however he suggests the key to working with triggers and re-traumatising is in the timing. Ensuring clients have healthy copying mechanisms to navigate any increase in distress and only talking about trauma events when client's feel safe and able.

Co-existing Distress and Growth

EC research has begun to challenge the idea that trauma causes PTSS/PTSD or PTG separately, or that PTG leads on from PTSS/PTSD with linear growth through suffering transition (Tedeschi, et al., 2018). EC now forefronts research in the simultaneous occurrence of distress and growth (see Figures 6 and 7). The results of this study demonstrated how participants, as Schuettler & Boals (2011) depict, struggle between the two positions.

Figure 6

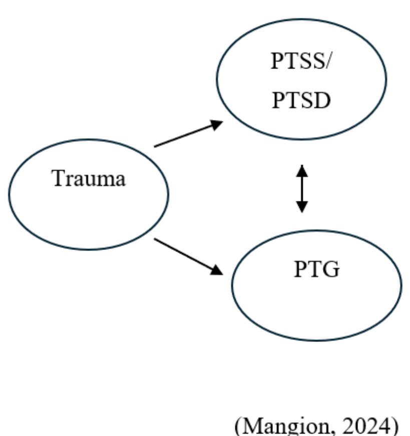
The trauma, PTSS/PTSD, and PTG relationship.



(Mangion, 2024)

Figure 7

The co-existence model of trauma, PTSS/PTSD, and PTG



(Mangion, 2024)

Participants' disclosures of distress in areas such as maintaining relationships, involuntary responses, negative self-perception, sense of isolation alongside growth in spirituality, and personal attributes supports the EC literature such as Groleau et al. (2013) and Kuenemund et al. (2016). Moreover, the accounts of the challenges and frustrations of navigating between distress and growths contributes to our understanding of the complexity of trauma responses and the effect it can have on individuals' lives.

The research offers an awareness of the nuances of the co-existence of distress and growth with participants each experiencing distress and growth differently, in that they did not all have distress in the same areas or similar growth. Further research is required in order to make correlations between connections to specific distress and growth variables. Nevertheless, the research does support the EC literature on co-occurring PTSS/PTSD and PTG.

However, there is some ambiguity with the findings when looking at growth. For example, the ability to understand others more, as mentioned by several participants, could possibly be a trauma response, an attempt to predict the behaviour of others, to prevent future harm. This could be viewed as hypervigilance. Hypervigilance is a common PTSD symptom (APA, 2013).

Additionally, it was apparent that all the participants were always preparing themselves for more trauma; although they gave the impression that this was positive coping, it was not necessarily growth but maybe a type of trauma response and, in line with EC and EH, a projection of past experiences onto expectations of future ones.

Indeed Boals (2023) argues that PTG is, in fact, very rare and can be something of an illusion, especially where there is a strong self-desire to recover or where cultural expectations that one will experience growth from trauma exist. There was evidence of conforming to perceived expectations with descriptions of masking emotions and not talking about trauma, in line with the idea that others would not want to hear about it or understand.

While it might make sense to assume that increasing PTG may reduce EC and PTSD the complexity of trauma responses hidden as growth might cause and issue in a clinical setting. For example, encouraging a client to further develop or utilise an understanding of others could actually strengthen a trauma response, should it be more a case of

hypervigilance, rather than prompting growth. Such a premise is practical when considering research by Frazier et al. (2009) who found that even when PTG signifiers increase overall, distress does not often improve. Thus, PTG does not always relate to a positive outcome.

The co-existence of distress and growth therefore offered insights into what working with clients with EC and childhood trauma might involve or require. Certainly, it supports an awareness that an either/or or a both/and position could be present within this group. A client with distress may have some areas of growth. However, it is also important to assess whether the growth attributes are actual growth or hidden trauma responses. Furthermore, if working to encourage growth an understanding that a reduction of distress may not always follow, this is important to manage the expectations of both the client and clinician.

The Trauma self: A new model of childhood trauma.

By integrating the existing literature mentioned in this study with the research findings, there appears to be a justification for proposing the beginnings of a new model of trauma based on self-identity and events. As demonstrated in the EC and existential literature, a theory of self-identity centred on events, be they positive, negative, or neutral, has been well evidenced. Furthermore, as identified in the literature, there are individuals for whom traditional treatments based on current models of trauma do not work, specifically in instances of childhood trauma (Boger et al., 2020; McIntyre et al., 2023; Jaworska-Andryszewska & Rybakowski, 2019). This research leads to the consideration that possibly part of treatment resistance could be due to the lack of focus placed on the impact of trauma on selfhood.

Event Centrality and childhood trauma

Current models of trauma largely follow a cognitive model of trauma stipulating that unprocessed memories cause trauma symptomology (Ehlers & Clark, 2000) and thus recommended therapies, including CBT and EMDR, work on processing memories to reduce distress (Shapiro, 2018; Zayfert & Becker, 2019). EC and EH argue that the opposite is true, that trauma memories are over-processed, meaning all aspects of life thereafter become trauma-focused (Berntsen & Rubin, 2007; Romano, 2009). Where an individual presents with over-processed memories, as in the instance of EC, working to process memories further seems nonsensical, and treatment may be better focused on de-attachment from memories and working on issues related to the impact on self-identity.

Moreover, a generalised model of trauma that applies across the lifespan appears rather neglectful of the unique experience of trauma occurring in childhood. As found in this research, the notion of a pre and post-trauma self-identity does not fit where trauma occurred prior to identity being formed. Could this be the reason why those experiencing trauma in childhood are more likely to have higher rates of EC? Clients in this population do not have a pre-trauma self upon which to either grieve or be hopeful of returning. Many of the therapies discussed in this thesis, rather naively, continue to work based on the idea of pre and post-trauma. An approach that acknowledges the difference of experiencing trauma in childhood where selfhood has not yet been established would seem more apt.

A new model of childhood trauma moving away from a foundation on memories and towards self-identity may be more appropriate to clients with EC. Taking a starting point of a trauma self, a self-identity so centred on trauma that it is causing distress, could help formulate cases and devise treatments more effectively. Assessing the aspects of a client's life that have become over assimilated in trauma, such as negative self-perceptions,

attachment to trauma events, relational issues including trust, belonging and isolation, involuntary responses, and hidden PTG, for example, as demonstrated in the findings. Work with the client can then be targeted towards the aspects of EC that most affect them.

A trauma self model can account for what emerged in this study, being an attachment to a trauma event, where a trauma event has become so integrated into the self that any alterations might be akin to disruptions in other attachments such as relationships, places, and objects. When we consider the effects and levels of reluctance and resistance to changing, detaching, or losing attachments in other aspects of life, a new understanding of how removing connections to a traumatic event might positively or negatively impact individuals could present.

Developing a specific programme of therapy directed towards the trauma self would be helpful in meeting the complex treatment needs of this client group. Having self as a starting point in formulations with this client group, assessing for EC, and then exploring specific aspects of EC that are problematic could be a helpful way of reaching the essence of presenting issues. Such an approach could be multilevel, firstly working on stabilisation and healthy coping, then looking at strengthening self-identity with non-trauma-linked attributes before exploring ways to detach from EC events. As detailed within the discussion section of this thesis, aspects of pre-existing therapies have been identified as potential treatment options. These could be merged to design a specific program to help those identified as having a trauma self resulting from childhood trauma.

Relevance and Implications

Contribution to Knowledge

Existing research on EC is limited due to a dearth of qualitative research. Although there is substantial quantitative research, existing research fails to understand the experience of living with EC, in particular, in relation to felt sense and emotions. This research, albeit limited, offers one of the few qualitative studies on EC. The research adds to existing quantitative research providing some insight into the unique lived experience of EC as it relates to childhood trauma. It demonstrates how individuals experience aspects of EC. These are contradictory and, by way of example, include the feeling that all aspects of life are influenced by trauma and the wish to be with others but not feeling like one belongs. Until this research such factors in EC have only been identified and statistically measured with no real understanding of what they mean and how they impact people.

What this research demonstrates is that EC is not a straightforward experience. The existing literature on EC fails to locate the fluctuations in the experience, implying that it is a stagnant across time, if not for deliberate intervention. The study provides a new understanding of EC with it changing across time, perhaps not in a way which is measurable over a long time but over very short periods of time, hourly, daily, weekly, for some individuals. In this respect, the research identified an inconstancy in the experience of EC which existing research has yet to explore.

The research aim was to bring EC and EH together, since, as we saw in the literature review, they share much in common. The two theories until now have yet to acknowledge one another, meaning this research uniquely combines the two theories. EH has not previously been researched, meaning this study offers first insights into how EH as a theory

manifests in people's lives and as demonstrated, EC research largely supports EH, which adds strength to its philosophical stance.

Moreover, the research generally adds to the existing literature in several areas, including self-identity, childhood trauma, existential philosophy, self-identity and trauma. It argues that existential perspectives on trauma, which are often overlooked, have much to offer in the field of self-identity and trauma. For example, in exploring the lived experience of childhood trauma from an existential perspective, it is possible to see how issues such as paradoxes in self-identity, meaning-making, choice, and isolation, to name but a few, manifest for some people when trauma becomes central to identity.

As detailed in the literature review, existential philosophy predominantly focuses on the adult experience of the world, although, as some existential therapists have found, children do face existential concerns (Gavin in, Du Plock, 2018; Karavalaki & Shumaker, 2016; Klem et al., 2009; Maxwell & Gayle, 2013; Scalzo, 2018; Shumaker, 2012; To et al., 2007). This research demonstrates that adult survivors of childhood trauma do face existential concerns, with some of the participants also having faced them during childhood. Thus, the study extends the existential literature on how trauma in childhood manifests.

In terms of the existential literature on trauma, the research adds to this in a variety of ways. The existential view of trauma shattering selfhood (Greening, 1990) was observed in the findings and thus offers a small description of what it is like to experience this. Likewise, the research adds to existential writing on facing the givens in life (Yalom, 1980). The participants all noted how they deal with the givens of life, death, freedom and responsibility, isolation, and meaninglessness and as such we gained insight into the process and perceptions of meaning-making, navigating choice and responsibility, feeling isolation and a lack of belonging. Knowing these factors contribute to the experience of EC and trauma can help

practitioners to explore with clients how to enhance positive effects in areas such meaning-making, developing agency in making choices, and developing connections with others. It can also help clinicians to adapt or focus therapy to address these areas.

Furthermore, as discussed in the literature review, existential theory, being about what it means to exist, often considers the subject of self-identity. This study adds to the growing research on how experiences affect self-identity and how self-identity relates to what it means to exist. The research demonstrated that participants feel a need for a sense of identity but do not have any real grasp of what that identity is or if it even exists. In many ways, the research offers some insights into how it is to be in the world with either no sense of self, or no sense of a centredness of self, which is helpful and in line with the existential perspective of there being no-self, and thus not a fixed self.

Lastly, there is a relevance to IPA as a methodology. This study provides further evidence that as a method, IPA can provide further insight into the lived experience of a phenomenon. Allowing participants to describe their experience in their own way gives the researcher the opportunity to look at the phenomenon as it is experienced by the participants rather than starting with a set of assumptions about how the phenomenon is likely to present. With EC only having been researched using a quantitative method previously, IPA was a suitable method to begin researching how it is to be in the world with a self-identity centred upon childhood trauma. Thus, the research evidences the usefulness of IPA in researching the experience of childhood trauma.

Social Relevance

Research takes place within a social context; thus, it is important to acknowledge the relevance of a broader social context. The findings of this research demonstrate how, for these participants, experiencing trauma within childhood has had negative impacts on their own sense of self but also on their ability to be in the social world.

The descriptions of participants attempting to make meaning and taking positive outcomes from their adverse experiences lead to the bigger question of why this has happened. In terms of society as a whole knowing what we know from the literature on the negative effects of childhood trauma, it seems sensible to do more research into why some forms of trauma in childhood occur. Exploring why some parents neglect their child, why housing is unstable in areas prone to natural disasters, why some children are more prone to serious illnesses in childhood and why some people deliberately harm children, for example, would be useful areas for further exploration. Of course, it is not possible to prevent all trauma but with good social planning, it is plausible that some reduction in risk is possible.

Although recent Children's and Families Acts (2004; 2014) have been providing further legal safeguards for children, there are currently no mandatory requirements for the reporting of child abuse or neglect (DoE, 2018). Not all of the participants in this study were victims of abuse or neglect, although some were, and the research raises the question of whether their trauma experiences could have been prevented. The World Health Organization (2017) is actively encouraging its members to place greater emphasis on the screening and reporting of such events to protect children. They suggest increased screening in all areas of society and better support for families to help provide better outcomes for children. This study, having found negative outcomes due to childhood trauma, supports the call for better screening, reporting, and support.

Indeed, in terms of support, it would also be appropriate for those who have experienced trauma in childhood to be able to access support both as children and in adulthood. It is plausible to suggest that some of the participants may have experienced fewer trauma-related issues in adulthood had support been available during their childhood. Policies have been put forward to government to increase early trauma interventions (House of Commons, 2018). However, where early intervention has not been possible, later intervention and support would be advisable.

Relevance to Counselling Psychology

The study has notable implications for counselling psychology. Considering the training of counselling psychologists, regulations currently stipulate that two therapy modalities must be learnt during training (BPS, 2019). University counselling psychology doctorates almost exclusively include CBT then psychodynamic or humanistic approaches. As detailed in the literature review and discussion of treatments, therapies such as DBT, EMDR, existential therapy and ACT are common and useful approaches for childhood trauma and these therapies are not often taught during training, if at all in the case of EMDR and DBT. Trainee counselling psychologists are required to undertake 450 clinical hours and with the prevalence of childhood trauma it is likely that most if not all trainees will work with clients within this population. It is then a concerning realisation that although trauma-informed practice may have been covered in learning, trainees may not have an adequate skill set to work with this client group. Trainees would have to do additional training alongside taught modules to be trained in appropriate trauma modalities. It would be useful for courses to integrate trauma into core learning or provide additional modules for those working with trauma clients.

Relevance to Clinical Practice

The research findings provide additional knowledge on some of the issues those living with the impact of childhood trauma face specifically relating to self-identity. As demonstrated in this study, and the existing literature on EC and EH indicates, issues such as not having a coherent identity and not being able to internalise positive identity labels do not feature in diagnostic criteria but are likely to be relevant to some clients. It would be preferable for psychologists to consider how clients may experience trauma outside of the criteria-based framework, or indeed consider alternative diagnostic criteria. The NHS does often use the ICD-11 (WHO, 2019) for all medical diagnosis. However much research in relation to mental health is conducted using DSM-5 criteria. What this means for childhood trauma research is that PTSD as defined in the DSM-5 is often used where Complex-PTSD in the ICD-11 might be more appropriate, see appendix T for the full diagnostic criteria.

C-PTSD, with its acknowledgement in more depth effects of self-identity and relational difficulties, appears to fit better with EC, especially where childhood trauma in concerned. Thus, screening for EC and using ICD-11's understanding of the possible effects of trauma maybe more suitable for some clients.

The research offers insights into how some elements of EC present issues for those who have experienced trauma in childhood. Although NICE-recommended guidelines for treatment, CBT and EMDR, do include aspects of working with self-identity, they are not always a central focus. Despite CBT and EMDR having good outcomes, there are still many individuals for whom these modalities do not work (McDonagh et al., 2005). Screening for EC and working with clients to reduce EC could benefit those for whom treatment appears ineffective. Existential therapy focusing on self-identity and themes noted in this research could be a helpful alternative.

Existential therapy, whilst it does not focus entirely on self-identity to the same extent as other approaches such a narrative therapy, does provide an alternative approach to working with identity. What existential therapy does differently to other therapies is to explore why having a sense of self is important or even necessary to the individual before embarking on developing self-identity oneself. An approach such as that detailed by Van Deurzen (2015) could be helpful to those who are distressed by a lack of selfhood, working with ideas such as the ability to create and re-create oneself at any time, empowering people to choose who they wish to be rather than trying to fit themselves into others labels and expectations. Existential therapy can also work with clients to explore what it might be to exist in a positive way with no fixed self, considering what it is like to live with uncertainty. An existential approach might support this by helping people to develop skills in being authentic, or indeed to be more comfortable living with uncertainty.

Working with clients to develop a stronger sense of self and a more coherent self could be beneficial. A therapeutic approach that considers how clients perceive themselves and works towards increasing their focus on positive attributes while decreasing their focus on negative attributes could lead to better self-perceptions for clients. This study found that participants struggled to identify with positive attributes, and often dismissed or deflected positives that might present. Therapies identified in the study such as ACT and DBT that help people to work on self-compassion, self-validation, and realistic outlooks could be beneficial. DBT for instance teaches people to check facts, thus a client believing they have no positive attributes can be asked to gather evidence that conflicts with such a belief. ACT could be used to explore an individual’s values which can help to promote a sense of knowing oneself and to locate positive traits such as kindness, fairness, and equality to ensure they are adopted as positive attributes that make up their someone’s identity.

The research findings in areas of growth could also be useful in a clinical setting. Whilst many of those who have experienced childhood trauma enter therapy due to negative symptoms, it may be that similarly to participants in this study, there are also areas of growth. All of the participants in the study were able to locate areas of growth attributed to the trauma events they had experienced and it would seem sensible to draw on these as positive resources, strengthening and building upon existing growth. Furthermore, with PTG frequently arising out of suffering (Meyerson et al., 2011), it could be useful to expand client work to include how their pain, hurt, and suffering might be able to promote future growth. To do this there would need to be a change in focus from the event itself towards the experience of coping and suffering after the event. Can they make meaning and purpose from the experience of suffering as well as from the event itself? Existential therapy suggests this could be a possibility.

Similarly, as found in the research, participants struggled to gain a sense of belonging and being understood. Therapy that helps clients develop stronger connections with others and a sense of belonging could be helpful. Furthermore, taking into account the importance of a relational home (Stolorow, 2007; 2011), this research suggests the need to provide a space for clients to talk about their experience knowing they have been heard, understood, and their emotions held. Many therapies including CBT, ACT, and existential therapy place emphasis on the client-therapist relationship. Bringing relationship issues into the therapy room, reflecting back clients' words, confirming a shared understanding, showing genuine empathy and asking the client how they feel in the therapy space are all techniques that could help to provide the conditions for a relational home.

General trauma-informed practice is relevant in considering the impact of processing trauma with clients showing signs of EC. In processing trauma, which usually involves

attempts to lessen the emotional distress as it connects to the memories, it would be worthwhile to consider the possible impact on self-identity that the therapy process may have. With trauma being so intertwined with selfhood, any work to process trauma has the potential to cause negative as well as positive impacts on a client's sense of self. As a practitioner, I certainly observed a fear among clients of not knowing who they might be without trauma, as in the case I noted in the introduction to this study. It might be necessary to work on strengthening coping skills, prior to trauma-related therapy, for example using DBT distress tolerance skills, so clients can manage during any periods of unease. Additionally working on building some self-esteem, self-confidence and self-identity prior to reducing EC might help clients feel enough of a sense of self to navigate shifts in identity during interventions.

Reliability, Validity, Rigour, Trustworthiness, and Credibility of the Study

A priority though this study has been to produce good quality research. To do so, as detailed in the methodology section, Yardley's (2000) guidelines on the characteristics of good research were adhered to. The research followed pre-existing methods. For example literature was sourced using PRISMA and PICO methods to ensure not only relevant literature but also quality literature formed the basis of the context for the research. The research strictly followed the ethical guidelines laid out by the BPS (BPS, 2018) and approving body (New School of Psychotherapy and Counselling). Although the use of measures such as the ACE were not strictly required and disclosure from the participants would have sufficed to confirm trauma in childhood, it was deemed important for the quality of the research to ensure that research-based measure were utilised, where possible. Such inclusions mean the study can be replicated with ease. To retain commitment and rigour the most time-consuming aspect of the research proved to be engaging with the participants' data

and doing so using a reliable method, IPA. A methodical approach meant that assumptions and bias were removed from the findings and the data remained a true reflection of the participants' experiences. The research has aimed to be transparent with the rationale, methods and procedures clearly explained throughout this thesis. An essential aspect of this has been in detailing the researcher's reflexive processes and thoughts.

Limitations

This study does have some limitations, in areas such as the sample, method, having a lone researcher, cultural bias, and ethical restrictions.

The main limitation of the study lies with the sample set. A sample size of eight, while ample for qualitative research at doctoral level (Smith et al., 2022), is not sufficient to make generalisations about the experience of EC on a wider scale. Therefore, the findings in this research are limited to the eight participants who fall within the sample criteria of being female, aged 24–45 years, resident in the UK, and with a trauma experience when they were under the age of 18 years.

Despite the research being about childhood trauma it was conducted on an adult population. Ethical approval at the awarding institution would unlikely have been granted to conduct the research on a population of children, thus an adult population was used. Research on a child population is recommended to explore how EC is experienced closer to the age when trauma has occurred. Research closer to the point of trauma might offer insights into how EC forms and where early interventions might be best targeted.

The findings did not account for trauma-specific details such as the exact age at which the trauma occurred, the duration of the trauma, and how much or what type of trauma had

been experienced. Although the ACE gathered information about the types of trauma, this was only a tool used to confirm its occurrence in line with gaining ethical approval. To include details at this level of research would have been problematic so a more general approach was taken, to only include disclosure confirmation of trauma experiences. The ethical concern was for the possibility of harm through traumatisation if actual trauma-related details were discussed.

All participants were and had been in therapy for a minimum of six months when the research was conducted. This criterion was an ethical requirement. No information was included about the actual length of time each participant had been in therapy. Further research that focuses on these specific variables within trauma would be beneficial to offer insights into whether EC is experienced differently as a result of the types of therapy they had received was gathered. Considering the research on the potential impact of therapeutic intervention on EC (Bakaitytė et al., 2022; Boals et al., 2015; Boals & Murrell, 2016; Grau et al., 2021; O'Toole et al., 2018; Lancaster & Erbes, 2016) it is important to acknowledge that therapy could have impacted the participants' data. Further research exploring differences in the experience of EC and the impact of therapy would help to provide an understanding of what if any influence therapy has on EC. Further to the specific therapies identified within this research as being potentially useful for this client group, such as EMDR, DBT, ACT, and existential therapy, it is apparent that there is a lack of research on EC interventions. Moreover, with initial research into APP-based intervention, Vermeulen (2019) shows that more research into widely and speedily accessible interventions would be useful when considering that the current statistics on NHS mental health appointments finds 23% of people waiting over 12 weeks, 12% over 6 months and 6% over a year for an initial appointment (Royal College of Psychiatrists, 2022).

Furthermore, research on early intervention is recommended. Exploring how preventing childhood trauma from becoming central to identity in the first instance would be useful to assess whether longer-term issues could be prevented with earlier interventions aimed at preventing self-identity from being so impacted by adverse events.

The study being UK-based only considered EC from a Western-based perspective. Some EC literature noted possible cultural influences on EC, for example in terms of gender, with the internalising or externalising of events (Zaragoza et al., 2020), and cultural expectations around recovery or PTG (Wang, 2020). Further research to account for cultural differences would be recommended to provide an understanding of how different cultures might uniquely experience EC. Such knowledge would be useful when considering treatment options.

Aside from the sample criteria limitations, there are limitations linked to the methodology, which are worthy of note. As discussed in the methodology section, IPA acknowledges that the researcher's interpretation does enter the frame (Smith et al., 2022). It is important to acknowledge that I, as the researcher, performed the analysis alone, and therefore the findings are based on my interpretations. It is possible that another researcher using the same data could produce slightly different findings. Likewise, if the data were analysed using an alternative methodology, for example, grounded theory or narrative analysis, as outlined in the methodology section, the findings could be somewhat different.

The research only captures a moment in time. It is plausible that at different times, the accounts of the eight participants could differ. On a different day, with further life experiences under their belts, their perceptions of themselves, others, and the world could change. It might be that with time and changing circumstances, their lived experience of EC alters. Therefore, assumptions cannot be made that if the same participants were interviewed

again, the findings would be identical. In fact, reconducting the research with the same participants in the future would offer an interesting perspective on how the experience of EC might or might not change over time.

Conclusion

This chapter concludes the research. A summary of the research discussing key elements of the findings and why these are important will be followed by details recommendations for clinical practice, counselling psychology, and research. Details on the dissemination of the thesis and final reflections from the researcher are also provided.

Summary of the research

This study aimed to explore women's lived experience of EC resulting from childhood trauma. Examining the question, *what is the lived experience of Event Centrality among female victims of childhood trauma?* The research demonstrated the answer to the question is complex, multifaceted, and highly emotive. The research can contribute to developing clinical interventions, counselling psychology training, social policy, and further research in the field.

The research is uniquely positioned within the existing EC literature, which is qualitative in a field dominated by quantitative research. Furthermore, it is the only study that has been conducted on EH. Thus, the research is the only study that combines EC with EH. Results from the eight participants supported the existing EC and EH's main premise that trauma can become central to individuals' self-identity, which then can impact all aspects of life. The findings were congruent with crucial aspects of EC and EH, including trauma impacting perceptions of self, others, and worldview, voluntary and deliberate rumination, distortion to temporality, attachment issues, the importance of meaning-making and beliefs,

and the presentation of trauma symptomology. However, the crucial findings within the research lay in the new insights and discrepancies with existing literature.

The findings provide a unique insight into the experience of EC, which contributes towards providing a deeper understanding of the phenomenon. The five emerging themes, self-identity, self and others, making sense, constraints and possibilities, and distress and growth, revealed the struggles and growth resulting from childhood trauma. These include developing and maintaining self-identity, relating and feeling connected to others, dealing with trauma symptoms, meaning and belief making, and difficulties in the past intruding on the present and future. The participants' descriptions added an emotional dimension that was not accounted for in the existing EC literature. The emotional depth highlights that the lived experience of EC can instigate various emotions, including loneliness, hatred, anger, frustration, pride, and excitement, to name a few, to varied degrees of intensity. The phenomenon of EC comes to life within the participant's descriptions and emotions in a way not yet observed in the existing quantitative research.

The research questions the predominate model of trauma, which considers unprocessed memories to be the basis of trauma pathology (Ehlers & Clark, 2000). Alternatively, the research leans towards the EC and EH positions that symptomology arises when events become over-assimilated (Berntsen & Rubin, 2007; Romano, 2009). Therefore, a purely cognitive or behavioural approach to treatment is inadequate for some individuals within this client group. Where a cognitive model appears not to fit and resulting treatments ineffective, a trauma self model could be more applicable to reflect the presenting issues. The research demonstrates that current NICE-recommended treatments for trauma, CBT and EMDR (NICE, 2018, 1.6.6 & 1.6.13), whilst somewhat relevant to a population of clients

with EC, may not be suitable to help with all aspects of EC. Other modalities, for example, existential therapy, DBT, NET, TLT, and ACT, could be more effective in targeting specific aspects of EC. A trauma self model, putting selfhood as the main focus of assessment and treatment, could be more applicable to this client group to work through with targeted treatment the specific issues presented when trauma has become central to identity.

The research also challenges the impression given by existing EC literature that EC is fixed, except where interventions are made. This study saw EC as a fluid phenomenon, with the impact of trauma fluctuating in the short, medium, and long term. There appeared to be a lack of solidity and certainty in the experience of EC in many areas, including aspects of how the self presents at any given time, the degree to which the trauma will impact their day, and reactions to unwanted trauma responses. Uncovering the fluid nature of EC is essential in helping clients navigate uncertainty and unpredictability.

The research raised further questions regarding the true nature of PTG. Although the study supported existing EC literature on the simultaneous presence of distress and growth, some participants' accounts of growth could possibly be viewed as trauma coping mechanisms rather than actual growth. This is an important aspect of the research as strengthening growth, either in therapy or alone, although it might be considered helpful, could be feeding trauma reactions and unhealthy coping mechanisms. Furthermore, growth could have been reported to conform with society's expectation for individuals to rise from adversity. Therefore, caution is advised when considering whether reported growth is actual growth.

In summary the research is significant not only in where it supports existing research but also in the additions and divergences from it. The study demonstrates the value of

qualitative research in the field of EC and childhood trauma in exposing additional components and the nuances of an experience of the phenomenon.

Recommendations

To address the earlier noted limitations, recommendations for further research, clinical practice, and social policy are detailed in this section.

For research

1. *Replication:* Conduct the study with larger samples and alternative sample groups to be able to generalise findings and identify possible differences between specific populations, for example with different ages, genders, and cultures.

2. *Qualitative EC research:* This study identified areas on EC not considered within the dominated qualitative EC research, for example, short term temporal fluctuations. Conduct further qualitative research to help identify any other possibly feature of EC missed within qualitative studies.

3. *Child populations:* Conduct further Research EC on populations of children this may help to explore how EC first manifest and what interventions could be utilised for early interventions.

4. *Types of trauma:* Extend research to specific types of childhood trauma to establish any difference in the presentation of EC with different trauma experiences. This could help target intervention to specific needs.

5. *Complex-PTSD*: EC research only considered PTSD omitting CPTSD which may be a better fit with EC theory for childhood trauma. Further research would help to explore the relationship between EC and C-PTSD.

6. *Longitudinal studies:* Conduct longitudinal EC and childhood trauma studies to examine changes to EC over varies timeframes. Such research would help assess appropriate interventions at specific times within the lifespan.

7. *Interventions:* Conduct further research on interventions noted in this research that could help treat EC such as ACT, DBT, EMDR, NET, LI, TLT, TPT, PE, to assess their efficacy with this client group.

8. *The co-existence of PTSS/PTSD and PTG:* Conduct further research on how PTSS/PTSD interrelates with PTG, exploring fully whether the strengthening or weaking of one position impacts the other and the key features of the simultaneous presentation of distress and growth.

9. *Attachment to a trauma event in childhood:* Research the possibility of trauma Events in childhood becoming akin to an attachment figure or secure base, albeit a negative one. Exploring whether such attachment helps explain the occurrence of EC.

For clinical practice

1. *Routine screening for EC for those with childhood trauma:* Including EC screening in psychological assessments for this client group would help to explore whether EC

is applicable and which aspects of EC are relevant to the clients. Consideration of the presence, or not, of EC and how self-identity has been impacted can then help to inform treatment plans.

2. *Psychoeducation:* Provide psychoeducation about EC to clients who present with EC. This could help them to understand and validate their experince of self-identity issues.

3. *Training:* Additional training beyond current counselling psychologist's core training is required to work with this client group. A basic trauma-informed approach does not equip trainee or qualified psychologists with the skills required to work with this client group further training on EC and appropriate treatment modalities is essential.

4. *Interventions*: |Tailor treatments to the key components of EC where it is identified in individuals as detailed in the discussion of this study.

5. *Early interventions:* Consider approaches for early interventions for EC.

6. *Considering PTSS/PTSD:* Clinician should be aware of the possible co-existence of distress and growth to enable them to support fluctuations between the two positions. Furthermore, being aware that sometimes growth can be a hidden trauma response which if strengthened could be more damaging than helpful, is advised.

For policy & society

1. *Policies:* Consider how development and maintenance of self-identity is reflected in society, policies, safeguarding, and law making.

2. *Support:* Introduce community support for those having experienced childhood trauma, for example. safe spaces, and peer support groups.

3. *Trauma specialists:* Increase the number of trained trauma specialists, complete with knowledge of EC, to match the prevalence of trauma.

4. *Reducing childhood trauma*: Identify ways to reduce the prevalence of childhood trauma. This would take a multidisciplined approach for example involving, health, education, socioeconomic, and law to name a few.

5. *Education:* Provide support and education for caregivers, educational staff, social workers who are in contact with children who have experienced trauma to help provide better care and interventions. Also for those supporting adults who have experienced trauma to fully understand the issues relating to EC.

Dissemination

There will be two focal points for the dissemination of this research, the first which aims to reach a clinical audience and the second an academic existential one. In the first instance, part of the findings relating to the co-existence of PTSS/PTSD and PTG is currently in the process of publication in a book titled *Psychological growth following trauma: Insights from phenomenological research* (Wharne, 2024). Additionally, the findings regarding the

co-existence of PTSS/PTSD and PTG were presented at the New School of Psychotherapy and Counselling's student and staff conference, attended by academic staff and trainee counselling psychologists.

Journal articles specifically extracting the existential elements of the research will be written and submitted to existential publications such as the *Existential Analysis* to bring the knowledge of existential themes in childhood trauma into further awareness. A paper bringing together EC and EH is also in the planning stages.

Final Reflections and Reflexivity

As stated in the early methodology section, reflection has been an ongoing process throughout this research. This section will offer some concluding personal reflections on the process of conducting the research and some of the impacts it has had in relation to academic learning, clinical practice, as well as personal impact.

Clinical practice is a significant component of a counselling psychology doctorate and this research has, during the four years and over 500 hours of clinical work, changed my understanding of working with clients with childhood trauma. I have come to realise that although a trauma-informed approach to therapy is always admirable for many clients much more is needed. As a result, I have trained in DBT and EMDR therapy alongside working on the doctorate. The decision to train it these modalities was based on the findings from this research. To that effect the research has led me to the conclusion that working with this client group takes significant additional training beyond standard training.

It became apparent to me whilst conducting the research that as much as the research data required me to set aside (bracket) bias and assumptions, I would also have to use

bracketing related to the research in my client work. What I mean by this is that I had to ensure that my research findings did not lead me to make assumptions about my clients. For example, not every client with childhood trauma will have EC. It is important not to allow my research to now bias me towards people's general experiences of childhood trauma.

On considering Finlay's (2009) words, noted in the methodology chapter, on the analysis of our own responses to clients and participants, I note on finishing this thesis a great admiration for the way the participants described their experiences, especially when pain was close to the surface. Their courage to sit with emotions based on a wish to add to research to help others made me feel small in my attempts to make the world a place where people with such experiences can find safety and healing.

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Appendices

Appendix A

DSM-5 Diagnostic criteria for PTSD

Posttraumatic Stress Disorder

309.81 (F43.10)

Note: The following criteria apply to adults, adolescents, and children older than 6 years.

For children 6 years and younger, see corresponding criteria below.

A. Exposure to actual or threatened death, serious injury, or sexual violence in one (or more) of the following ways:

1. Directly experiencing the traumatic event(s).

2. Witnessing, in person, the event(s) as it occurred to others.

3. Learning that the traumatic event(s) occurred to a close family member or close friend. In cases of actual or threatened death of a family member or friend, the event(s) must have been violent or accidental.

4. Experiencing repeated or extreme exposure to aversive details of the traumatic event(s) (e.g., first responders collecting human remains; police officers repeatedly exposed to details of child abuse).

Note: Criterion A4 does not apply to exposure through electronic media, television, movies, or pictures, unless this exposure is work related.

B. Presence of one (or more) of the following intrusion symptoms associated with the traumatic event(s), beginning after the traumatic event(s) occurred:

1. Recurrent, involuntary, and intrusive distressing memories of the traumatic event(s).

Note: In children older than 6 years, repetitive play may aspects of the traumatic event(s) are expressed.

2. Recurrent distressing dreams in which the content and/or affect of the dream are related to the traumatic event(s).

Note: In children, there may be frightening dreams without recognizable content.

3. Dissociative reactions (e.g., flashbacks) in which the individual feels or acts as if the traumatic event(s) were recurring. (Such reactions may occur on a continuum, with the most extreme expression being a complete loss of awareness of present surroundings.)

Note: In children, trauma-specific reenactment may occur in play.

4. Intense or prolonged psychological distress at exposure to internal or external cues

that symbolize or resemble an aspect of the traumatic event(s).

5. Marked physiological reactions to internal or external cues that symbolize or resemble an aspect of the traumatic event(s).

C. Persistent avoidance of stimuli associated with the traumatic event(s), beginning after the traumatic event(s) occurred, as evidenced by one or both of the following:

1. Avoidance of or efforts to avoid distressing memories, thoughts, or feelings about or closely associated with the traumatic event(s).

2. Avoidance of or efforts to avoid external reminders (people, places, conversations, activities, objects, situations) that arouse distressing memories, thoughts, or feelings about or closely associated with the traumatic events(s).

D. Negative alterations in cognitions and mood associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Inability to remember an important aspect of the traumatic event(s) (typically due to dissociative amnesia and not to other factors such as head injury, alcohol, or drugs).

2. Persistent and exaggerated negative beliefs or expectations about oneself, others, or the world (e.g., "I am bad," "No one can be trusted," "The world is completely dangerous," "My whole nervous system is permanently ruined").

3. Persistent, distorted cognitions about the cause or consequences of the traumatic event(s) that lead the individual to blame himself/herself or others.

4. Persistent negative emotional state (e.g., fear, horror, anger, guilt, or shame).

5. Markedly diminished interest or participation in significant activities.

6. Feelings of detachment or estrangement from others.

7. Persistent inability to experience positive emotions (e.g., inability to experience happiness, satisfaction, or loving feelings).

E. Marked alterations in arousal and reactivity associated with the traumatic event(s), beginning or worsening after the traumatic event(s) occurred, as evidenced by two (or more) of the following:

1. Irritable behavior and angry outbursts (with little or no provocation) typically expressed as verbal or physical aggression toward people or objects.

2. Reckless or self-destructive behavior.

3. Hypervigilance.
4. Exaggerated startle response.
5. Problems with concentration.
6. Sleep disturbance (e.g., difficulty falling or staying asleep or restless sleep).

F. Duration of the disturbance (Criteria B, C, D, and E) is more than 1 month.

G. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

H. The disturbance is not attributable to the physiological effects of a substance (e.g., medication, alcohol) or another medical condition.

Specify whether
With dissociative symptoms: The individual's symptoms meet the criteria for post-traumatic stress disorder, and in addition, in response to the stressor, the individual experiences persistent or recurrent symptoms of either of the following:
Specify whether:

1. Depersonalization: Persistent or recurrent experiences of feeling detached from, and as if one were an outside observer of, one's mental processes or body (e.g., feeling as though one were in a dream; feeling a sense of unreality of self or body or of time moving slowly).
2. Derealization: Persistent or recurrent experiences of unreality of surroundings (e.g., the world around the individual is experienced as unreal, dreamlike, distant, or distorted).
Note: To use this subtype, the dissociative symptoms must not be attributable to the physiological effects of a substance (e.g., blackouts, behavior during alcohol intoxication) or another medical condition (e.g., complex partial seizures).

Specify if:
With delayed expression: If the full diagnostic criteria are not met until at least 6 months after the event (although the onset and expression of some symptoms may be immediate).

(APA, 2013)

Appendix B

Patient/Problem, Intervention, Comparison and Outcome (PICOS)

PICOS	Keyword
Participants	Woman
Interventions or phenomenological Interest	Event Centrality, childhood trauma self-identity OR gender identity. -Event Centrality, childhood trauma, self-identity
Control/Comparison	None
Outcome	None
Study design	IPA

Appendix C

PICOS search process & statistics

Search 1

Childhood trauma AND self-identity AND women or female AND event centrality or centrality of events AND IPA

Database	n=	Notes
Psychinfo	0	
Googlescholar	0	

No IPA studies so remove IPA search term.

Search 2

Childhood trauma AND self-identity AND women or female AND event centrality or centrality of events AND qualitative

Database	n=	Notes
Psychinfo	32	All only contained word qualitative
Googlescholar	29	Only 2 used a mixed method that included a qualitative element. Others only contained word qualitative.

Only two studies with qualitative method. Remove qualitative search term.

Search 3

Childhood trauma AND self-identity AND women or female AND event centrality or centrality of events

Database	n=
Psych info	51
Google scholar	27

Aware that key literature including the centrality of events scale is not being found in the search possibly because it is not directed towards childhood. Remove childhood from search term.

Search 4

trauma AND self-identity AND women or female AND event centrality or centrality of events

Event Centrality and childhood trauma

Database	n=
Psych info	119
Google scholar	107

Appendix D

PRISMA Checklist

KIN 4400 Independent Research Study in Kinesiology | PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
TITLE			
Title	1	Identify the report as a literature review.	P. 36
ABSTRACT			
Abstract	2	Provide a structured summary including, as applicable: background; objectives; data sources; study eligibility criteria, participants, and interventions; study appraisal and synthesis methods; results; limitations; conclusions and implications of key findings. See the PRISMA 2020 for Abstracts checklist for the complete list.	P.3
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of existing knowledge, i.e., what is already known about your topic.	Introduction chapter
Objectives	4	Provide an explicit statement of the objective(s) or question(s) the review addresses with reference to participants, interventions, comparisons, outcomes, and study design (PICOS).	P. 16. & P 36-37 appendix b & c.
METHODS			
Eligibility criteria	5	Specify the inclusion and exclusion criteria for the review and how studies were grouped for the syntheses with study characteristics (e.g., PICOS, length of follow-up) and report characteristics (e.g., years considered, language, publication status) used as criteria for eligibility, giving rationale.	P. 2
Information sources	6	Specify all databases, registers, websites, organisations, reference lists and other sources searched or consulted to identify studies. Specify the date when each source was last searched or consulted.	P. 36-39
Search strategy	7	Present the full search strategies for all databases, registers and websites, including any filters and limits used.	P. 36-69
Selection process	8	State the process for selecting studies (i.e., screening, eligibility). Specify the methods used to decide whether a study met the inclusion criteria of the review, including how many reviewers screened each record and each report retrieved, whether they worked independently, and if applicable, details of automation tools used in the process.	P. 36-39
Study risk of bias assessment	11	Specify the methods used to assess risk of bias in the included studies, including details of the tool(s) used, how many reviewers assessed each study and whether they worked independently, and if applicable, details of automation tools used in the process.	P.36-39
RESULTS			
Study selection	16a	Describe the results of the search and selection process, from the number of records identified in the search to the number of studies included in the review, ideally using a flow diagram.	P. 36-39

KIN 4400 Independent Research Study in Kinesiology | PRISMA 2020 Checklist

Section and Topic	Item #	Checklist item	Location where item is reported
	16b	Cite studies that might appear to meet the inclusion criteria, but which were excluded, and explain why they were excluded.	No
Study characteristics	17	Cite each included study and present its characteristics (e.g., study size, PICOS, follow-up period).	P.40-85
Risk of bias in studies	18	Present assessments of risk of bias for each included study.	P.40-85
Results of individual studies	19	For all outcomes, present, for each study: (a) summary statistics for each group (where appropriate) and (b) an effect estimate and its precision (e.g. confidence/credible interval), ideally using structured tables or plots.	P. 40-85
DISCUSSION			
Discussion	23a	Provide a general interpretation of the results in the context of other evidence.	P.40-85 and table 1
	23b	Discuss any limitations of the evidence included in the review.	P. 36-39
	23c	Discuss any limitations of the review processes used.	-
	23d	Discuss implications of the results for practice, policy, and future research.	IN EC review section
OTHER INFORMATION			
Registration and protocol	24a	Provide registration information for the review, including register name and registration number, or state that the review was not registered.	N/A search was not registered. Academic institution does not require or facilitate this
	24b	Indicate where the review protocol can be accessed, or state that a protocol was not prepared.	Protocol no prepared
	24c	Describe and explain any amendments to information provided at registration or in the protocol.	n/a
Support	25	Describe sources of financial or non-financial support for the review, and the role of the funders or sponsors in the review.	p. 2
Competing interests	26	Declare any competing interests of review authors.	p.2
Availability of data, code, and other materials	27	Report which of the following are publicly available and where they can be found: template data collection forms; data extracted from included studies; data used for all analyses; analytic code; any other materials used in the review.	None available

The checklist has been adapted for KIN 4400 Independent Research Study in Kinesiology at the University of Guelph-Humber. Last updated: Dec 9, 2021

Adapted From: Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71 *Adapted From:* Page MJ, McKenzie JE, Bossuyt PM, Boutron I, Hoffmann TC, Mulrow CD, et al. The PRISMA 2020 statement: an updated guideline for reporting systematic reviews. BMJ 2021;372:n71. doi: 10.1136/bmj.n71

For more information, visit: http://www.prisma-statement.org/

Appendix E

Research paper logging.

Reference	Peer Reviewed	N	childhood	gender	location	Quants/qualt/mixed	Results	included	Search date
Johnson, S. F., & Boals, A. (2015). Refining our ability to measure posttraumatic growth. *Psychological Trauma: Theory, Research, Practice, and Policy*, *7*(5), 422.	y	1,295 undergraduate students		912 women	usa	quants	When the authors examined events low in event centrality, their results mimicked those of Frazier et al., such that the associations between PTGI scores and the measures of emotional and psychological functioning were very small. In addition, PTGI scores were associated with greater levels of stress, depression, and anxiety. However, when we examined events that were high in event centrality, we found that the PTGI correlates highly with measures of emotional and psychological functioning and were associated with less stress, depression, and anxiety. These findings were observed both cross-sectionally and prospectively. The results suggest a methodology to improve our ability to		16-10-2023
Keshet, H., Foa, E. B., & Gilboa-Schechtman, E. (2019). Women's Self-Perceptions in the aftermath of trauma: The role of Trauma-Centrality and trauma-type. *Psychological Trauma*, *11*(5), 542-550	y	108 adults		all female	usa	quants	PTSD symptoms, trauma-centrality, and trauma-type were each found to contribute to the prediction of certain aspects of self-perceptions. Specifically, trauma-centrality was related to negative posttraumatic cognitions above and beyond the effects of PTSD symptoms. In addition, SA was related to greater impairments in global and domain specific self-perceptions compared with MVA and bereavement. Conclusion: Our findings highlight the roles of trauma-centrality and trauma-type in the erosion of self-perceptions following trauma. Our data emphasize the importance of considering the multiple factors influencing self-perceptions and of adopting a multifaceted conceptualization of the self in		16-10-2023
Kongshøj, I. L. L., & Bohn, A. (2023). Does age matter in posttraumatic stress disorder? The effects of age, event centrality, and trauma type on trauma	y	206	14-24 & 30 plus	69.9% female	usa	quants	We found that both younger age at the time of the trauma and younger age at the time of the study were associated with more PTSD-symptoms, but only when controlling for trauma impact, that is, how central to their life story and identity, participants perceived the event to be. Further, participants whose trauma occurred in youth reported more violent traumas, which in turn was associated with more PTSD-symptoms. Thus, younger age at trauma may be associated with an increased vulnerability because young people tend to		16-10-2023
Kramer, L. B., Whiteman, S. E., Witte, T. K., Silverstein, M. W., & Weathers, F. W. (2020). From trauma to growth: The roles of event centrality, posttraumatic stress symptoms, and deliberate rumination. *Traumatology*, *2*	y	f traumaexposed undergraduates (N 269),		79.2% female	usa	quants	Results supported this model, indicating that traumatic events that are appraised as central can lead to distress and activate deliberate rumination, which has a positive effect on PTG. These findings highlight the contributions of event centrality, PTSD symptoms, and deliberate rumination in their association with PTG. Thus, by specifically examining the ways in which individuals engage in cognitive processing, such as through a more deliberate and focused strategy, trauma survivors could experience greater positive outcomes.		16-10-2023
Kuenemund, A., Zwick, S., Rief, W., & Exner, C. (2016). (Re-) defining the self–Enhanced posttraumatic growth and event centrality in stroke survivors: A mixed-method approach and control comparison study. *Journal of*	y	26 stroke survivers		15 women	usa	mixed-grounded theory	Stroke survivors showed significantly higher posttraumatic growth ($F(1, 75) = 9.79$, $p = .003$) and integrated the critical life event to a higher extent into their identity (event centrality) ($F(1, 74) = 37.54$, $p < .001$). Qualitative analysis revealed increased appreciation of life and more intense/selective relationships as the most common positive changes. Considering positive changes might provide additional perspectives for rehabilitation		16-10-2023
Lancaster, S. L., & Erbes, C. R. (2016). Convince me: The effects of persuasive writing on event centrality. *Applied Cognitive Psychology*, *30*(6), 1106-1111.	y	135 undergrads		84women	usa	quants	Participants identified their 'worst' event and then either wrote persuasively about the impact of the event or wrote a factual account of the event and completed self-report measures pre-writing and post-writing. We found no group differences when examining all participants; however, we did find significantly higher centrality in the persuasive group for those participants who had experienced a traumatic event as defined by the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. Our results demonstrate that event centrality is amenable to change in response to written interventions, and these results		16-10-2023

Appendix F

Coding

Age	Pociunaite, J., Zimprich, D., & Wolf, T. (2022) Zaragoza Scherman, A., Salgado, S., Shao, Z., & Berntsen, D. (2020) Ogle, C. M., Rubin, D. C., Berntsen, D., & Siegler, I. C. (2013) Boals, A., Hayslip Jr, B., Knowles, L. R., & Banks, J. B. (2012) Berntsen, D., Rubin, D. C., & Siegler, I. C. (2011). Zaragoza Scherman, A., Salgado, S., Shao, Z., & Berntsen, D. (2020)
Childhood	Cook, J. L., Russell, K., Long, A., & Phipps, S. (2021) Ionio, C., Mascheroni, E., & Di Blasio, P. (2018).Mordeno, I. G., Galela, D. S., Nalipay, M. J. N., & Cue, M. P. (2018)Robinaugh, D. J., & McNally, R. J. (2011)Seyburn, S. J., LaLonde, L., & Taku, K. (2020) Tranter, H., Brooks, M., & Khan, R. (2021).Vagos, P., Ribeiro da Silva, D., Brazão, N., & Rijo, D. (2018)Wang, N., Chung, M. C., & Wang, Y. (2020). Watts, J., Leeman, M., O'Sullivan, D., Castleberry, J., & Baniya, G. (2021).

Appendix G

Participants ACEs data

ACE question	*n=*
Did a parent or other adult in the household often or very often...... Push, grab, or throw something at you? or ever hit you so hard that you had marks or were injured?	2
Did you often or very often feel that.... No one in your family loved you or thought you were important or special? Or Your family didn't look out for each other, feel close to each other, or support each other?	4
Did you often or very often feel that.... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you? Or Your parents were to drunk or high to take care of you or take you to the doctor if you needed?	2
Was a biological parent ever lost to you through divorce, abandonment, or other reason?	5
Was your caregiver often or very often pushed, grabbed, slapped, or had something thrown at them? Or sometimes or often kicked, bitten, hit with something? Or ever repeatedly hit over at least a few minutes or threatened with a gun or knife?	2
Did an adult or person at least 5 years older than you ever.... Touch or fondle you or have you touch their body in a sexual way? Or Attempt to actually have oral, anal, or vginal intercourse with you?	3
Did you live with anyone who was a problem drinker or alcoholic, or who used drugs?	2
Was a household member depressed or mentally ill, or did a household member attempt suicide?	3

Did a household member go to prison?	0
Did other Children, including brothers and sisters, often or very often hit you, threaten you, pick on you or insult you?	2
Did you often or very often feel lonely, rejected or that nobody liked you?	4
Did a parent or other adult in the household often or very often.... Swear at you, insult you, put you down, or humiliate you? or Act in a way that made you afraid that you might be physically hurt?	3
Did you live for 2 or more years in a neighbourhood that was dangerous or where you saw people being assaulted?	0
Was there a period of 2 or more years when your family was very poor or need assistance?	1
Did you suffer a life-threatening illness or injury?	2
Did you witness a serious crime, accident, event?	1

Appendix H

Participant Criteria Data

Participant	Age	ACE score	CES score
Anita	32	2	82
Charlotte	26	3	80
Emily	37	4	68
Grace	42	7	79
Isla	30	5	78
Marie	29	6	80
Rose	44	6	78
Zara	31	5	75

Appendix I

Recruitment Advert

Have a voice about childhood trauma by participating in research

The research

Approximately 1 in 5 adults in the UK experienced trauma during childhood. Much remains unknown about the effects such experiences have on individual's relationship to themselves, others, and the world.

This Doctoral research aims to explore the livid experience of individuals who have experienced childhood trauma, examining how that trauma may have impacted their view of self, others, and world.

If you have:-

Experienced trauma during childhood (0-18yrs)

and are:-

Female

Aged 24-45

Reside in the UK

Currently in therapy

Then you may be eligible to take part and contribute to trauma research

Please contact April Mangion for further information on

Email : am3306@live.mdx.ac.uk

Appendix J

Interview Questions

1. Can you describe the impact experiencing this event in your childhood might have had?

2. What affect, if any, do you think the trauma event/s had on the way you have perceived yourself thus far?

3. How, if at all, has the trauma experience affected your perception of others?

4. Can you describe if and how the trauma has impacted the way that you view the world?

5. How, if at all, important is the event in terms of your everyday life?

6. What effect might, if at all, does the experience have on the way you think about the future? What, if anything, do you think the event tells you about who you are?

7. How do you, if at all, think the events fits into your life story?

8. Can you describe how, if at all, the events make you feel as if you experience the world differently to others?

Appendix K

Example of an Interview Transcript with Initial Notes and Personal Experiential Themes: Grace

Personal experiential theme	**Transcript**	**Line no.**	**Initial notes**
Choice	*It sort of creeps into it. I think it's predominantly there.*	96	Links to trauma and reactions to trauma 'creeping' in, as if no choice as to it being there
	I am sort of grateful that I'm able to use my trauma experience to help others.	97	A gratefulness to have some benefit from the trauma. No indication that she is glad of the trauma itself but can see some good from it.
	And I think it's kind of a bit compressed in terms of my everyday personal life.	98	
Elephant in the room – trauma always there	*Still the white elephant in the room. Erm although I talk about it*	99	She was saying that the trauma is always there to some degree. It is unmovable
	It definitely always shows up, it hasn't gone away.	100	Expanding on above.
Choice and responsibility.	*But I do have some control now, I am able to shelve it.*	101	Referring here to having a degree of choice she can decide how large the elephant is?
	R- So do you have control over that shelving, do you decide when to shelve it and bring it down or does it surprise you?	102	
	It surprises me, but my shelving skills are better and over the years.	103	So, the trauma comes up at any time out of the blue (seemingly)
	Like things I would have gotten frustrated about I can now go come on that's not what you want to be thinking or judging myself type things.	104	She was describing the process of thinking about how she wants to be in the world, how she wants to see herself and be seen by other
	It's definitely *time to time to sort of transition that a little bit.*	105	Things changing with time

	R- Do you think it will transition it again? Do you get a sense of that or something like that.	106	
Change over time.	I don't know I worry that it's all going to get worse again.	107	Thinking of the possibility of future trauma and or trauma reactions has had in the past and present getting worst.
	I think circumstances will dictate that and how much it will show in different experiences I don't know	108	
Looking to & preparing for the future.	*I actually think it will fluctuate, and sometime be less in control I'll be having to learn new skills and do things differently.*	109	Sounds like she is expecting more effects from the trauma and is semi- preparing for the action she might need to take when this happens.

Appendix L

Developing Group Experiential Themes: Elephant in the Room

Participant	**Mentions trauma always there**	**Line no.**
Anita	**Yes**/No	137, 138, 139, 141, 142, 150, 184
Charlotte	**Yes**/No	69, 122, 125, 126
Emily	**Yes**/No	70, 71, 96,97
Grace	**Yes**/No	9, 10, 96, 99, 100, 113, 114, 144, 163
Isla	**Yes**/No	90
Marie	**Yes**/No	31, 32, 33, 34
Rose	**Yes**/No	4, 88, 89, 90, 99, 100, 101, 102, 103,
Zara	**Yes**/No	69, 70, 73

Appendix M

Ethical Approval Documents

Please note that NSPC do not issue ethical approval numbers.

NEW SCHOOL OF PSYCHOTHERAPY AND COUNSELLING
NSPC Limited
Existential Academy
61-63 Fortune Green Road
London NW6 1DR

April Mangion
19 Derham Gardens
Upminster
RM14 3HB

5th July 2021

Dear April

Re: Ethics Approval
We held an Ethics Board on 5th July 2021 and the following decisions were made.

Ethics Approval

Your application was approved.

Please note that it is a condition of this ethics approval that recruitment, interviewing, or other contact with research participants only takes place when you are enrolled in a research supervision module. Once approved, you will be eligible to enroll on Research Project Part 1.

Yours sincerely

Prof Digby Tantam Chair Ethics Committee NSPC

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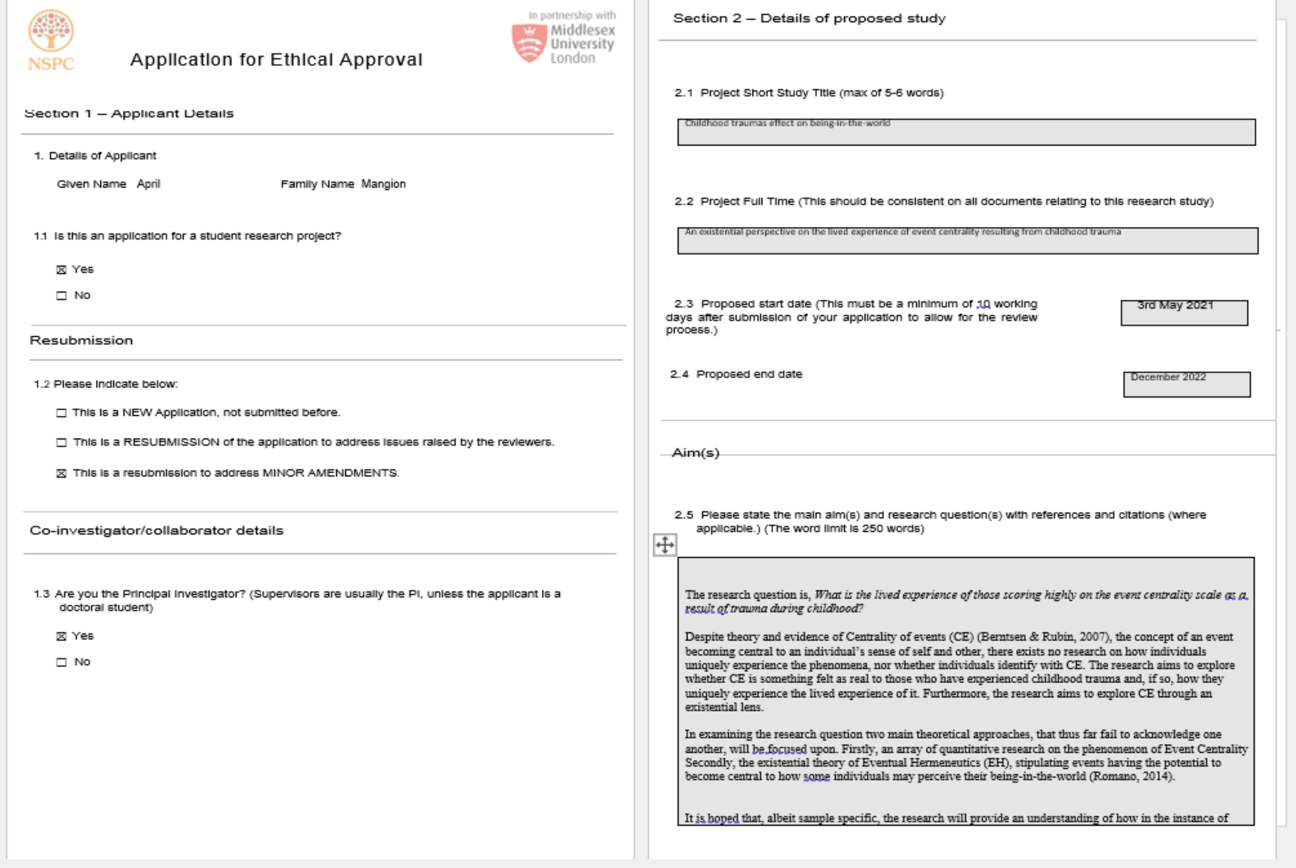

NSPC

In partnership with Middlesex University London

Application for Ethical Approval

Section 1 – Applicant Details

1. Details of Applicant

Given Name April   Family Name Mangion

1.1 Is this an application for a student research project?

☒ Yes

☐ No

Resubmission

1.2 Please indicate below:

☐ This is a NEW Application, not submitted before.

☐ This is a RESUBMISSION of the application to address issues raised by the reviewers.

☒ This is a resubmission to address MINOR AMENDMENTS.

Co-investigator/collaborator details

1.3 Are you the Principal Investigator? (Supervisors are usually the PI, unless the applicant is a doctoral student)

☒ Yes

☐ No

Section 2 – Details of proposed study

2.1 Project Short Study Title (max of 5-6 words)

Childhood traumas effect on being-in-the-world

2.2 Project Full Time (This should be consistent on all documents relating to this research study)

An existential perspective on the lived experience of event centrality resulting from childhood trauma

2.3 Proposed start date (This must be a minimum of 10 working days after submission of your application to allow for the review process.)

3rd May 2021

2.4 Proposed end date

December 2022

Aim(s)

2.5 Please state the main aim(s) and research question(s) with references and citations (where applicable.) (The word limit is 250 words)

The research question is, *What is the lived experience of those scoring highly on the event centrality scale as a result of trauma during childhood?*

Despite theory and evidence of Centrality of events (CE) (Berntsen & Rubin, 2007), the concept of an event becoming central to an individual's sense of self and other, there exists no research on how individuals uniquely experience the phenomena, nor whether individuals identify with CE. The research aims to explore whether CE is something felt as real to those who have experienced childhood trauma and, if so, how they uniquely experience the lived experience of it. Furthermore, the research aims to explore CE through an existential lens.

In examining the research question two main theoretical approaches, that thus far fail to acknowledge one another, will be focused upon. Firstly, an array of quantitative research on the phenomenon of Event Centrality Secondly, the existential theory of Eventual Hermeneutics (EH), stipulating events having the potential to become central to how some individuals may perceive their being-in-the-world (Romano, 2014).

It is hoped that, albeit sample specific, the research will provide an understanding of how in the instance of

trauma experienced during childhood, Centrality of events is experienced.

References

Berntsen, D., & Rubin, D. C. (2007). When a trauma becomes a key to identity: Enhanced integration of trauma memories predict posttraumatic stress disorder symptoms. *Applied Cognitive Psychology*, 431(October 2006), 417-431.

Romano, C. (2014). *Event and time*. Fordham.

2.6 Would you like to include a document with further information?

☐ Yes

☒ No

Section 2 - Summary of research study and rationale

2.7 Please provide full details of the method(s), study design, data to be collected, how data will be obtained, with rationale and information about participants, hypotheses, data analysis and benefits of the research, with references and citations (where applicable)

Interpretative Phenomenological analysis (IPA) has been chosen for this research. IPA is a method designed to research the livid experience in a phenomenological manner (Smith, Flowers, & Larkin, 2012). With the research being to explore the lived experience of Centrality of events resulting from childhood trauma, through an existential lens, IPA is deemed a good fit. IPA involves participants describing their lived experience and the researcher interpreting the participants description (Smith et al., 2012). IPA requires the research to attempt to bracket their assumptions and biases, but to be transparent about when these enter the interpretation (Smith et al., 2012). The researcher will adhere to the IPA framework, employing reflexivity and transparency throughout.

The research process:
Sample & Participants defined: A sample size of 8-10 participants will be recruited. The inclusion criteria will be:
Women: Women demonstrate higher prevalence of CE in response to negative experiences than men (Boals, 2010). The criteria therefore reflects a predominate CE group.
Age 24 -45 years: The age criteria corresponds with theories on when adolescence ends at the age of 24 to ensure an adult sample (Sawyer, et al., 2018). The upper age limit is designed to allow the research to be representative of a narrower sample group.
Experience of childhood trauma before the age of 18: In line with research that trauma under the age of 18 has a higher impact on an individual's development of self (Ogle, Rubin, & Siegler, 2013). The Adverse childhood experiences scale (Finkelhor, Shattuck, Turner, & Hamby, 2015) will determine the meeting of this criteria. Event centrality research albeit limited does not distinguish higher rates of CE correlation with a particular period of childhood (Ogle, Rubin, Berntsen, & Siegler, 2013)
Currently, in therapy for a minimum of 6 months: The criteria has been set for two purposes. Firstly, to ensure participants have support in place for ethical reasons. Secondly, because participants being in therapy may increase the likelihood of them already challenging their self-identity. The type of therapy will be unspecified, but acknowledgement is made that the type of therapy being received could impact on the data. Therapy is a criterion in view of ethical consideration which is with this research a priority. Therefore, the research is based on enquiring as to whether the phenomenon of CE has occurred for the participants and if so, what it is to live in that experience.
Based in the UK. There may be cultural differences, therefore remaining focused on one geographical location will help the research be more representative of a homogenous group.

Recruitment of participants: Recruitment will utilise social media. Platforms such as MYPTSD that have a specific forum dedicated to research participant recruitment, with stringent policies on acceptable research will be used in the first instance. Should additional recruitment be required, snowballing, therapy organisations, and therapists will be approached to recommend clients for participation. Participants expressing an interest will be provided with a Participant information sheet and will be required to give informed consent before proceeding.

Selection:
Two measures will be used to ensure participants meet the sample criteria:
The Centrality of Events Scale (CES): The CES (Berntsen & Rubin, 2006) is a measure of the impact of an event on an individual's self-identity. This will ensure participants meet the criteria of having a degree of self-centered upon a trauma event. The CES is the official measure of CE and the basis of much of the research and theory noted in this research.
The Adverse Childhood Experiences scale (ACE): The ACE is a questionnaire to measure the presence of adverse childhood experiences (Finkelhor et al., 2015). The ACE is a widely recognized scale to indicate a trauma event specifically within childhood. It ensures participants meet the criteria of trauma experienced within childhood.
Any participant scoring over 6 on the ACE and/or less than 50 on the CES, will be not meet the criteria. Participants who do not meet the criteria participants will not proceed they will be invited to a debrief to explain the process and reason for non-continuation.
Once the above scales have confirmed criteria eligibility an interview will be arranged by email or by phone according to participant's preference.

A Semi-structured interview: The interview questions will be loosely based on questions in the CES. Interviews will last for approximately one hour and will take place remotely on Zoom. Participants will be taken over the information in the briefing information sheet again before the interview starts. Furthermore, they will be debriefed directly after the interview. The questions are as follows:
Can you describe the impact experiencing this event in your childhood might have had?
What affect, if any, do you think the trauma event/s had on the way you have perceived yourself thus far?
How, if at all, has the trauma experience affected your perception of others?
Can you describe if and how the trauma has impacted the way that you view the world?
How, if at all, important is the event in terms of your everyday life?
What effect might, if at all, does the experience have on the way you think about the future?
What, if anything, do you think the event tells you about who you are?
How do you, if at all, think the events fits into your life story?
Can you describe how, if at all, the events make you feel as if you experience the world differently to others?

Analysis: All interviews will be transcribed verbatim, by the researcher alone, with lines numbered (Smith et al., 2012). The data will be analysed using the IPA method for emergent themes, those themes appearing as important within the data, and superordinate themes, themes that stem from the emergent themes providing further depth (Braun & Clarke, 2013). The data will be examined for similarities and differences to provide a balanced analysis. The data coding will be a process of reading and rereading the transcripts to become aware of recurrent themes. The data will then be written up into a doctoral thesis. Throughout the research reflexivity in the form of research supervision, reflective journaling and peers support will be used to aim the process of bracketing of bias and judgements.

Benefits: It is hoped the research will add to the literature on trauma in childhood, event centrality, and existential theory on trauma. Furthermore, it may benefit those working with trauma clients in understanding the experience of CE. Lastly participants and other childhood trauma victims may feel their voices have been heard through the findings as well as having the opportunity to explore their relationship to themselves, others, and the world.

References

Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy, 44*(2), 219-231. doi:10.1016/j.brat.2005.01.009

Boals, A. (2010). Events that have become central to identity: Gender differences in the centrality of events scale for positive and negative events.*121*(January 2009), 107-121.

Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect, 48*, 13-21.

Ogle, C. M., Rubin, D. C., Berntsen, D., & Siegler, I. C. (2013). The frequency and impact of exposure to potentially traumatic events over the life course. *Clinical Psychological Science, 1*(4), 426-434.

Ogle, C. M., Rubin, D. C., & Siegler, I. C. (2013). The impact of the developmental timing of trauma exposure on PTSD symptoms and psychosocial functioning among older adults. *Developmental Psychology, 49*(11), 2191. doi:10.1037/a0031985

Sawyer, S. M., Azzopardi, P. S., Wickremarathne, D., & Patton, G. C. (2018). The age of adolescence. *The Lancet Child & Adolescent Health, 2*(3), 223-228. doi:10.1016/

Smith, J.,A, Flowers, P., & Larkin, M. (2012). *Interpretative phenomenological analysis: Theory, method and research*. London: SAGE.

2.8 Would you like to include a document with further information?

☐ Yes

☐ No

Section 3 – Method(s) and Data Source(s)

3.1 **Step 1**: Please indicate design/methods included in the study (Please tick all that apply)

☐ Simulation, computational, theoretical research, product design/build

☐ Analysis of existing/available data e.g. digital forensic investigation techniques etc.

☐ Case study (in-depth investigates of a single person, group, event or community, may require observations and interviews)

☐ Direct observation(s) and/or taking photographs, video recordings etc. of participants

☐ Action research, insider/participatory research, ethnography

☐ Questionnaire(s)

☒ Interview(s) / Focus group(s)

☐ Field study

☐ Lab-based study (excluding computer lab)

☐ Experiment/quasi-experiment (e.g., with control groups/interventions

3.2 **Step 2**: Please indicate data source(s) below. (Please tick all that apply)

☐ Simulation, computational, theoretical research, product design/build

☐ Existing/archived data or documents, e.g., from UK Data, external organization, internet site, social media site, mobile device(s), app(s) etc.

☐ Human participant(s) – children (under 18yrs), vulnerable adults or with impaired mental capacity to give consent

☒ Human participant(s) – non-vulnerable groups, but may include adults in an unequal power relationship to the researcher e.g., students/employees

☐ Human participant – ONLY my own data (e.g., personal data)

☐ Archived human tissue samples stored under MU HTA license

☐ Collective or use of human tissue/products (e.g., blood, saliva)

☐ Genetically modified/engineered organisms (GMO's)

☐ Primary human cell lines (directly cultured from their source organ tissue or blood cells

☐ Imported human and or non-human samples

☐ Human or non-human materials requiring transfer between UK institutions

☐ Materials from UK tissue banks

☐ Animal(s) or animal parts (not included in above categories)

☐ Flora, foliage, minerals or precious artefacts

Section 3 – Risk Assessment to be completed by ALL Applicants

~~Evaluation of risk level - The level of risk will determine the number of reviewers required to~~ consider your research ethics application. (A higher risk application does not mean that the application will not be approved)

3.3 'Higher Risk' research ethics applications include the following activities. Please tick whether your research involves any of the following:

☐ Animal or animal parts

☐ Genetically modified / engineered organisms

☐ Possibility of causing serious harm to others or the environment

☐ Primary cultured human cells (not commercially available)

☐ Collection/analysis of human tissue/blood

☐ Non-compliance with legislation

☐ Potential to adversely affect the reputation of the university

☐ Concerns security sensitive research e.g., terrorist or extreme groups

☐ Radioactive materials

☐ Drugs, placebos or other substances (e.g., food, caffeine) given to participants

☐ Adults who lack mental capacity to give consent

☒ None of the above

Research Location

3.4 Will the research, or any part of it, require travel to another country?

☐ Yes

☒ No

3.5 Will this research require in-country travel and/or be conducted in a location that may present potential hazards? (e.g., fieldwork)

☐ Yes

☒ No

Approval from an External Research Ethics Committee

3.6 Do you HAVE evidence of research ethics committee approval from an EXTERNAL UK Research Ethics Committee for this research study? (e.g., another Higher Education Institution etc.)

☐ Yes

☒ No

☐ N/A

Section 3 - Supporting Research Conducted by an External Organisation within Middlesex University

3.7 Is this research being conducted within Middlesex University by an EXTERNAL organization?

Research conducted within Middlesex University by other Higher Education Institution (HEI) or organization which requires access to data for/about Middlesex University staff and/or student's needs to be supported by a Middlesex University Senior Manager or delegate.

☒ No

☐ Yes, and I can upload the Middlesex letter of agreement for support and access now

☐ Yes, a letter of agreement is required, but this will be provided after Middlesex ethics approval is obtained. I have a letter confirming this requirement which I can upload.

Compliance with Existing Legislation

3.8 Will you ensure that the data/outputs from the research (e.g., products, guidelines, publications etc.) will comply with existing legislations, e.g., not breach copyright, privacy, use of computer networks etc.

☒ Yes

☐ No

3.9 Could the data/outputs from the research (e.g., products, guidelines, publications etc.) cause harm to others directly, or through misuse?

☐ Yes

☒ No

Security Sensitive Categories

3.10 Does your research fit into any of the following security-sensitive categories? If so, indicate which:

☐Commissioned by the military

☐Commissioned under an EU security call

☐Involve the acquisition of security clearances

☐Concerns terrorist or extreme groups

☒None of the above

Section 4 - Materials/Equipment

4.1 Would you like to upload further information/copies of materials/details of equipment to be used in the research?

☒ Yes

☐ No

Possible Issues

4.2 What possible data collection issues do you anticipate that have not been covered so far and how will these be managed?

Participants will be recruited using social media platforms which poses a risk of identification. Participants will be advised of this and asked to email the researcher rather than express any interest in taking part on public comments. In the event of a public comment being added the researcher will message the individual and suggest they remove it. Advertisements will be deleted as soon as the recruitment procedure has been completed.

A pseudonym will be provided to all participants and no identifying features such as occupations, residing town and so on will be used. .This is to prioritise anonymity.

The transcript of interviews is required to be retained by the researcher for 10 years. However, personal details including names and contact details will be deleted in accordance with data protection procedures immediately after the thesis is completed.

All data will be stored on an encrypted devise, that is password protected. The devise will be further secured in a locked filer. Access to the data will be limited to the researcher and the two research supervisors. In accordance with GDPR participants will have the right to request access their data at any point for as long as it is held.

To ensure confidentiality and anonymity during the interview stage, the research will be in a confidential space during the interviews. The zoom meeting room will have a waiting room set up so only the researcher can admit people into the zoom room. The zoom room will be locked once the researcher and the participant are in the room so no one can inadvertently join. Furthermore, the interview recording will be confined to voice only recording this will add another level of anonymity for the participant.

Technical glitches are preempted. Should Wi-Fi connectivity be an issue the interview will be rearranged. From the researchers end, back up hotspots will be in place incase main Wi-Fi fails. Backup plans will be discussed with participants when arranging the interviews. Likewise, if the quality of sound is unworkable the interview will be stopped and rearranged, after computer restarts and Wi-Fi connections have been attempted first. Recording devises will be checked prior to the interview and throughout.

All participants will be advised of their right to withdraw from the research at any time up until the point where data is being written up. In anticipation of the intention is to over recruit to ensure the 8-10 sample can be achieved even in the event of withdrawals.

The research will be written up into a Doctoral thesis which will be held in Middlesex university and the new school of psychotherapy and counselling research repository. The repositories have limited access to students and academic staff only. There is the possibility that the thesis will be converted into a journal atrial for publication. Participants will be informed of the above with the assurance with confidentiality and anonymity at all points of the thesis and article stage.

;l

Section 5 - Incentives and Payments to Researchers

5.1 Are there likely to be any personal payments, benefits or other incentives that the Principal Investigator and/or other research collaborators may receive for conducting this research?

☐ Yes

☒ No

Section 6 - Safety Issues

6.1 Are there any adverse risks or safety issues (e.g., from potential hazards) that the research may present to you and/or for your participants or others?

☒ Yes

☐ No

Potential Impact of the Research

6.2 Are you going to be selecting data that may not accurately represent the wider data set and/or participants' views which may cause bias?

☐ Yes

☒ No

6.3 Please state any negative impact(s) that might result from your research, and how this might be managed?

It is unlikely that participation in this research will cause harm. It is possible that, as with the discussion of any personal experiences, issues may arise in the interview that could be distressing to the participant. The participant will be made aware prior that if at any point they wish to pause or stop the interview, they will be able to do so without question. The interview has been designed to avoid the need to discuss actual trauma memories and events that are more likely to trigger distress. Participants will be debriefed following our interview and can discuss their experience of the research with me at any point during the research process. Participant will be given the contact details of my supervisor with whom they can discuss any concerns. Participant will be provided with details of supporting communities and organisations in case they need further support.

Participants will only be permitted to take part if they provide addresses and contact numbers for themselves, their GP, and a next of kin, so in case of an emergency help can be accessed quickly.

Research demonstrates, however, that participation in trauma research generally is of more benefit than harm to those taking part (Becker-Blease & Freyd, 2006; Elana Newman et al., 2006; Jaffe et al., 2015; Legerski & Bunnell, 2010; Decker et al., 2011).

References

Becker-Blease, K. A., & Freyd, J. J. (2006). Research Participants Telling the Truth About Their Lives. *American Psychologist, 61*(3), 218-226. 10.1037/0003-066X.61.3.218

Newman, E., Risch, E., & Kassam-Adams, N. (2006). Ethical Issues in Trauma-Related Research: A Review. *Journal of Empirical Research on Human Research Ethics: An International Journal, 1*(3), 29-46. 10.1525/jer.2006.1.3.29

Jaffe, A. E., DiLillo, D., Hoffman, L., Haikalis, M., & Dykstra, R. E. (2015). Does it hurt to ask? A meta-analysis of participant reactions to trauma research. *Clinical Psychology Review, 40,* 40-56. 10.1016/j.cpr.2015.05.004

Legerski, J., & Bunnell, S. L. (2010). The Risks, Benefits, and Ethics of Trauma-Focused Research Participation. *Ethics & Behavior, 20*(6), 429-442. 10.1080/10508422.2010.521443

Decker, S., Naugle, A., Carter-Visscher, R., Bell, K. & Seifert, A. (2011). Ethical Issues in Research on Sensitive Topics: Participants' Experiences of Distress and Benefit. *Journal of Empirical Research on Human Research Ethics: An International Journal, 6*(3), 55-64. 10.1525/jer.2011.6.3.55

Section 7 – Research Funding and Resources

7.1 Is the research part of an application for external funding or already funded e.g., by the ESRC?

☐ Yes

☒ No

Resources for Research

7.2 Provide details of any additional resources required for your research (e.g., equipment, travel costs, devices needed to access data etc.) how these resources will be obtained, estimated costs and who is covering the cost.

The research is low in material resources. Requiring access to secure computer equipment for interview recording and data storage. These are already in place. The interviews will take place via Zoom, following ethical regulations on internet-based research (BPS, 2017) and to ensure covid-19 safety.

Thus a list of resources that the researcher will self fund are as follow:
A Laptop, two recording devises, an encrypted and password protected usb drive, and a lockable filing cabinet

References

BPS. (2017). *Ethics guidelines for internet-mediated research.*, 1-2. The British Psychological Society

Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

☐ Yes

☒ No

8.2 Are there any other documents you would like to attach?

☐ Yes

☒ No

Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

☐ Yes

☒ No

Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

☐ Yes

☒ No

Section 8 - Data Management, Ownership and Intellectual Property

8.5 Who will be the owner of the data from this research?

Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

Section 8 – Other Issues – to be completed by ALL Applicants

8.1 Does the research involve any ethical and/or legal issues not already covered that should be taken into consideration?

☐ Yes
☒ No

8.2 Are there any other documents you would like to attach?

☐ Yes
☒ No

Other Ethical and/or Legal Issues

8.3 Does the research raise any other risks to safety for you or others, that would be greater than you would encounter in everyday life?

☐ Yes
☒ No

Conflict of Interests

8.4 Are there any conflicts of interests to be declared in relation to this research?

☐ Yes
☒ No

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8.5 Who will be the owner of the data from this research?

Usually the owner will be the Principal Investigator and the supervisor for undergraduate and master's level students' projects. Doctoral students are usually considered to be Principal Investigators and the owners of their data. However, such issues are worth clarifying and you may need to check who owns the data if collecting data within an organization.

The researcher, April Mangion, will be the owner of the research data.

8.6 If there are any intellectual property issues regarding any documents or materials you wish to use, provide details below:

The use of two quantitative scales will be utilised in the participant selection procedure. Those being the Centrality of event scale (Berntsen & Rubin, 2006) and the Adverse Childhood Events scale (Finkelhor, Shattuck, Turner, & Hamby, 2015). Both scales are available to use free of cost and copywrite restrictions to researchers.

References

Berntsen, D., & Rubin, D. C. (2006). The centrality of event scale: A measure of integrating a trauma into one's identity and its relation to post-traumatic stress disorder symptoms. *Behaviour Research and Therapy, 44*(2), 219-231. doi:10.1016/j.brat.2005.01.009

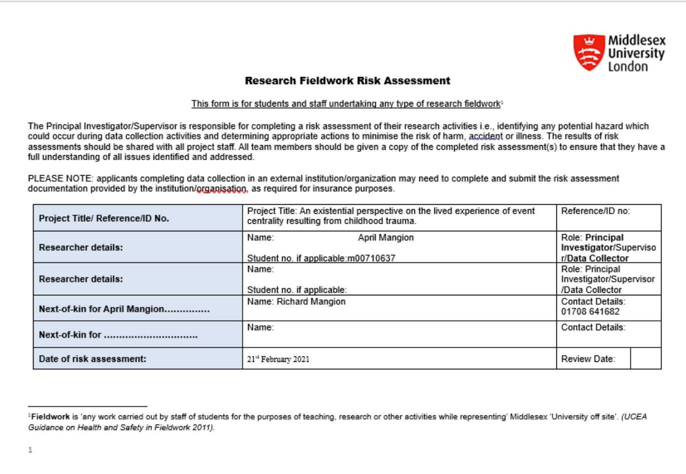
Finkelhor, D., Shattuck, A., Turner, H., & Hamby, S. (2015). A revised inventory of adverse childhood experiences. *Child Abuse & Neglect, 48*, 13-21.

Signatures

Researcher	[signature]	26/06/2021
Supervisor	Rochelle Johnson	28/6/2021
Chair of Ethics	Please ensure you enter an electronic / handwritten signature. **(do not just type in name)**	Click here to enter a date.

Appendix N

Risk Assessment Document



Middlesex University London

Research Fieldwork Risk Assessment

This form is for students and staff undertaking any type of research fieldwork[1]

The Principal Investigator/Supervisor is responsible for completing a risk assessment of their research activities i.e., identifying any potential hazard which could occur during data collection activities and determining appropriate actions to minimise the risk of harm, accident or illness. The results of risk assessments should be shared with all project staff. All team members should be given a copy of the completed risk assessment(s) to ensure that they have a full understanding of all issues identified and addressed.

PLEASE NOTE: applicants completing data collection in an external institution/organization may need to complete and submit the risk assessment documentation provided by the institution/organisation, as required for insurance purposes.

Project Title/ Reference/ID No.	Project Title: An existential perspective on the lived experience of event centrality resulting from childhood trauma.	Reference/ID no:	
Researcher details:	Name: April Mangion Student no. if applicable:m00710637	Role: **Principal Investigator**/Supervisor/**Data Collector**	
Researcher details:	Name: Student no. if applicable:	Role: Principal Investigator/Supervisor /Data Collector	
Next-of-kin for April Mangion……………	Name: Richard Mangion	Contact Details: 01708 641682	
Next-of-kin for …………………………	Name:	Contact Details:	
Date of risk assessment:	21st February 2021	Review Date:	

[1]**Fieldwork** is 'any work carried out by staff of students for the purposes of teaching, research or other activities while representing' Middlesex 'University off site'. *(UCEA Guidance on Health and Safety in Fieldwork 2011).*

1

DECLARATION: By submitting this form you are agreeing to allow us to be in contact with your next-of-kin in the case of an emergency.

Please give details where the research/data collection will be completed:

Location	Name/position of contact	Place for fieldwork/organisation	Address	Tel:	Email:
1.	April Mangion	Work/Home	19 Derham Gardens, Upminster, Essex, RM14 3HB	07840 764632	am3306@live.mdx.ac.uk
2.					
3.					

POTENTIAL HAZARDS: please inform us of any hazards you may face whilst on location

Examples of Potential Hazards:

- Adverse weather: exposure (heat, sunburn, lightening, wind, hypothermia)
- Terrain: rugged, unstable, fall, slip, trip, debris, and remoteness. Traffic: pollution.
- Demolition/building sites, assault, getting lost, animals, disease.
- Working on/near water: drowning, swept away, disease (weils disease, hepatitis, malaria, etc), parasites', flooding, tides and range.
- Lone working: difficult to summon help, alone or in isolation, lone interviews.
- Dealing with the public: personal attack, causing offence/intrusion, misinterpreted, political, ethnic, cultural, socio-economic differences/problems. Known or suspected criminal offenders.
- Safety Standards (other work organisations, transport, hotels, etc), working at night, areas of high crime.
- Ill health: personal considerations or vulnerabilities, pre-determined medical conditions (asthma, allergies, fitting) general fitness, disabilities, persons suited to task.
- Articles and equipment: inappropriate type and/or use, failure of equipment, insufficient training for use and repair, injury.
- Substances (chemicals, plants, bio- hazards, waste): ill health - poisoning, infection, irritation, burns, cuts, eye-damage.
- Manual handling: lifting, carrying, moving large or heavy items, physical unsuitability for task

2

Location	Potential risk/hazard	Who might be harmed and how?	Precautions to be taken to control this risk	Additional safety measures/ equipment that may be needed	Action by who?	Action by when?	Done
1.	Distress	Participant – strong emotional reaction triggered	AT the criteria stage when completing the ACE and CES participants will again be provide with support agency numbers and the details of the researcher.	None	Researcher	Add support contact details to scales before sending out.	No
			The interview is designed so as to avoid discussion of actual trauma events. Should the participant start discussing event they will be gently steered away for the subject. The participants will be briefed as such before the interview.	None	Researcher to Interview design interview to avoid event discussions.	Prior to interviews	Yes
					Researcher to move away for talking about specific trauma events.	As needed.	No
					Researcher to brief participants not to talk about specific events. Add to Participant information sheet.	Prior to PIS being given	No
					During interview briefing	On interview dates	No
			Participants must be in therapy. List of	Participants will be			

3

			support services provided. Research is a counselling psychologist in training with experience of clients in crisis and distress.	asked for the address where they will be at the time of the interview, A GP, and next of kin. In case of emergency contact needed. Also, in case of disconnection during the interview and they are needing to be contacted.	Researcher to add to consent form.	Prior to consent forms being issued	Yes
			Interview terminated by researcher or by participant. Participant will be brief regarding this.	None	Researcher or participant	During the interview as needed	No
					Researcher to add information to PIS.	Before issuing the PIS.	Yes
					Researcher to brief participants about this at the start of the interview	On interview date	No
			Report any distress.	Access to phone and signal during interviews	Researcher will report any concerns immediately afterward to supervisor.	As needed.	No

4

			Provide all participants with a list of support services.	None	If immediate risk next of kin, GP, or 999 will be contacted by the researcher. Researcher to add list on PIS and debriefing sheet	As needed. Prior to issue of the PIS NA debrief sheet	No Yes
2.	Internet confidentiality Breach possibility	Participant & researcher – identity being revealed	The researcher will not give out any of their personal details and will only provide university-based contact details. Participants will be asked to email the researcher directly rather than reply in comment boxes to social media participants adverts and adverts will be deleted immediately after recruitment is completed. Once the research and participant are in the zoom meeting the zoom will be locked to ensure no one else can covertly join. A wait room will be in place so entry to the zoom room will be on the researcher's permission only. Recordings will be of voices only to add to	None None None None	Researcher Researcher Researcher to lock Zoom room and set up waiting room. Researcher	On-going. As needed. On interview days. On interview	No No No No

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			anonymity.			days	
3.	Covid-19 transmission	Participant, researcher & others in contact with either. – Possibility of contracting covid to unknown severity.	Internet only interviews	none	Researcher to ensure safe usage of online interview	Ongoing prior and during the interview	No
4.	Substance interference	Participant	Interview will be terminated if the researched believes the participant to be under the influence of a substance including alcohol or drugs	Emergency contact details in case of assistance being required	Researcher	As needed	No
5.	Overhearing or disruption	Participant & researcher	Researcher will be in a confidential space away from the possibility of interruption by others. Participants will be asked to do likewise. If the interview is disrupted by someone entering the participants room for example the researcher will close off their microphone and video so as to protect their own identity. The participant can end the interview if they need to and will be contacted to rearrange.	None None	Researcher to advise. Researcher to brief participants on this.	when arranging the interview When arranging the interviews	No No
6.	Disclosure of harm or criminal activity	Participant	Should the participant disclose that they are at risk of harm to themselves or other immediate action will be taken to contact the emergency services and the research supervisor. If a disclosure about a serious crime is	Access to a phone with a signal	Researcher to brief participants about this at the start of interview Researcher to report	On interview dates	No No

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			made the research supervisor will be contacted and matters to potentially report will be discussed.	None		As needed	

Examples of precautions:

- Providing adequate training, information & instructions on field/location work tasks and the safe and correct use of any equipment, substances and personal protective equipment. Inspection and safety check of any equipment prior to use.
- Assessing individual's fitness and suitability to environment and tasks involved.
- Appropriate clothing, environmental information consulted and advice followed (weather conditions, tide times etc.).
- Seek advice on harmful plants, animals & substances that may be encountered, including information and instruction on safe procedures for handling hazardous substances.
- First aid provisions, inoculations, individual medical requirements, logging of location, route and expected return times of lone workers. Establish emergency procedures (means of raising an alarm, back up arrangements).
- Working with colleagues (pairs). **Lone working is not permitted where the risk of physical or verbal violence is a realistic possibility.**
- Training in interview techniques and avoiding /defusing conflict, following advice from local organisations, wearing of clothing unlikely to cause offence or unwanted attention. Interviews in neutral locations.
- Checks on Health and Safety standards & welfare facilities of travel, accommodation and outside organisations. Seek information on social/cultural/political status of field/location work area.

FIELD/LOCATION WORK CHECK LIST

1. Ensure that **all members** of the field party possess the following attributes (where relevant) at a level appropriate to the proposed activity and likely field conditions:

   Safety knowledge and training?

   Awareness of cultural, social and political differences?

   Physical and psychological fitness and disease immunity, protection and awareness?

   Personal clothing and safety equipment?

   Suitability of field/location workers to proposed tasks?

2. Have all the necessary arrangements been made and information/instruction gained, and have the relevant authorities been consulted or informed regarding:

   Legal access to sites and/or persons?

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   Political or military sensitivity of the proposed topic, its method or location?

   Weather conditions, tide times and ranges?

   Vaccinations and other health precautions?

   Civil unrest and terrorism?

   Arrival times after journeys?

   Safety equipment and protective clothing?

   Financial and insurance implications?

   Crime risk?

   Health insurance arrangements?

   Emergency procedures?

   Transport use?

   Travel and accommodation arrangements?

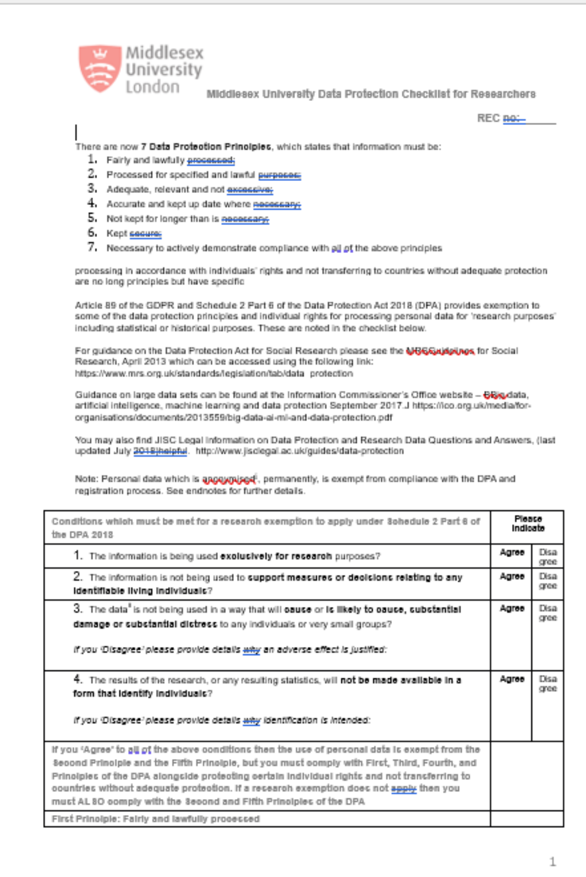
Important information for retaining evidence of completed risk assessments:

Once the risk assessment is completed and approval gained the **supervisor** should retain this form and issue a copy of it to the field/location worker participating on the field course/work.

8

Appendix O

Data Management Document



Middlesex University London

Middlesex University Data Protection Checklist for Researchers

REC no:

There are now **7 Data Protection Principles**, which states that information must be:

1. Fairly and lawfully processed;
2. Processed for specified and lawful purposes;
3. Adequate, relevant and not excessive;
4. Accurate and kept up date where necessary;
5. Not kept for longer than is necessary;
6. Kept secure;
7. Necessary to actively demonstrate compliance with all of the above principles

processing in accordance with individuals' rights and not transferring to countries without adequate protection are no long principles but have specific

Article 89 of the GDPR and Schedule 2 Part 6 of the Data Protection Act 2018 (DPA) provides exemption to some of the data protection principles and individual rights for processing personal data for 'research purposes' including statistical or historical purposes. These are noted in the checklist below.

For guidance on the Data Protection Act for Social Research please see the MRSGuidelines for Social Research, April 2013 which can be accessed using the following link: https://www.mrs.org.uk/standards/legislation/tab/data protection

Guidance on large data sets can be found at the Information Commissioner's Office website – BBig data, artificial intelligence, machine learning and data protection September 2017.J https://ico.org.uk/media/for-organisations/documents/2013559/big-data-ai-ml-and-data-protection.pdf

You may also find JISC Legal Information on Data Protection and Research Data Questions and Answers, (last updated July 2018)helpful. http://www.jisclegal.ac.uk/guides/data-protection

Note: Personal data which is anonymised[i], permanently, is exempt from compliance with the DPA and registration process. See endnotes for further details.

Conditions which must be met for a research exemption to apply under Schedule 2 Part 6 of the DPA 2018	Please indicate	
1. The information is being used **exclusively for research** purposes?	Agree	Disagree
2. The information is not being used to **support measures or decisions relating to any identifiable living individuals**?	Agree	Disagree
3. The data[ii] is not being used in a way that will **cause** or **is likely to cause, substantial damage or substantial distress** to any individuals or very small groups? *If you 'Disagree' please provide details why an adverse effect is justified:*	Agree	Disagree
4. The results of the research, or any resulting statistics, will **not be made available in a form that identify individuals**? *If you 'Disagree' please provide details why identification is intended:*	Agree	Disagree
If you 'Agree' to all of the above conditions then the use of personal data is exempt from the Second Principle and the Fifth Principle, but you must comply with First, Third, Fourth, and Principles of the DPA alongside protecting certain individual rights and not transferring to countries without adequate protection. If a research exemption does not apply then you must ALSO comply with the Second and Fifth Principles of the DPA		
First Principle: Fairly and lawfully processed		

1

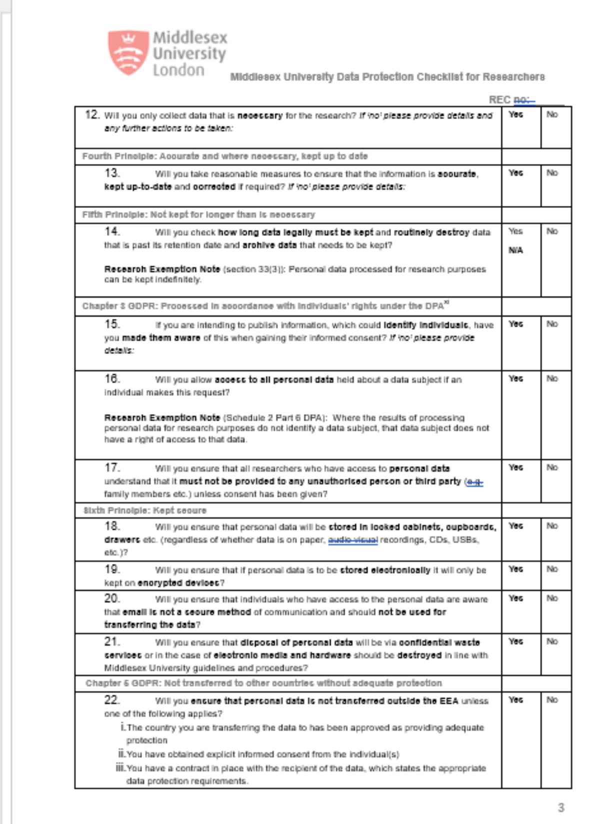
Middlesex University London

Middlesex University Data Protection Checklist for Researchers

REC no:

5. Will you have appropriate **informed consent**[iii] secured from participants for the **personal data**[iv] that you will be analysing? i.e., **inform participants** of a) What you will **do** with the data? b) Who will **hold** the data? (Usually MU, unless a third party is involved) c) Who will have **access** to the data or receive copies of it? (e.g., for **secondary data sets**, are you sure that appropriate consent was secured from participants when the data was collected?) *If 'no' please provide details and any further actions to be taken:*	**Yes**	No
6. If you plan to analyse **sensitive (known as special categories of personal data under the new legislation) personal data**[v], have you obtained **data subjects**[vi] **explicit informed consent**[vii] (as opposed to **implied consent**[viii])? *If 'no' please provide details:*	**Yes**	No
7. If you do not have the data subjects' explicit consent to process their data, are you **satisfied that it is in the best interests of the data subject** to collect and retain the sensitive data? *Please provide details:*	Yes **N/A**	No
8. If you are processing[ix] personal data about **younger individuals or those with reduced capacity**, have you put a process in place to obtain consent from parents, guardians or legal representatives, if appropriate? *Please provide details:*	Yes **N/A**	No
9. Will you have a process for managing **withdrawal of consent**? *If 'no' please provide details:*	**Yes**	No
10. Will it be necessary or desirable to work with external organisations e.g., charities, research organisations etc. acting as **a third party** i.e., directly providing a service for us or on our behalf that involves them accessing, collecting or otherwise processing personal data the third party will become a data processor under the DPA? *If 'yes' then you will be using a third party as a data processor you must take advice from the Middlesex University Data Protection Officer about the planned contractual arrangements and security measures.*	Yes	**No**
11. Have you written an appropriate privacy notice to provide to individuals at the point you collect their personal data? *(Please see 'Guide to Research Privacy Notices')*	**Yes**	No
Second Principle: Processed for limited purposes		
Will personal data be obtained only for **one or more specified and lawful purposes**, and not further processed in any manner incompatible with the purpose(s)? (Research data subjects should be informed of any new data processing purposes, the identity of the **Data Controller**[x] and any disclosures that may be made.) **Research Exemption Note** (GDPR Article 89): Personal data can be processed for research purposes other than for which they were originally obtained if that processing does not take fmeasures or decisions with respect to the particular data subjects (unless necessary for approved medical research); and no likelihood of substantial damage or substantial distress to any data subjects That data may also be held indefinitely.	Yes **N/A**	No
Third Principle: Adequate, relevant and not excessive		

2



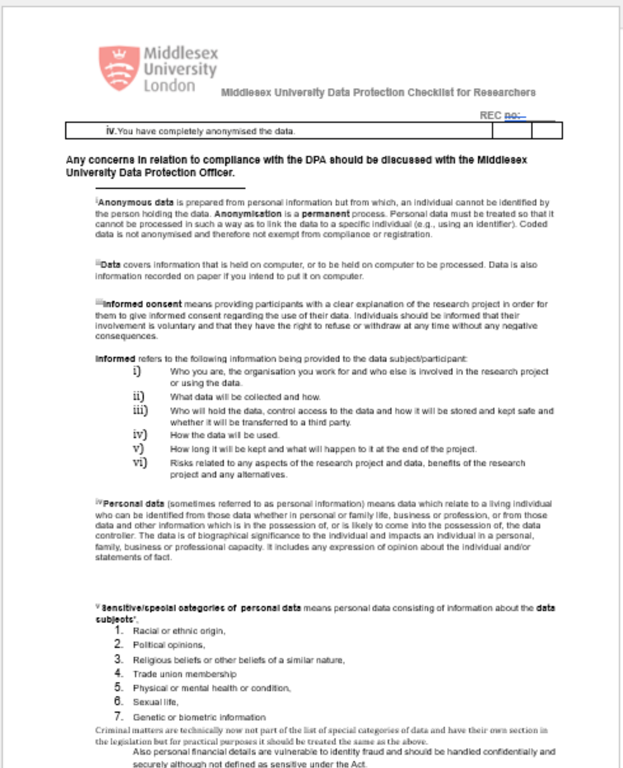
Middlesex University London

Middlesex University Data Protection Checklist for Researchers

REC no:

12. Will you only collect data that is **necessary** for the research? *If 'no' please provide details and any further actions to be taken:*	Yes	No
Fourth Principle: Accurate and where necessary, kept up to date		
13. Will you take reasonable measures to ensure that the information is **accurate**, **kept up-to-date** and **corrected** if required? *If 'no' please provide details:*	Yes	No
Fifth Principle: Not kept for longer than is necessary		
14. Will you check **how long data legally must be kept** and **routinely destroy** data that is past its retention date and **archive data** that needs to be kept? **Research Exemption Note** (section 33(3)): Personal data processed for research purposes can be kept indefinitely.	Yes N/A	No
Chapter 3 GDPR: Processed in accordance with individuals' rights under the DPA[xi]		
15. If you are intending to publish information, which could **identify individuals**, have you **made them aware** of this when gaining their informed consent? *If 'no' please provide details:*	Yes	No
16. Will you allow **access to all personal data** held about a data subject if an individual makes this request? **Research Exemption Note** (Schedule 2 Part 6 DPA): Where the results of processing personal data for research purposes do not identify a data subject, that data subject does not have a right of access to that data.	Yes	No
17. Will you ensure that all researchers who have access to **personal data** understand that it **must not be provided to any unauthorised person or third party** (e.g. family members etc.) unless consent has been given?	Yes	No
Sixth Principle: Kept secure		
18. Will you ensure that personal data will be **stored in locked cabinets, cupboards, drawers** etc. (regardless of whether data is on paper, audio-visual recordings, CDs, USBs, etc.)?	Yes	No
19. Will you ensure that if personal data is to be **stored electronically** it will only be kept on **encrypted devices**?	Yes	No
20. Will you ensure that individuals who have access to the personal data are aware that **email is not a secure method** of communication and should **not be used for transferring the data**?	Yes	No
21. Will you ensure that **disposal of personal data** will be via **confidential waste services** or in the case of **electronic media and hardware** should be **destroyed** in line with Middlesex University guidelines and procedures?	Yes	No
Chapter 5 GDPR: Not transferred to other countries without adequate protection		
22. Will you **ensure that personal data is not transferred outside the EEA** unless one of the following applies? i. The country you are transferring the data to has been approved as providing adequate protection ii. You have obtained explicit informed consent from the individual(s) iii. You have a contract in place with the recipient of the data, which states the appropriate data protection requirements.	Yes	No

3



Middlesex University London

Middlesex University Data Protection Checklist for Researchers

REC no:

iv. You have completely anonymised the data.		

Any concerns in relation to compliance with the DPA should be discussed with the Middlesex University Data Protection Officer.

[i] **Anonymous data** is prepared from personal information but from which, an individual cannot be identified by the person holding the data. **Anonymisation** is a **permanent** process. Personal data must be treated so that it cannot be processed in such a way as to link the data to a specific individual (e.g., using an identifier). Coded data is not anonymised and therefore not exempt from compliance or registration.

[ii] **Data** covers information that is held on computer, or to be held on computer to be processed. Data is also information recorded on paper if you intend to put it on computer.

[iii] **Informed consent** means providing participants with a clear explanation of the research project in order for them to give informed consent regarding the use of their data. Individuals should be informed that their involvement is voluntary and that they have the right to refuse or withdraw at any time without any negative consequences.

Informed refers to the following information being provided to the data subject/participant:

i) Who you are, the organisation you work for and who else is involved in the research project or using the data.
ii) What data will be collected and how.
iii) Who will hold the data, control access to the data and how it will be stored and kept safe and whether it will be transferred to a third party.
iv) How the data will be used.
v) How long it will be kept and what will happen to it at the end of the project.
vi) Risks related to any aspects of the research project and data, benefits of the research project and any alternatives.

[iv] **Personal data** (sometimes referred to as personal information) means data which relate to a living individual who can be identified from those data whether in personal or family life, business or profession, or from those data and other information which is in the possession of, or is likely to come into the possession of, the data controller. The data is of biographical significance to the individual and impacts an individual in a personal, family, business or professional capacity. It includes any expression of opinion about the individual and/or statements of fact.

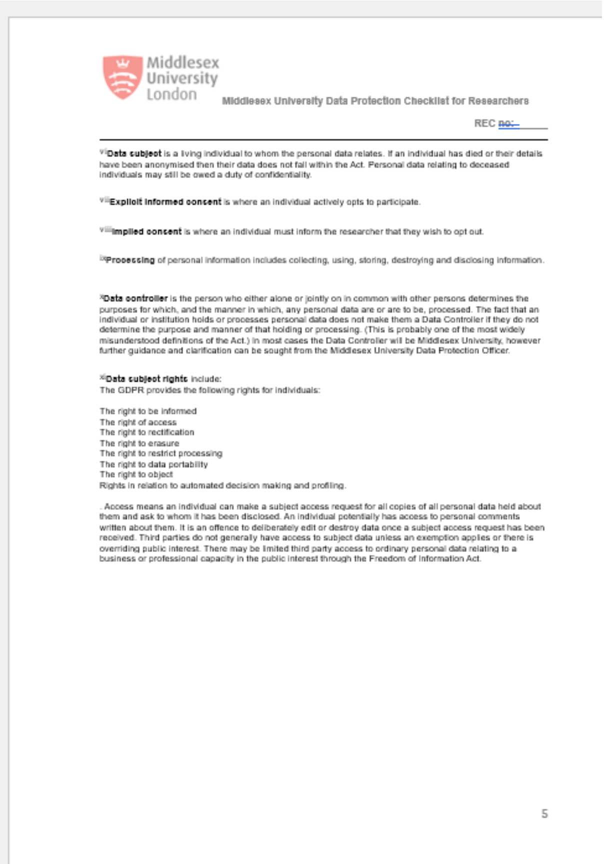
[v] **Sensitive/special categories of personal data** means personal data consisting of information about the **data subjects'**,

1. Racial or ethnic origin,
2. Political opinions,
3. Religious beliefs or other beliefs of a similar nature,
4. Trade union membership
5. Physical or mental health or condition,
6. Sexual life,
7. Genetic or biometric information

Criminal matters are technically now not part of the list of special categories of data and have their own section in the legislation but for practical purposes it should be treated the same as the above.

Also personal financial details are vulnerable to identity fraud and should be handled confidentially and securely although not defined as sensitive under the Act.

4



Middlesex University London

Middlesex University Data Protection Checklist for Researchers

REC no:

[vi] **Data subject** is a living individual to whom the personal data relates. If an individual has died or their details have been anonymised then their data does not fall within the Act. Personal data relating to deceased individuals may still be owed a duty of confidentiality.

[vii] **Explicit informed consent** is where an individual actively opts to participate.

[viii] **Implied consent** is where an individual must inform the researcher that they wish to opt out.

[ix] **Processing** of personal information includes collecting, using, storing, destroying and disclosing information.

[x] **Data controller** is the person who either alone or jointly on in common with other persons determines the purposes for which, and the manner in which, any personal data are or are to be, processed. The fact that an individual or institution holds or processes personal data does not make them a Data Controller if they do not determine the purpose and manner of that holding or processing. (This is probably one of the most widely misunderstood definitions of the Act.) In most cases the Data Controller will be Middlesex University, however further guidance and clarification can be sought from the Middlesex University Data Protection Officer.

[xi] **Data subject rights** include:
The GDPR provides the following rights for individuals:

The right to be informed
The right of access
The right to rectification
The right to erasure
The right to restrict processing
The right to data portability
The right to object
Rights in relation to automated decision making and profiling.

. Access means an individual can make a subject access request for all copies of all personal data held about them and ask to whom it has been disclosed. An individual potentially has access to personal comments written about them. It is an offence to deliberately edit or destroy data once a subject access request has been received. Third parties do not generally have access to subject data unless an exemption applies or there is overriding public interest. There may be limited third party access to ordinary personal data relating to a business or professional capacity in the public interest through the Freedom of Information Act.

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Appendix P

Participant Information Sheet

The Department of Health and Social Sciences
Middlesex University
Hendon
London NW4 4BT

Date: 2021 & 2022

Title: **An existential perspective on the lived experience of event centrality resulting from childhood trauma**

Researcher: April Mangion (am3306@live.mdx.ac.uk)
Supervisors: Dr Simon Cassar (office@nspc.org.uk)

Invitation paragraph
Thank you for considering taking part in this research. Below is some information about the project that will help clarify the purpose and the nature of the research. If there is anything that you are unclear about, or would like further information on, please do not hesitate to contact myself on the email address provided.

What is the purpose of the research?
The research is for submission for a Doctorate in Counselling psychology. The research is aimed at exploring the question, *What is the lived experience of those scoring highly on the event centrality scale as a result of trauma during childhood?*

Despite the Office of National statistics reporting that one-in-five adults would have experienced trauma in childhood little is still known about the effects such experiences have on individual's relationship to themselves and others. Research on trauma and self-identity indicates that for some people a trauma event can become central to their sense of self and view of others, this is known as Centrality of Events. The research aims to explore whether CE is something felt as real to those who have experienced childhood trauma and, if so, how they uniquely experience the lived experience of it.

Why have I been chosen?
You are receiving this document because you have responded to a recruitment advertisement asking for ten participants who have experienced childhood trauma before the age of 18, are female, residing in the United Kingdom, and are currently in therapy.

Do I have to take part?
Participation in the research is entirely voluntary. If you agree to take part, you will be able to withdraw from the study at any point, without needing to provide an explanation, up until October 2021 when the results will begin to be processed.

What is involved?
Firstly, you will aaked to complete two short questionnaires that will confirm your eligibility to take part. The Adverse Childhood experiences scale will confirm the occurrence of trauma in childhood and the Centrality of event scale will confirm that there has been some occurrence of self-identity being centred on the trauma. Please note that a score above 6 on the ACE, and or a score below 50 of 100 on the CES, will unfortunately mean you will not be eligible to take part. Such a decision in the case of ACE is in consideration of your wellbeing and for CES as the research requires some centring of the trauma event. In the event of not being eligible the researcher will inform you of this.

Once eligibility has been confirmed and if you agree to take part, you will be asked to sign the attached consent form before the study begins. I will go through the consent form with you to ensure you have fully understood what you are consenting to. The researcher will invite you to attend an online interview on a secure platform such as Zoom for semi-structured interview. The interview will last for approximately 1 hour. Although the research is about childhood trauma you will not be asked any questions relating to details of the events you experienced as the focus is on how your self-identity has developed in view of the trauma experience.

Directly after the interview the researcher will take time to debrief you and ask how you experienced taking part in the research.

What are the possible disadvantages to taking part?
It is unlikely that your participation in this research will cause you harm. It is possible that discussing your personal experiences may be distressing. You will not, however, be asked to talk directly about any experiences, but rather focus on the effects of your experience of relating to yourself, others, and the world. If at any point you wish to pause or stop the interview, you will be able to do so without question. You will be debriefed following our interview and can discuss your experience of the research with me at any point during the process, and you have been given the contact details of my supervisor with whom you can discuss any concerns. You will be provided with details of supporting communities and organisations if you need further support.

What are the possible advantages of taking part?
Research finds that participants in trauma research more often than not find taking part in research beneficial. Although you will not be talking about the trauma experience directly it is an opportunity to explore and share how the trauma may have been assimilated into the relationship you now have with yourself. It provides the opportunity to have a voice and contribute to valuable research which can further the understanding of trauma.

What will happen to the data?
Firstly, is the assurance that at no point in the research will you be identifiable. A pseudonym will be provided and identifying features will either be coded or not used. Your anonymity is a priority. The research only will transcribe the interview and only the researcher and research supervisor will be permitted to access the data,

All data will be stored on an encrypted devise, that is password protected. The devise will be further secured in a locked filer. Access to the data will be limited to the researcher and the two research supervisors. In accordance with GDPR you have the right to request access to your data at any point for as long as it is held. All data will be retained by the researcher for a required period of ten years. The interviews will be kept separately from personal details such your name and contact details, to ensure not links can be made between them. Data will be deleted in accordance with data protection procedures by the researcher after the 10-year period.

The research will be written up into a Doctoral thesis which will be held in Middlesex university and the New School of Psychotherapy and Counselling research repository. The repositories have limited access to students and academic staff only. The possibility of the thesis being adapted for publication exists. Confidentiality and anonymity will further be assured in this event.

Who has reviewed the study?
All proposals for research using human participants are reviewed by an Ethics Committee before they can proceed. The NSPC ethics Committees have reviewed and approved this research.

Concluding section
Thank you for taking the time to read this information sheet. If you would like to take part in the research, please sign and return the attached consent form and the researcher will be in contact to make further arrangements. If you have any questions, please contact the researcher on the above email.

Support:
Samaritans - 116 123
Shout text line – text 85258
Supportline uk – 01708 765200

Appendix Q

Consent Form

Middlesex University London

Middlesex University School of Science and Technology
Psychology Department
Written Informed Consent

Title of study and academic year: **An existential perspective on the lived experience of event centrality resulting from childhood trauma** (2021 & 2022)
Researcher's name: **April Mangion** (am3306@live.mdx.ac.uk)
Supervisor's name and email: Dr Simon Cassar (office@nspc.org.uk)

- I have understood the details of the research as explained to me by the researcher and confirm that I have consented to act as a participant.
- I have been given contact details for the researcher in the information sheet.
- I understand that my participation is entirely voluntary.
- I understand that data will be collected in the form of recorded interviews, as well as any supplementary materials that I choose to provide to the researcher, and that all reasonable steps will be taken to ensure that my data will not be identifiable, including the use of pseudonyms and removal of any place names or details which may identify me.
- I understand that I can ask for my data to be withdrawn from the project without any obligation to explain my reasons for doing so until data analysis begins in October 2021.
- I give consent for my anonymised data to be held securely in the researcher's own home for a period of 10 years in accordance with GDPR guidelines and understand this will not be shared with any 3rd parties.
- I further understand that the data I provide may be used for analysis and subsequent publication for example in academic publication and conferences, and I provide my consent that this may occur.
  I consent to completing two questionnaires to confirm I meet the research criteria and taking part in a recorded interview thereafter.
- I agree to providing details of my address, and contact details for myself, my next of kin and GP.

__________ ____________________
Print name Sign Name

date: ____________________

To the participant: Data may be inspected by the Chair of the Psychology Ethics panel and the Chair of the School of Science and Technology Ethics committee of Middlesex University, if required by institutional audits about the correctness of procedures. Although this would happen in strict confidentiality, please tick here if you do not wish your data to be included in audits: __________

Please provide the following details: These details are in case of an emergency during the research

Your Address and contact number:

Next of kin name and contact number:

GP name, address, and contact number:

Appendix R

Debriefing Sheet

The Department of Health and Social Sciences
Middlesex University
Hendon
London NW4 4BT

Date: 2021/2022

Title: **An existential perspective on the lived experience of event centrality resulting from childhood trauma**

Researcher: April Mangion (am3306@live.mdx.ac.uk)
Supervisor: Dr Rochelle Johnson (office@nspc.org.uk)

Thank you for taking the time to be a part of the above research. Research into understanding trauma is important in being able to provide individuals with the care they need following adverse experiences. Your contribution to this research and the wider field of knowledge is extremely valuable and appreciated. The research may help survivors of childhood trauma, mental health practitioners, and researchers understand more about how trauma may impact the relationships to self, others, and the world.

What happens next?
I invite you to reflect upon what we have discussed today and consider if you would like to share any further thoughts or reflections on our interview today and ask any further questions needed to compete your understanding of the aims of the research and your participation in it.

There is an awareness that any discussion related to a trauma event may have the potential to cause negative emotions. If you have experienced any distress, please contact your therapist or the numbers below:

Samaritans - 116 123
Shout text line – text 85258
Supportline UK - 01708 765200

The research can possibility signpost you to other avenues of support should you require them.

What will happen to the data?
Firstly, is the assurance that at no point in the research will you be identifiable. A pseudonym will be provided, and any identifying features will be deleted or coded. Your anonymity is a priority.

All data, including the original recording will be stored on an encrypted devise, that is password protected. The devise will be further secured in a locked filer. Access to the original data will be limited to the researcher. In accordance with GDPR you have the right to request access to your data at any point for as long as it is held.

Anonymised data will be held securely for a period of 10 years in accordance with GDPR guidelines. Any identifying data will be kept securely and separately to identifying data. The data you provide will be used for analysis and potentially for subsequent publication, for example in a doctoral thesis, peer reviewed journal article, or books.

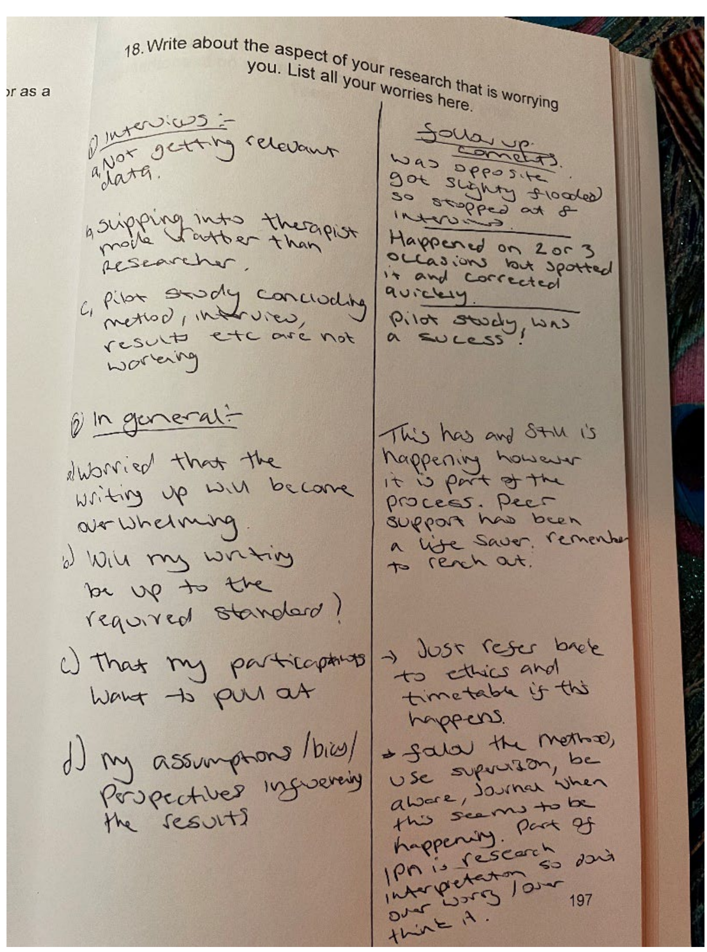
What if I want to withdraw from the study?
You may withdraw from the study at any time up until the point that the data analysis begins in October 2021, without giving a reason. If you wish to withdraw, please contact me and I will arrange this immediately.

What if I have any further questions or wish to make a complaint?
You are free to contact the researcher at any time if you wish to ask further questions. If you wish to complain about the conduct of the study they should get in touch with my supervisor (details above) or The Principal, New School of Psychotherapy and Counselling, London, NW6 1DR, Email: admin@nspc.org.uk.

Thank you again for your contribution.

Appendix S

Example of Journal Writing



or as a

18. Write about the aspect of your research that is worrying you. List all your worries here.

1) Interviews :-

a, Not getting relevant data.

b, slipping into therapist mode rather than researcher.

c, Pilot study concluding method, interview, results etc are not working

2) In general:-

a) Worried that the writing up will become overwhelming.

b) Will my writing be up to the required standard?

c) That my participants want to pull out

d) my assumptions / bias / perspectives influencing the results

Follow up comments.

was opposite. got slightly flooded so stopped at 8 interviews.

Happened on 2 or 3 occasions but spotted it and corrected quickly.

Pilot study was a sucess!

This has and still is happening however it is part of the process. Peer support has been a life saver. remember to reach out.

→ Just refer back to ethics and timetable if this happens.

→ follow the method, use supervision, be aware, Journal when this seems to be happening. Part of IPA is research interpretation so don't over worry / over think it.

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(Taylor, 2020, p.197)

Appendix T

ICD-11 Complex-PTSD diagnostic Criteria.

6B41 Complex post-traumatic stress disorder

Foundation URI: http://id.who.int/icd/entity/585833559

Code: 6B41

Description

Complex post-traumatic stress disorder (Complex PTSD) is a disorder that may develop following exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible (e.g. torture, slavery, genocide campaigns, prolonged domestic violence, repeated childhood sexual or physical abuse). All diagnostic requirements for PTSD are met. In addition, Complex PTSD is characterised by severe and persistent 1) problems in affect regulation; 2) beliefs about oneself as diminished, defeated or worthless, accompanied by feelings of shame, guilt or failure related to the traumatic event; and 3) difficulties in sustaining relationships and in feeling close to others. These symptoms cause significant impairment in personal, family, social, educational, occupational or other important areas of functioning.

Diagnostic Requirements

Essential (Required) Features:

- Exposure to an event or series of events of an extremely threatening or horrific nature, most commonly prolonged or repetitive events from which escape is difficult or impossible. Such events include, but are not limited to, torture, concentration camps, slavery, genocide campaigns and other forms of organized violence, prolonged domestic violence, and repeated childhood sexual or physical abuse.
- Following the traumatic event, the development of all three core elements of Post-Traumatic Stress Disorder, lasting for at least several weeks:
- Re-experiencing the traumatic event after the traumatic event has occurred, in which the event(s) is not just remembered but is experienced as occurring again in the here and now. This typically occurs in the form of vivid intrusive memories or images; flashbacks, which can vary from mild (there is a transient sense of the event occurring again in the present) to severe (there is a complete loss of awareness of present surroundings), or repetitive dreams or nightmares that are thematically related to the traumatic event(s). Re-experiencing is typically accompanied by strong or overwhelming emotions, such as fear or horror, and strong physical sensations. Re-experiencing in the present can also involve feelings of being overwhelmed or immersed in the same intense emotions that were experienced during the traumatic event, without a prominent cognitive aspect, and may occur in response to reminders of the event. Reflecting on or ruminating about the event(s) and remembering the feelings that one experienced at that time are not sufficient to meet the re-experiencing requirement.
- Deliberate avoidance of reminders likely to produce re-experiencing of the traumatic event(s). This may take the form either of active internal avoidance of thoughts and

memories related to the event(s), or external avoidance of people, conversations, activities, or situations reminiscent of the event(s). In extreme cases the person may change their environment (e.g., move house or change jobs) to avoid reminders.

- Persistent perceptions of heightened current threat, for example as indicated by hypervigilance or an enhanced startle reaction to stimuli such as unexpected noises. Hypervigilant persons constantly guard themselves against danger and feel themselves or others close to them to be under immediate threat either in specific situations or more generally. They may adopt new behaviours designed to ensure safety (not sitting with ones' back to the door, repeated checking in vehicles' rear-view mirror). In Complex Post-Traumatic Stress Disorder, unlike in Post-Traumatic Stress Disorder, the startle reaction may in some cases be diminished rather than enhanced.
- Severe and pervasive problems in affect regulation. Examples include heightened emotional reactivity to minor stressors, violent outbursts, reckless or self-destructive behaviour, dissociative symptoms when under stress, and emotional numbing, particularly the inability to experience pleasure or positive emotions.
- Persistent beliefs about oneself as diminished, defeated or worthless, accompanied by deep and pervasive feelings of shame, guilt or failure related to the stressor. For example, the individual may feel guilty about not having escaped from or succumbing to the adverse circumstance, or not having been able to prevent the suffering of others.
- Persistent difficulties in sustaining relationships and in feeling close to others. The person may consistently avoid, deride or have little interest in relationships and social engagement more generally. Alternatively, there may be occasional intense relationships, but the person has difficulty sustaining them.
- The disturbance results in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. If functioning is maintained, it is only through significant additional effort.

Additional Clinical Features:

- Suicidal ideation and behaviour, substance abuse, depressive symptoms, psychotic symptoms, and somatic complaints may be present.

Boundary with Normality (Threshold):

- A history of exposure to a stressor of extreme and prolonged or repetitive nature from which escape is difficult or impossible does not in itself indicate the presence of Complex Post-Traumatic Stress Disorder. Many people experience such stressors without developing any disorder. Rather, the presentation must meet all diagnostic requirements for the disorder.

Course Features:

- The onset of Complex Post-Traumatic Stress Disorder symptoms can occur across the lifespan, typically after exposure to chronic, repeated traumatic events and/or victimization that have continued for a period of months or years at a time.
- Symptoms of Complex Post-Traumatic Stress Disorder are generally more severe and persistent in comparison to Post-Traumatic Stress Disorder.
- Exposure to repeated traumas, especially in early development, is associated with a greater risk of developing Complex Post-Traumatic Stress Disorder rather than Post-Traumatic Stress Disorder.

Developmental Presentations:

- Complex Post-Traumatic Stress Disorder can occur at all ages, but responses to a traumatic event—that is, the core elements of the characteristic syndrome—can manifest differently depending on age and developmental stage. Because Complex Post-Traumatic Stress Disorder and Post-Traumatic Stress Disorder both share these same core elements, information provided in the *Developmental Presentations* section for Post-Traumatic Stress Disorder also applies to children and adolescents affected by Complex Post-Traumatic Stress Disorder.
- Children and adolescents are more vulnerable than adults to developing Complex Post-Traumatic Stress Disorder when exposed to severe, prolonged trauma such as chronic child abuse or participation in drug trafficking or as child soldiers. Many children and adolescents exposed to trauma have been exposed to multiple traumas, which increases the risk for developing Complex Post-Traumatic Stress Disorder.
- Children and adolescents with Complex Post-Traumatic Stress Disorder are more likely than their peers to demonstrate cognitive difficulties (e.g., problems with attention, planning, organizing) that may in turn interfere with academic and occupational functioning.
- In children, pervasive problems of affect regulation and persistent difficulties in sustaining relationships may manifest as regression, reckless behaviour, or aggressive behaviours towards self or others, and in difficulties relating to peers. Furthermore, problems of affect regulation may manifest as dissociation, suppression of emotional experience and expression, as well as avoidance of situations or experiences that may elicit emotions, including positive emotions.
- In adolescence, substance use, risk-taking behaviours (e.g., unsafe sex, unsafe driving, non-suicidal self-harm), and aggressive behaviours may be particularly evident as expressions of problems of affect dysregulation and interpersonal difficulties.
- When parents or caregivers are the source of the trauma (e.g., sexual abuse), children and adolescents often develop a disorganized attachment style that can manifest as unpredictable behaviours towards these individuals (e.g., alternating between neediness, rejection, and aggression). In children less than 5 years old, attachment disturbances related to maltreatment may also include Reactive Attachment Disorder or Disinhibited Social Engagement Disorder, which can co-occur with Complex Post-Traumatic Stress Disorder.
- Children and adolescents with Complex Post-Traumatic Stress Disorder often report symptoms consistent with Depressive Disorders, Eating and Feeding Disorders, Sleep-Wake Disorders, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Conduct-Dissocial Disorder, and Separation Anxiety Disorder.

The relationship of traumatic experiences to the onset of symptoms can be useful in establishing a differential diagnosis. At the same time, other mental disorders can also develop following extremely stressful or traumatic experiences. Additional co-occurring diagnoses should only be made if the symptoms are not fully accounted for by Complex Post-Traumatic Stress Disorder and all diagnostic requirements for each disorder are met.

- In older adults, Complex Post-Traumatic Stress Disorder may be dominated by anxious avoidance of thoughts, feelings, memories, and persons as well as physiological symptoms of anxiety (e.g., enhanced startle reaction, autonomic hyperreactivity). Affected individuals may experience intense regret related to the impact of traumatic experiences on their lives.

Culture-Related Features:

- Cultural variation exists in the expression of symptoms of Complex Post-Traumatic Stress Disorder. For example, somatic or dissociative symptoms may be more prominent in certain groups attributable to cultural interpretations of the psychological, physiological, and spiritual etiology of these symptoms and of high levels of arousal.
- Given the severe, prolonged, or recurrent nature of the traumatic events that precipitate Complex Post-Traumatic Stress Disorder, collective suffering and the destruction of social bonds, networks and communities may present as a focal concern or as important related features of the disorder.
- For migrant communities, especially refugees or asylum seekers, Complex Post-Traumatic Stress Disorder may be exacerbated by acculturative stressors and the social environment in the host country.

Sex- and/or Gender-Related Features:

- Females are at greater risk for developing Complex Post-Traumatic Stress Disorder than males.
- Females with Complex Post-Traumatic Stress Disorder are more likely to exhibit a greater level of psychological distress and functional impairment in comparison to males.

Boundaries with Other Disorders and Conditions (Differential Diagnosis):

- ***Boundary with Personality Disorder:*** Personality Disorder is a pervasive disturbance in how an individual experiences and thinks about the self, others, and the world, manifested in maladaptive patterns of cognition, emotional experience, emotional expression, and behaviour. The maladaptive patterns are relatively inflexible and are associated with significant problems in psychosocial functioning that are particularly evident in interpersonal relationships and are manifest across a range of personal and social situations (i.e., are not limited to specific relationships or situations), relatively stable over time, and of long duration. Given this broad definition and the

requirement of persistent symptoms related to affect dysregulation, distorted view of the self, and difficulty maintaining relationships in Complex Post-Traumatic Stress Disorder, many individuals with Complex Post-Traumatic Stress Disorder may also meet the diagnostic requirements for Personality Disorder. The utility of assigning an additional diagnosis of Personality Disorder in such cases depends on the specific clinical situation.

- ***Boundary with other Mental, Behavioural*** or Neurodevelopmental Disorders: Because the diagnostic requirements for Complex Post-Traumatic Stress Disorder include all Essential Features of Post-Traumatic Stress Disorder, guidance provided in the section on 'Boundary with Normality' and 'Boundaries with Other Disorders and Conditions' for Post-Traumatic Stress Disorder also applies to Complex Post-Traumatic Stress Disorder